## MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO

**MINUTES**

***March 22 & 23, 2017 At***

***The College Board Room***

***375 University Avenue, Suite 901, Toronto***

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| **Attendees:** |  |
| Mr. Stephen Mangoff (President) | Ms. Janet Law |
| Mr. Gary Rehan (Vice President) | Mr. James Lee |
| Mr. Ron Bourret | Ms. Catherine Hecimovich |
| Ms. Jane Darville | Ms. Deborah Lucy |
| Ms. Zita Devan | Ms. Sharee Mandel |
| Ms. Theresa Stevens | Mr. Tyrone Skanes |
| Ms. Nadine Graham | Ms. Lisa Tichband |
| Mr. Darryn Mandel | Ms. Shadi Katirai (March 22, 2017) |

**Recorder:** Ms. Elicia Ramdhin

**Regrets:** Ms. Shadi Katirai (March 23, 2017)

Ms. Jennifer Dolling (March 22 and 23, 2017)

**Observers:** Ms. Lisa Tucker, President, College of Massage Therapists (March 22, 2017) Ms. Kate McLeod, Ontario Physiotherapy Association (March 22 and 23, 2017)

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| **9:00AM** | **Welcome** |  |
| **1.0****Motion** | **Approval of the Agenda 1.0**It is moved by Ms. Jane Darville and seconded by Ms. Zita Devan that:The agenda be approved as circulated.Mr. Ron Bourret entered the Council chambers at 9:30 a.m. |  |
|  | **CARRIED.** |
| **2.0****Motion** | **Approval of the Council Meeting Minutes of December 12 & 13, 2016****2.0**It is moved by Ms. Deborah Lucy and seconded by Ms. Theresa Stevens that:The Council meeting minutes of December 12 and 13, 2016 be approved as presented. |  |
|  | **CARRIED.** |

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| **3.0****Motion** | **Addition: Discussion of Council Election Candidate****3.0**Mr. Gary Rehan declared a conflict of interest and left the Council chambers.It is moved by Mr. Tyrone Skanes and seconded by Mr. Darryn Mandel that:Mr. Scott Vowles candidate from District 4 – Eastern, be disqualified based on bylaw 13 subsection 8, from the Council election.Staff was directed to inform members of District 4 – Eastern of the change to the nomination ballet and to provide the members of that district with the opportunity to revote. |  |
|  | **CARRIED.** |
| **4.0** | **Registrar’s Report: Final Report on the 2013–2017 Strategic Plan**Ms. Shenda Tanchak, Registrar, provided a report on the goals, deliverables and accomplishments of the 2013–2017 Strategic Plan to Council.The 2013–2017 goals were:1. Improve Protection of the Integrity of the Title Physiotherapist and the College Registration Number.
2. Improve College Oversight of Physiotherapists’ Use of Support Personnel/Assistants.
3. Ensure College Expectations Respond To The Evolving Environment.

Work on these goals will continue but in a limited capacity. It was noted Standards are continuing to evolve and it is anticipated that projects like Clinic Regulation may continue to require College participation. |  |
| **5.0** | **FHRCO Patient Website: Presentation**Ms. Lisa Pretty, Director of Communications, provided Council with an update on the progress of the Federation of Health Regulatory Colleges of Ontario (FHRCO) new patient website. The primary goal is to act as a conduit for members of the public to gain centralized access all 26 Regulatory College websites. This is phase one of theproject – phase two may look at alternative methods for public engagement. |  |

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| **6.0****Motion** | **By-law Review 2016/17****6.0**It is moved by Mr. Tyrone Skanes and seconded by Ms. Sharee Mandel that:Council approve the proposed revisions to the by-laws. |  |
|  | **CARRIED.** |
| **7.0** | **Strategic Goals**Ms. Tanchak reviewed the process for the development of the 2017– 2020 Strategic Goals and timeline. It was noted the Goals will be achieved through a balanced scorecard approach. The strategic tactics have been grouped into three levels: organizational capability, internal process and stakeholders. |  |
| **8.0****Motion** | **Request to go *in camera* pursuant to Section 7(2) of the Health Professions Procedural Code****8.0**It is moved by Mr. Tyrone Skanes and seconded by Ms. Catherine Hecimovich that:Council move to the *in camera* to discuss matters pursuant to Section 7(2) of the Health Professions Procedural Code.Council returned to the public portion of the meeting at 11:45 am. |  |
|  | **CARRIED.** |
| **9.0** | **Q3 Financial Reports for Fiscal Year 2016/2017**The financial statements for the third quarter of the financial year was reviewed by Ms. Robyn MacArthur, Director of Corporate Services. It is anticipated that the underspending in the second and third quarter will be balanced by the fourth quarter, and a break even budget is predicted for the year end. |  |
| **10.0****Motion** | **Approval of the Operating and Capital Budgets 2017/2018 10.0**It is moved by Mr. Tyrone Skanes and seconded by Ms. Sharee Mandel that:Council approves the 2017-2018 Operating and Capital Budgets. |  |
|  | **CARRIED.** |
| **11.0** | **What is Physiotherapy?**With the practice of physiotherapy evolving, the College’s Practice Advice team and some Committees have seen an increase inquestions regarding scope of practice. The Canadian Alliance of |  |

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|  |  | Physiotherapy Regulators (CAPR) developed a tool to assist in scopediscussions to determine whether a particular modality is in or outside of the scope of practice of physiotherapy.Ms. Fiona Campbell, Senior Physiotherapist Advisor, used a real life example of Cryotherapy to demonstrate how the tool works with Council.Although the tool is not in its final form, it will be posted on the College website for the use of individual practitioners. |
|  | **12.0** | **Supervision Workshop**Council participated in a workshop where they were asked to provide feedback on what expectations should be included in the Supervision Standard.The workshop was conducted in two parts:* Part one: They were asked what expectations should be included in the Standard.
* Part two: Which type(s) of supervisees the expectations should apply to.

There were two expectations that group one and two disagreed with:* Expectation 19 - the physiotherapist must co-sign all of the supervisee’s charting.
* Expectation 24- the physiotherapist must immediately notify the College, in writing, if he or she is unable to fulfill their responsibilities as a supervisor were disagreed upon.

Council discussed expectations 19 and 24 and decided neither should be included in the Standard.In part two of the workshop, Council discussed who each of the expectations should apply to. Council noted co-signing charts is not enforceable but needs to be investigated further. |
|  |  |  **Day 2 - March 23, 2017**  |
| **9:00AM** | **13.0** | **Canadian Alliance of Physiotherapy Regulators Update**Mr. Darryn Mandel noted the Canadian Alliance of Physiotherapy Regulators (CAPR) Board of Directors has approved their 2017 budget and has made two policy changes: the requirement for |

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|  | onsite training of Canadian graduates has been removed to beconsistent with the requirements for Internationally Educated Physiotherapists and, the requirement for completing clinical practice in the province in which physiotherapists receive their education was removed.He also noted there was a 10 day delay in the release of exam results due to an extensive study performed on the data. |  |
| **14.0** | **Canadian Alliance of Physiotherapy Regulators Exam Scoring**Dr. Hervé Jodouin, National Director, Credentials & Examinations presented to Council on the CAPR Licensing exam, development of the examination questions and future changes (a copy of which forms Appendix “A” to the minutes of this meeting). |  |
| **15.0****Motion** | **Collaborative Care Guideline 15.0**It is moved by Ms. Catherine Hecimovich and seconded by Ms. Sharee Mandel that:Council approve the development of a Collaborative Care Guideline. |  |
|  | **CARRIED.** |
| **16.0****Motion** | **Duty to Provide Care Guideline 16.0**It is moved by Ms. Catherine Hecimovich and seconded by Mr. Gary Rehan that:Council approve the development of a Duty to Provide Care Guideline. |  |
|  | **CARRIED.** |
| **17.0** | **Bill 87 “Protecting Patients Act”**Bill 87, Protection Patients Act was introduced in December 2016. Council was provided with an update on the FHRCO submission in support of the Bill and, their suggested amendments to improve the functionality of the proposed provisions. Council discussed the possible implications to the College. |  |
| **18.0** | **AGRE’s Governance Work**Mr. Rod Hamilton, Associate Registrar – Policy and Quality Assurance, provided an update on Advisory Group for Regulatory Excellence’s (AGRE) governance work. Their current work revolvesaround reviewing the recommendations to changes to the |  |

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|  | governance structure from the College of Nurses of Ontario’s study.Council discussed the possible implications to the College. |
| **19.0** | **President’s Report**Mr. Mangoff announced the following Councillors will attend the pre-identified learning opportunities:1. Council on Licensure Enforcement and Regulation (CLEAR) North American meeting: James Lee and Sharee Mandel.
2. Canadian Network of Associations of Regulators (CNAR): Lisa Tichband
3. Federation of State Boards of Physical Therapy (FSBPT): Gary Rehan.
4. Society of Ontario Adjudicators and Regulators (SOAR): Theresa Stevens and Ron Bourret.
5. Council on Licensure, Enforcement & Regulation

(CLEAR) International Congress: Catherine Hecimovich and Jennifer Dolling.1. Ontario Physiotherapy Association (OPA) 2018: Janet Law.

It was also noted with the review of the RHPA underway, outstanding items such as physiotherapists being able to order diagnostics, are likely to be brought forward. |
| **20.0** | **Election: Executive Committee**Mr. Mangoff provided an overview of the format for the election and indicated the new office will take effect in June 2017.Ballots with the nominees for President, Vice President and Executive Committee were distributed.Before voting, Mr. Mangoff appointed Mr. Hamilton and Ms. Ashton as scrutineers; there were no objections.**Election of the President**The following nomination was highlighted:President:* Mr. Gary Rehan

Mr. Mangoff called for additional nominations from the floor; none were presented. Mr. Rehan was acclaimed President. |

## Election of the Vice President

The following nominations were highlighted:

Vice President:

* Mr. Darryn Mandel
* Ms. Catherine Hecimovich

Mr. Mangoff called for additional nominations from the floor; none were presented. Nominees were given the opportunity to provide a verbal candidate statement.

Councillors anonymously voted but returned with a tie. Another round of voting occurred also resulting in a tied. Following the procedures of the Election, Ms. Tanchak, selected the name of one candidate through random draw.

Ms. Catherine Hecimovich was elected as Vice President for the 2017-2018 year.

## Election of the Executive Committee

The following nominations were highlighted:

Executive Committee:

* Mr. Darryn Mandel
* Ms. Catherine Hecimovich
* Ms. Sharee Mandel
* Ms. Janet Law
* Ms. Theresa Stevens
* Mr. Tyrone Skanes

Mr. Tyrone Skanes was acclaimed as the only public member.

Mr. Mangoff called for additional nominations- there were no new nominations. Nominees were given the opportunity to provide a verbal candidate statement.

Councillors anonymously voted and the following were elected to the Executive Committee for the 2017-2018 year:

* Mr. Gary Rehan (President)
* Ms. Catherine Hecimovich (Vice President)
* Mr. Tyrone Skanes
* Mr. Darryn Mandel
* Ms. Theresa Stevens

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| Mr. Mangoff noted in consultation with the Executive Committee,Mr. Darryn Mandel has been appointed as the College Canadian Alliance of Physiotherapy Regulators (CAPR) Board representative.Motion to adjourn by Sharee. Meeting was adjourned at 1:30 p.m. |
|  |  **Adjournment**  |  |
| **21.0** | It was moved by Ms. Sharee Mandel that the meeting be adjourned.Mr. Mangoff adjourned the meeting at 1:30 p.m. |  |
|  | **CARRIED.** |



Gary Rehan, President

# Regulators

**Appendix A**

**The Physiotherapy Competency Exam**

How it’s created, how it’s scored, how it’s changing

**Dr. Hervé Jodouin**

National Director, Credentials & Examinations

**Overview**

1. **The Physiotherapy Licensing Exam**
2. **Item and Exam Development**
3. **Item Scoring**

**Part 1: PCE Overview**

1. **A quick word about context**
2. **Overall purpose**
3. **Pass rates—historically and comparatively**

**Exam Validity: A Clear Purpose**

**Physiotherapy Competency Exam Purpose**

* To ensure PTs practicing in Canada have the **minimum competence** (knowledge, skills & abilities) required for safe and effective practice regardless of experience or program of education
* To ensure the **assessment** of this competence is standardized for all candidates entering practice in Canada
* **To protect the public**

**Let’s Talk About Pass Rates**

**Comparison of the overall clinical exam pass rates to the CEPT**

**and overall clinical exam pass rates to the mean Angoff difficulty rating**

1.00

0.90

0.80

0.70**~~% Pass CEP~~T**

0.60

0.50

0.40 **~~Average Angoff~~**

0.30

0.20

**Oct. 1999 Nov. 2016**

0.10

0.00

Average Angoff

% pass CEPT

**The Written Exam: Us and Them**

Oct-99 Jun-00 Nov-00 Jun-01 Nov-01 Jun-02 Nov-02 Jun-03 Nov-03 Jun-04 Nov-04 Jun-05 Nov-05 Jun-06 Nov-06 Jun-07 Nov-07 Jun-08 Nov-08 Jun-09 Nov-09 Jun-10 Nov-10 Jun-11 Nov-11 Jun-12 Nov-12 Jun-13 Nov-13 Jun-14 Nov-14 Jun-15 Nov-15 Jun-16 Nov-16

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| **Organization** |  | **Pass Rates for First Attempts** |
|  |  |  | **2014** | **2015** | **2016** |
| **CAPR** | **Canadian Educated** | **Written Component** | **94%** | **92%** | **93%** |
| **Medical Doctors** | **Canadian Trained** | **MCCQE I written (Medical Council of Canada Qualifying Examination)** | **98%** | **95%** |  |
| **Dietetic** |  | **CDRE written (Canadian Dietetic Registration Exam)** | **95%** | **96%** |  |
| **Nursing** | **Ontario Educated** | **Written** | **85%** | **69%** |  |
| **Dentists** |  | **Written** | **89%** | **88%** | **89%** |
| **Dental Hygienists** |  | **NDHCE Written****(National Dental Hygiene Certification****Examination)** |  |  | **80%** |
| **Chiropractors** | **Canadian** | **Component A Written** |  | **91%** |  |
| **Canadian** | **Component B Written** |  | **97%** |  |
| **Occupational Therapists** |  | **Written** | **88%** | **86%** |  |
| **Optometry** |  | **Written and Clinical** | **86%** | **90%** | **90%** |
| **Physiotherapy** | **FSBPT (US PT testing agency)** | **Written US candidates** | **91%** | **91%** | **94%** |

**The Clinical Exam: Us and Them**

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| **Organization** |  | **Pass rates for first attempts** |
|  |  |  | **2013** | **2014** | **2015** | **2016** |
| **CAPR** | **Canadian Educated** | **Clinical component** | **92%** | **91%** | **90%** | **84%** |
| **Medical Doctors** | **Canadian Trained** | **MCCQE II clinical****(Medical Council of Canada Qualifying Examination)** | **95%** | **94%** | **92%** |  |
| **Dentists** |  | **OSCE** | **97%** | **99%** | **95%** | **94%** |
| **Chiropractors** | **Canadian** | **Component COSCE** |  |  | **93%** |  |
| **Opticians** |  | **National Optical Sciences Examination—Eyeglasses Examination** |  | **85%** | **84%** | **84%** |
|  | **National Optical Sciences Examination—Advanced Practice Contact Lens Examination** |  | **68%** | **68%** | **69%** |
| **Optometry** |  | **Written and Clinical** | **95%** | **86%** | **90%** | **90%** |

**Item Development Process**

* **Blueprint lnked** item assigned to writing team
* **Team develops and reviews**
* **Second team** provides feedback
* **Original team** edits per feedback
* **National chairs** and others review
* **Accepted items** added to bank for field test, rejected back to start
* **CLINICAL ONLY**—items selected for exam
* **CLINICAL ONLY**—reviewed by local team
* **CLINICAL ONLY**—reviewed by National CTDG
* **Field tested and reviewed** (examiner comments for clinical)
* **Inserted into item bank**
* **Selected for exam**

**Exam Development**

**LEVEL**

**LEVEL**

**LEVEL**

**Creating**

**the Exam Form**

**Reviewing**

**and Approving the Exam Form**

**Administration**

**of the Exam**

**Creating the Exam Form**

* **200 items are selected** from the item bank to match the blueprint(Yardstick)
* **Items are reviewed** for content and level of difficulty, balance of content (e.g. not all questions are about pediatrics or about knees)
* **CAPRs PT Advisor reviews each item—**

She approves the final version of the exam.

**Reviewing and Approving the Exam Form**

* **16 stations are selected** from the item bank to match the blueprint by our PT advisor.
* **The Clinical Development Test Group reviews each station**. They approve the final version of the exam.
* **Items are reviewed** for content and level of difficulty, balance of content, potential for safety issues (critical step given that only have 16 stations)

**Standard Setting**

**The Written Exam**

* Modified Angoff to recommend cut score to the Board of Directors
* Done either when the Blueprint has changed or every 3 to 5 years

**The Clinical Exam**

* Modified Angoff at each administration to determine the borderline candidates used for the calculation of the cut score

**Scoring: The Written Exam**

* **All questions are equally weighted.** Correct responses are worth 1 mark. Incorrect responses receive no marks. No deduction for incorrect responses.
* **Raw scores** are standardized to allow for comparability across administrations.
* **Standard depends** on reference group of Canadian first-time test takers (until now).
* **The passing score** for the Written Component is currently set at 330 on the standard score scale.
* **Any questions that perform poorly** is reviewed by the Key Validation Committee. The Committee may change the accepted answer or may delete the question from the final scoring.

**Scoring: The Clinical Exam**

**Pass/Fail determinations are made**

**for each candidate using three criteria:**

1. The candidate has a score above the cut score (total score criterion)
2. The candidate has passed a minimum number of stations.
3. The candidates has fewer than 1 major or two minor safety and/or professionalism flags.

