



COLLEGE OF  
**PHYSIOTHERAPISTS**  
of ONTARIO  
*Regulating Physiotherapists*

**2024**

# Governance Manual

## Governance Manual

June 2024

### INDEX

#### Section 1.0 Roles & Responsibilities

- 1.1 Role of the Board
- 1.2 Role of a Board Member
- 1.3 Role of a Committee Chair
- 1.4 Role of a Non-Board Committee Member
- 1.5 Role of the Chair
- 1.6 Role of the Vice-Chair
- 1.7 Role of Registrar
- 1.8 Role of Committee Vice-Chair

#### Section 2.0 Terms of Reference

- 2.1 Inquiries, Complaints and Reports Committee – Statutory
- 2.2 Discipline Committee – Statutory
- 2.3 Executive Committee – Statutory
- 2.4 Fitness to Practise Committee – Statutory
- 2.5 Patient Relations Committee – Statutory
- 2.6 Quality Assurance Committee – Statutory
- 2.7 Registration Committee – Statutory
- 2.8 Risk, Audit, and Finance Committee – Non-Statutory
- 2.9 Examinations Committee – Non Statutory

#### Section 3.0 Confidentiality

- 3.1 Confidentiality – General
- 3.2 Privacy Procedures – Requests for Access or Corrections to Personal Information and Privacy Concerns

#### Section 4.0 Finance

- 4.1 Allowances and Expenses
- 4.2 Signing Officers
- 4.3 Investments and Investment Strategy
- 4.4 Insurance
- 4.5 Capital Assets

### STATUS<sup>1</sup>

Revised, June 2021  
Revised, September 2023  
Revised, March 2024  
Revised, September 2023  
Revised, March 2024  
Revised, March 2024  
Revised, March 2024  
March 2024

Revised, June 2021  
  
Revised, September 2023  
Revised, September 2023  
Revised, September 2023  
Revised, June 2021  
Revised, June 2021  
Revised, June 2021  
Revised, September 2023  
  
Revised, March 2024

Revised, June 2021  
Revised, June 2021

Revised, March 2024  
Revised, June 2024  
Revised, September 2023  
Revised, June 2021  
Revised, June 2021

---

<sup>1</sup> This refers to the date of the most recent approval or revision or whether it is under review.

## Section 5.0 Policy

- |     |                                       |                         |
|-----|---------------------------------------|-------------------------|
| 5.1 | <u>College Policy Review Schedule</u> | Revised, September 2023 |
| 5.2 | <u>Approval of Official Positions</u> | Revised, June 2021      |

## Section 6.0 Intellectual Property

- |     |   |                         |
|-----|---|-------------------------|
| 6.1 | <u>Intellectual Property and Related Uses</u> | Revised, September 2023 |
|-----|---|-------------------------|

## Section 7.0 General

- |      |  |                         |
|------|--|-------------------------|
| 7.1  | <u>Strategic Planning Cycle</u>  | Revised, June 2021      |
| 7.2  | <u>Succession Planning</u>   | Revised, June 2021      |
| 7.3  | <u>Selection of Individuals to Committees, Task Forces and Advisory Groups</u> | Revised, March 2024     |
| 7.4  | <u>Performance Review Process for Registrar</u>                                | Revised, June 2021      |
| 7.5  | <u>Emergency Management Plan</u>   | Revised, June 2021      |
| 7.6  | <u>Election Campaign</u>   | Revised, June 2021      |
| 7.7  | <u>Board Education/Orientation</u>   | Revised, September 2023 |
| 7.8  | <u>Board – Staff Relations</u>   | Revised, June 2021      |
| 7.9  | <u>Appointment of a Task Force and/or an Advisory Group</u>                    | Revised, March 2024     |
| 7.10 | <u>Specialty Designation</u>   | Revised, June 2024      |
| 7.11 | <u>Board In Camera Meetings</u>  | Revised, June 2024      |
| 7.12 | <u>Enterprise Risk Management</u>  | September 2023          |

## Section 8.0 Evaluation

- |     |                                  |                    |
|-----|----------------------------------|--------------------|
| 8.1 | <u>Measurement and Reporting</u> | Revised, June 2021 |
|-----|----------------------------------|--------------------|

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.1</b>
<b>Title:</b>	<b>Role of the Board</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, December 2009, June 2021</b>	
<b>Date confirmed:</b>	<b>December 2011</b>	

### **Legislative References**

- a. *Physiotherapy Act*: s.6
- b. Health Professions Procedural Code: s.2.1, s.3, s.4, s.5, s.6, s.7, s.8, s.9, s.10
- c. *Regulated Health Professions Act, 1991*: s.2, s.3, s.4, s.5, s.6

### **Definition**

The Board of the College is its board of directors and consists of appointed and elected members as defined in the *Physiotherapy Act*.

### **Primary Function**

The Board is the College's board of directors who manages and administers its affairs.

It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

The College's objects are defined in section 3 of the Code.

### **Specific Responsibilities**

In carrying out its role, the College Board will:

1. Fulfill the legislated responsibilities under the *Regulated Health Professions Act*, the Code and the *Physiotherapy Act* and ensure that all other statutory responsibilities of the College, its committees and its employees are upheld.
2. Understand the objects of the College and ensure that it achieves them.
3. Establish rules of order for use during Board and committee meetings.
4. Review and approve College Governance Policies, Regulations, By-laws, Standards, position statements, Board policies and Committee policies.

5. Establish and promote the College's mission, vision and values.
6. Develop and approve the strategic direction of the College and monitor the work of the Board and its committees to ensure achievement of goals.
7. Use the College's strategic plan to direct its activities and allocate its resources by setting budget priorities, and approve budgets based on these priorities.
8. Receive reports from all statutory committees, non-statutory committees, task forces, the Chair and the Registrar.
9. Consider and recommend the legislative changes necessary for the College to meet its mandate.
10. Appoint the College Registrar and receive regular reports on the Registrar's performance.
11. Appoint the College auditor.
12. Annually elect the Chair, Vice-Chair, and members of the Executive Committee, and appoint the Committee Chair and members of each College committee.
13. Establish non-statutory committees and task forces.
14. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.
15. Monitor and evaluate on an ongoing basis whether the College is meeting its statutory mandate.
16. Make decisions respecting the appropriate sanctions for violation of the College's Code of Conduct.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.2</b>
<b>Title:</b>	<b>Role of a Board Member</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, September 2009, February 2013, June 2021, September 2023</b>	

### **By-law References**

- a. By-laws: s.3, s.5, Appendix A, Appendix C

### **Definition**

Directors are either physiotherapists or members of the public. Physiotherapists are elected by their peers through district elections for the purpose of carrying out the self-regulatory function. Two academic members are selected by the academic community. Public members are appointed by the Lieutenant Governor in Council to bring the public perspective to Board discussions.

### **Primary Function**

Directors are committed to the mandate of the College and bring individual perspectives to collective decision making in the public interest. A Director is responsible for contributing fully to debates and decisions of the Board and those committees on which they serve.

### **Specific Responsibilities**

1. Serve on the Board and at least one statutory committee to which they are appointed.
2. Serve on additional committees or task forces as required.
3. Attend required orientation(s).
4. Review all materials sent in advance for Board and Committee meetings and demonstrate a reasonably comprehensive knowledge of it.
5. Acquire and apply a working knowledge of the statutory requirements and policies related to their specific statutory committee(s).
6. Develop and maintain knowledge of the regulatory framework of the College and current issues facing the Board.
7. Be available for meetings and attend them.
8. Be available to mentor and assist new Board members.

9. Contribute to Board and Committee discussions.
10. Raise issues in a respectful manner that encourages open discussion.
11. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
12. Understand, respect and adhere to the rules of order and the Code of Conduct as prescribed by the Board.
13. Acquire a working knowledge of health system issues and financial issues relevant to the role of a Director.
14. Raise matters arising in the broader environment for Board consideration for action.
15. Publicly support the decisions of the Board providing rationale as requested.
16. Redirect matters to the Chair as appropriate.

#### **Terms of Office**

- A. Elected Directors are eligible to serve a maximum of three years in one term, to a maximum of nine consecutive years.
- B. The appointment of Academic Directors is determined by By-law section 3.2(4).
- C. Public appointees serve terms as approved by the Lieutenant Governor.
- D. Appointment to a committee is one year and renewable annually.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.3</b>
<b>Title:</b>	<b>Role of a Committee Chair</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, September 2007, September 2009, February 2013, June 2021, September 2023, March 2024</b>	

### **By-law References**

- a. By-laws: s.7.6, s.7.7, s.7.8

### **Primary Function**

The Committee Chair is a member of a statutory committee, non-statutory committee or task force and is appointed by the Board to serve as Committee Chair.

The Committee Chair provides leadership and direction to the Committee or Task Force to ensure it fulfills its mandate. The Committee Chair is accountable to the Board through regular reporting on committee activity and progress. The Committee Chair collaborates with an identified senior staff person to facilitate the ongoing management of the Committee's work.

### **Specific Responsibilities**

Committee or Task Force Chairs are expected to:

1. Provide direction and guidance to the Committee in keeping with its Board approved terms of reference and any related legislative responsibilities.
2. Utilize the Board selected Rules of Order, approved By-Laws, Code of Conduct and Governance Policies in overseeing committee meetings.
3. Collaborate with appropriate staff to:
  - a. orient new Committee members;
  - b. develop the agenda;
  - c. identify policy issues for consideration by the Board where appropriate;
  - d. prepare committee reports and recommendations for presentation to the Board;
  - e. develop objectives and long-range plans for committee consideration; and
  - f. identify budget and business plan implications for the Registrar.
4. Encourage broad respectful debate amongst members in achieving decisions or direction on committee matters.



5. Manage committee function and introduce strategies to resolve conflicts when they arise. When the issues are not manageable, consult with the Chair.
6. Act as the principal spokesperson for the Committee in reporting to the Board at all meetings.
7. Raise matters arising in the broader environment related to committee mandate for Board consideration for action.
8. Conduct regular evaluation of Committee members and processes to ensure high levels of performance.
9. Where a Committee Chair identifies a performance issue or concern with a Committee member, inform the Chair in order to facilitate the ability of the Chair to manage the issue or concern appropriately.
10. Attend required orientation(s).
11. Be available to mentor and assist new Committee members.
12. To authorize a Committee member to claim additional preparation time above what is allowed in the Allowances and Expenses Policy.

### **Terms of Office**

- A. Committee Chairs are nominated by the Executive Committee and appointed annually by Directors. The number of times a Director or a Non-Board Committee member can be appointed as a Committee Chair to any particular committee is nine times.
- B. Both Directors and Non-Board Committee members may serve as Committee Chair when it is in the best interest of the continuity of the ongoing work of the Committee.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.4</b>
<b>Title:</b>	<b>Responsibility of a Non-Board Committee Member / Member of a Task Force and Advisory Groups</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, March 2010, February 2013, June 2021, September 2023</b>	

### **By-law References**

- a. By-laws: s.7.6

### **Definition**

Non-Board Committee members and members of a task force or an advisory group are appointed in accordance with College By-laws and established selection criteria.

### **Primary Function**

Non-Board Committee members and members of a task force or an advisory group are working participants of committees, task forces and advisory groups and facilitate the achievement of desired outcomes as approved by the Board.

### **Specific Responsibilities**

1. Serve on the Committee, Task Force or Advisory Group to which they are appointed.
2. Attend required orientation(s).
3. Review all materials sent in advance of meetings.
4. Acquire and apply a working knowledge of the statutory requirements, terms of reference, and policies related to the Committee, Task Force or Advisory Group.
5. Be available for meetings and attend them.
6. Be available to mentor and assist new Non-Board Committee members.
7. Raise issues in a respectful manner that encourages open discussion.
8. Demonstrate independent judgment through their willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
9. Understand, respect, and adhere to the Rules of Order and the Code of Conduct.

10. Maintain confidentiality of matters discussed and decisions made at committee that are confidential in nature.

**Term of Appointment**

- A. Non-Board Committee members, members of task forces or advisory groups are appointed for one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.5</b>
<b>Title:</b>	<b>Role of the Chair</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, December 2009, December 2011, February 2013, March 2014, June 2021, September 2023, March 2024</b>	

### **By-law References**

- a. By-laws: s.6.3(1) & (3)

### **Primary Function**

The Chair is elected by the Board to serve as its most senior officer in facilitating governance effectiveness and alignment with the mission and vision. For greater clarity, the Chair is the senior most official of the College. The Chair works effectively with the Registrar, acts as a key representative in public forums, and highlights the Board's stewardship role in the self-regulation of the profession.

### **Term**

The Chair serves a one-year term and is elected annually in March and takes office at the first regular Board meeting following an election. An individual may hold this office twice during any period of consecutive service on the Board.

### **Specific Responsibilities**

In addition to duties outlined in subsection 6.3(1) of the By-laws the Chair shall:

1. Promote, in conjunction with Registrar, the establishment and evaluation of the College's strategic plan.
2. In coordination with the Registrar, identify issues, develop objectives and establish priorities to be deliberated by the Board and oversee the planning, chairing and evaluation of all Board meetings.
3. Act as a signing authority for Regulations, contracts and cheques on behalf of the College as required.
4. Serve as the Chair of the Executive Committee and participate on other committees and task Forces as directed by the Board.
5. Serve as a member of the Risk, Audit, and Finance Committee.

6. In coordination with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
7. In cooperation with the Registrar, act as a spokesperson of the College.
8. Where appropriate, represent the College on external committees or representational opportunities, either solely or with the Registrar, or appoint a member of the Board to represent the Board in keeping with the By-laws or as directed by the Board.
9. Receive all matters directed to the attention of the Executive Committee and the Board and review and determine, with the Executive Committee as appropriate, a best course of action on such matters related to the performance of committees or Directors.
10. In partnership with the Registrar, develop the Executive Committee and Board agendas and identify matters that should be discussed in camera. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
11. Maintain awareness of activities and of issues facing the Board, external and internal to the College; and together with the Registrar act as a key spokesperson on Board matters and the College.
12. On behalf of the Board and in accordance with policy, negotiate the Registrar's contract and coordinate the Registrar's annual performance review.
13. Advise Directors or Non-Board Committee members on issues relating to conflicts of interest in consultation with the Registrar and legal counsel as required.
14. Establish an ongoing Director and Non-Board Committee member performance management system which includes providing individual Directors with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College's Code of Conduct.
15. Each year where the College is a member of the Canadian Alliance of Physiotherapy Regulators (CAPR), the College Chair, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.
16. Monitor and manage all risk-related matters and periodically reports this information to the Board.
17. The Chair's duties also include any other duties as defined in the College By-laws and these Governance Policies.
18. In fulfilling these duties, the Chair may contact a past Chair for information, advice and guidance as needed.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.6</b>
<b>Title:</b>	<b>Role of Vice-Chair</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, June 2007, December 2011, February 2013, March 2014, June 2021, September 2023, March 2024</b>	

### **By-law References**

- a. By-laws: s.6.3(2)

### **Primary Function**

The Vice-Chair is elected by the Board to serve as an officer of the College and to assist and collaborate with the Chair in their role.

### **Term**

The Vice-Chair serves a one-year term and is elected annually in March and takes office at the first regular Board meeting following an election. An individual may hold this office twice during any period of consecutive service on the Board.

Subject to the election process, incumbents in the Vice-Chair's role will typically take over the role of the Chair when the Chair has completed their term(s).

### **Responsibilities**

In addition to duties outlined in By-law section 6.3(2), the Vice-Chair shall:

1. In the absence of the Chair, perform the Chair's duties including:
  - a. chair Board and Executive Committee meetings;
  - b. act as a signing officer of the College;
  - c. receive and review all matters directed to the attention of the Board
  - d. in cooperation with the Registrar, act as a spokesperson of the College;
  - e. monitor and manage all risk-related matters and periodically report this information to Board; and
  - f. where appropriate, represent the College, either solely or with the Registrar, at public functions and official liaison opportunities.
2. Serve as a member of the Executive Committee and participate on other committees and task forces as directed by the Board.
3. Serve as a member of the Risk, Audit, and Finance Committee.

4. As advised by the Chair, develop their personal knowledge of the role and duties of the Chair in order to prepare to undertake this role.
5. Chair an appeal process where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 7.4 — Registrar's Performance Review).
6. Assist and advise the Chair in performing their duties.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.7</b>
<b>Title:</b>	<b>Role of Registrar</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, March 2007, February 2013, June 2021, September 2023, March 2024</b>	

### **Definition**

The Registrar is the principal staff member retained by the Board to act as the College's Chief Executive Officer.

### **Primary Function**

The Registrar is the only employee of the College to report solely and directly to the Board. They shall report to the Chair and to the Board through and with approval of the Chair. If the Registrar and the Chair disagree about what should be reported to the Board, the Registrar can consult the Vice-Chair. The Registrar is subject to direction from the Board and in between meetings, direction from the Executive Committee. The Registrar acts as a collaborative leader in the development and implementation of the College's vision, mission, values and strategic goals. The Registrar is responsible for directing and managing the day-to-day operations of the College within financial targets as set by the Board. The Registrar hires and maintains an effective staff organization which includes providing timely and relevant policy and program information and recommendations to the Board and its committees. The Registrar fulfills the statutory mandate of the role and assists the Board in meeting its governance and legislative obligations.

### **Specific Responsibilities**

The Registrar is accountable for the following subsets of responsibilities:

#### *Executive Leadership/Organizational Management*

1. Plans and directs the organization's activities to achieve stated/agreed targets and standards for legislative adherence, financial performance and culture.
2. Develops and implements strategy for operational management of the organization.
3. Implements processes to ensure continuous quality improvement of the organization and its activities.
4. Meets statutory obligations as defined by the *Regulated Health Professions Act, 1991*.



### *Financial, Risk and Facilities Management*

5. Recommends yearly budget for the Board approval and prudently manages the College's resources within those budget guidelines according to current laws and regulations.
6. Provides relevant, timely and complete financial information to facilitate informed decision making by the Board.
7. Sets risk assessment strategy with the Board to ensure financial controls and compliance mechanisms are managed and monitored.
8. Establishes a risk analysis and mitigation framework.
9. Identifies, contains and resolves any issues where consequences could result in liability and damage to the organization.
10. In coordination with the Chair, monitors and manages all risk related matters and prepares risk reports to the Board.
11. Creates a safe and efficient work environment that supports the effective utilization of all resources.

### *Governance and Strategy*

12. Facilitates the coordination and implementation of regular review of strategic objectives of the organization including its vision, mission, values and goals.
13. Assists the Chair in their role to enable the Board to fulfill its governance function.
14. Supports operations and administration of the Board including advising and informing Directors, interfacing between the Board and staff (through the Chair).
15. In partnership with the Chair, prepares Board and Executive Committee agendas, background information and materials. In the event of disagreement between the Chair and the Registrar regarding agenda items, the decision of the Chair shall be final.
16. Collaborates with the Chair in identifying issues and trends relevant for Board consideration and potential action, including policy recommendations.
17. Collaborates with the Chair to identify the skills that the Vice-Chair requires to improve their capacity to serve as Chair and assists the Vice-Chair to gain these skills in advance of their potential election as Chair.

18. Implements a tactical plan to facilitate accomplishing defined strategic objectives and reports to the Board on progress.
19. Ensures operational systems support reporting (i.e. the Dashboard or other measures) and monitoring.

#### *Human Resource Management*

20. Effectively manages the human resources of the College according to personnel policies and procedures that fully conform to current laws and regulations.
21. Develops and maintains an effective staff organization and structure which provides appropriate policy and program recommendations for consideration by the Board and its committees, and which delivers services, programs and information consistent with the legislative framework and regulations that govern the College's functions.

#### *Public Relations*

22. In cooperation with the Chair, acts as a spokesperson for the College.
23. Ensures that any public statement and College communications that references the Board's position is consistent with the official position of the Board.
24. Maintains and develops organizational culture, values and reputation (always consistent with the direction of the Executive Committee and the Board) with the public, government, staff, registrants, partners and regulatory peers.

#### *Other*

25. The Registrar must notify the Chair when they appoint a senior employee of the College to act as the Interim Registrar during absences.

<b><u>Section:</u></b>	<b>Roles &amp; Responsibilities</b>	<b>Policy #1.8</b>
<b>Title:</b>	<b>Role of Committee Vice-Chair</b>	
<b>Date approved:</b>	<b>March 2024</b>	
<b>Date revised:</b>		

### **By-law References**

- b. By-laws: s.7.6, s.7.7, s.7.8

### **Primary Function**

The Vice-Chair is a member of a statutory committee, non-statutory committee or task force and is appointed by the Board to serve as Vice-Chair.

The Vice-Chair provides support to the Chair of the Committee or Task Force to ensure the Committee or Task Force fulfills its mandate. This includes providing advice to the Chair when asked and stepping in as the Chair when needed, for example to chair a Committee or Task Force meeting when the Chair is unavailable. All the Chair's responsibilities can be delegated to the Vice-Chair.

### **Specific Responsibilities**

Committee Vice-Chairs are expected to:

1. Provide support and advise to the Committee Chair as needed.
2. Develop their personal knowledge of the role and duties of the Committee Chair.
3. In the absence of the Committee Chair, perform the Committee Chair's duties as needed, including but not limited to:
  - a. Collaborating with appropriate staff to set meeting agendas;
  - b. Chairing Committee meetings utilizing the Meeting Guidelines established by the Board;
  - c. Encouraging respectful debate among Committee members to reach a decision or direction on committee matters;
  - d. Authorizing a Committee member to claim additional preparation time above the limit provided for in the Allowances and Expense Policy;
  - e. Evaluating Committee and Committee member performance;
  - f. Addressing any potential conflicts of interest of Committee members;
  - g. Addressing any Committee member performance issues or potential breaches of the Code of Conduct and bringing them to the attention of the Chair if needed;

- h. Collaborating with appropriate staff to orient and support new Committee members; and
  - i. Working with appropriate staff to prepare committee reports for the Board.
- 4. Keep the Committee Chair apprised, as needed, of any issues that arose during the Committee Chair's absence.
- 5. Respond to staff questions and make decisions on behalf of the Chair when the Chair is unavailable.

**Terms of Office**

- A. Committee Vice-Chairs are nominated by the Executive Committee and appointed annually by the Directors. The number of times a Director or a non-Board Committee member can be appointed as a Vice-Chair to any committee is nine times.

<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.1</b>
<b>Title:</b>	<b>Inquiries, Complaints and Reports Committee</b>	
<b>Date approved:</b>	<b>March 2009</b>	
<b>Date revised:</b>	<b>June 2010, February 2013, September 2013, June 2021</b>	

## **Type**

Statutory

## **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.25, s.25.1, s.25.2, s.26, s.27, s.28, s.28.1, s.29, s.36, s.38, s.54, s.57, s.58, s.59, s.60, s.61, s.62, s.63, s.64, s.79
- b. By-laws: s.7.1(3)

## **Role**

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

## **Accountability**

Board

## **Duties**

1. To investigate complaints, reports and inquiries filed with the Registrar regarding the conduct or actions of a registrant in accordance with the requirements of the legislation.
2. To consider investigation reports provided by the Registrar as per section 79 of the Code. Reports of this nature are generated by Registrar's inquiries, mandatory reports or referrals from the Quality Assurance Committee.
3. To make inquiries as to whether a registrant may be incapacitated as per sections 58 and 59 of the Code.
4. To dispose of complaints in accordance with the timelines prescribed in the Code.
5. To consider the need for interim orders and emergency appointments of an investigator where required.
6. To dispose of complaints and investigation reports (mandatory reports, Registrar's Inquiries) in accordance with the Committee's powers as specified in the Code.

7. To deliberate on matters returned from the Health Professions Appeal and Review Board related to decisions of the ICRC.
8. To monitor environmental trends that are relevant to the mandate of the Committee and inform the Board of issues that are relevant.
9. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and the Board for consideration and approval.

### **Composition**

#### **A. Committee**

Composition of the Committee is determined by subsection 7.1(3) of the College by-laws.

#### **B. Panel**

Quorum for panels of the Inquiries, Complaints and Reports Committee is indicated in subsection 25(3) of the Health Professions Procedural Code.

### **Term of Office**

Appointment to the Inquiries, Complaints and Reports Committee is one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.2</b>
<b>Title:</b>	<b>Discipline Committee</b>	
<b>Date approved:</b>	<b>May 1995</b>	
<b>Date revised:</b>	<b>December 2003, December 2008, June 2010, September 2013, June 2021, September 2023</b>	

## **Type**

Statutory

## **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.36 to s.56, s.70, s.71, s.71.1, s.71.2, s.73
- b. By-laws: 7.1(4)

## **Role**

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

## **Accountability**

Courts and the Board

## **Duties**

1. To hold hearings, by way of panels, on specified allegations of a registrant's conduct and/or competence referred by the Investigations, Complaints and Reports Committee, in accordance with the requirements of the legislation.
2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and the Board for consideration and approval.

## **Composition**

### **A. Committee**

Composition of the Committee is determined by subsection 7.1(4) of the College By-laws.

**B. Panel**

The Chair of the Discipline Committee shall select a panel from among the members of the Committee to hold a hearing of any matter referred to the Committee in accordance with subsection 38 of the Health Professions Procedural Code.

- (i) Quorum: Quorum for panels of the Discipline Committee is indicated in subsection 38 (5) of the Health Professions Procedural Code.

**Term of Office**

Appointment to the Discipline Committee is one year renewable annually to a maximum of nine consecutive times.



<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.3</b>
<b>Title:</b>	<b>Executive Committee</b>	
<b>Date approved:</b>	<b>February 2002</b>	
<b>Date revised:</b>	<b>June 2003, June 2006, September 2007, March 4, 2009 in effect June 2009, June 2010, September 2010, September 2011, October 2012, February 2013, September 2013, March 2014, March 2015, June 2021, September 2023</b>	

## **Type**

Statutory

## **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.12
- b. By-laws: s.7.1(1) and s.7.2(1)

## **Role**

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

## **Accountability**

Board

## **Duties**

### *Governance Excellence*

1. To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of the Board and committees.
2. To provide oversight on individual and general education of the Board and Non-Board Committee members.

### *Administrative Matters*

3. Without unduly exercising the Board's authority, to exercise all the powers of the Board between Board meetings with respect to matters that, in the Committee's opinion, require immediate attention. Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.
4. To provide, for publication on the College's website, the date of every meeting, the rationale for the meeting, and whether any decision made will be ratified by the Board.
5. To provide, for publication on the College's website, where the Committee acts as the Board or discusses issues that will be brought forward to or affect the Board, a report of the discussion or decisions made.
6. To review By-Laws, Governance Policies, and the College's official documents to ensure currency and the need for Board review.
7. To recommend the Committee, Task Force or Advisory Group slate for presentation and approval by the Board.
8. To provide direction and support to committees and the Board as requested.
9. To act as the advisory panel to the Chair.

#### *Policy Development*

10. To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to the Board on such matters.
11. To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to the Board with respect to policy direction, as required.

#### *Working with the Registrar*

12. To provide guidance and support to the Registrar.
13. To provide direction to the Registrar on matters that require immediate attention in between meetings of the Board.
14. To receive and adjudicate grievances of staff reporting to the Registrar.
15. To ensure that the Registrar is involved in their annual performance review,
16. To ensure the employment contract of the Registrar and any related amendments are confirmed by the Board.

### *College Privacy Committee*

17. To act as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College, including concerns regarding an individual's request for access to their personal information.

### *Registrar's Performance Review Panel*

18. To act as the Registrar's Performance Review Panel in order to gather and assemble feedback about the Registrar's performance and to provide a recommendation to the Board as to the outcome of the Registrar's annual performance review.

### **Composition**

Composition of the Committee is determined by subsection 7.1(1) of the College By-laws.

### **Term of Office**

Appointment to the Executive Committee is one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.4</b>
<b>Title:</b>	<b>Fitness to Practise Committee</b>	
<b>Date approved:</b>	<b>September 1995</b>	
<b>Date revised:</b>	<b>December 2003, December 4, 2008, March 4, 2009, in effect June 2009, June 2010, September 2013, June 2021, September 2023</b>	

### **Type**

Statutory

### **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.61, s.62, s.64, s.65, s.66, s.67, s.68, s.69, s.70, s.71, s.72 and s.73
- b. By-laws: s. 7.1(5)

### **Role**

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

### **Accountability**

Courts and the Board

### **Duties**

1. To hold hearings, by way of panels, on specified allegations concerning a registrant's capacity to practice the profession as referred by the Investigations, Complaints and Reports Committee in accordance with the requirements of the legislation.
2. To consider the need for interim orders where required as provided in the Health Professions Procedural Code.
3. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and the Board for consideration and approval.

### **Composition**

#### **A. Committee**

Composition of the Committee is determined by subsection 7.1(5) of the College By-laws.

**B. Panel**

The Chair of the Fitness to Practise Committee shall select a panel from among the members of the Committee to hold a hearing of any matter referred to the Committee by the Inquiries, Complaints and Reports Committee in accordance with subsection 64(2) of the Health Professions Procedural Code.

- (i) Quorum: Quorum for panels of the Fitness to Practise Committee is indicated in subsection 64 (3) of the Health Professions Procedural Code.

**Term of Office**

Appointment to the Fitness to Practise Committee is one year renewable annually to a maximum of nine consecutive times.

<b>Section:</b>	<b>Terms of Reference</b>	<b>Policy #2.5</b>
<b>Title:</b>	<b>Patient Relations Committee</b>	
<b>Date approved:</b>	<b>August 1994</b>	
<b>Date revised:</b>	<b>September 2002, December 2008, December 2010, September 2013, June 2021</b>	

### **Type**

Statutory

### **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.84, s.85, s.85.7
- b. By-laws: s.7.1(7)

### **Role**

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

### **Accountability**

Board

### **Duties**

1. To develop, implement, and evaluate measures for preventing and dealing with the sexual abuse of patients as defined in subsection 84(3) of the Health Professions Procedural Code. These measures include:
  - a. educational requirements for registrants; and
  - b. guidelines for the conduct of registrants with their patients.
2. To review applications for funding for therapy and counseling from sexual abuse victims and determine eligibility.
3. To administer the Therapy and Counseling Fund.
4. To advise the Board with respect to the College's Patient Relations Program.
5. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and the Board for consideration and approval.

**Composition**

Composition of the Committee is determined by section 7.1(7) of the College's By-laws.

**Term of Office**

Appointment to the Patient Relations Committee is one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.6</b>
<b>Title:</b>	<b>Quality Assurance Committee</b>	
<b>Date approved:</b>	<b>October 1994</b>	
<b>Date revised:</b>	<b>January 2003, June 2006, July 2008, March 2009, September 2013, June 2021</b>	
<b>Date confirmed:</b>	<b>June 2011</b>	

### **Type**

Statutory

### **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.80, s.80.1, s.80.2, s.81, s.82, s.83, s.83.1
- b. By-laws: s.7.1(6)

### **Role**

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

### **Accountability**

Board

### **Duties**

1. To administer the Quality Assurance Program as defined in section 80.1 of the Health Professions Procedural Code.
2. To evaluate and recommend improvements to the Quality Assurance Program for Board consideration.
3. To appoint assessors to assess a member's practice and prepare a report for submission to the Committee.
4. To make decisions regarding registrants who participate in the Quality Assurance Program in accordance with section 80.2 of the Health Professions Procedural Code.
5. To monitor environmental trends that are relevant to the mandate of the Committee and inform the Board of issues that are relevant.
6. To prepare regular reports to the Board.



7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and the Board for consideration and approval.

### **Composition**

Composition of the Quality Assurance Committee is defined by subsection 7.1(6) of the College's By-laws.

### **Term of Office**

Appointment to the Quality Assurance Committee is one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.7</b>
<b>Title:</b>	<b>Registration Committee</b>	
<b>Date approved:</b>	<b>April 1996</b>	
<b>Date revised:</b>	<b>June 2003, June 2006, June 2008, June 2010, September 2013, June 2021</b>	

## **Type**

Statutory

## **Legislative / By-law References**

- a. Health Professions Procedural Code: s.10, s.11, s.15, s.17, s.18, s.19, s.20, s.21, s.22, s.23
- b. By-laws: s.7.1(2)

## **Role**

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

## **Accountability**

Board

## **Duties**

1. To consider applications referred to it by the Registrar.
2. To review applications from registrants who apply for removal or modification of any term, condition or limitation imposed on their certificate.
3. To make decisions regarding applications in accordance with the Committee's powers as specified in the Health Professions Procedural Code.
4. To monitor environmental trends that are relevant to the mandate of the Committee and inform the Board of issues that are relevant.
5. To monitor and advise the Board with respect to the College's registration program.
6. To prepare regular reports to the Board.

7. When needed, to develop policies on matters outside of the Committee's legislative decision-making authority and recommend them to the Executive Committee and the Board for consideration and approval.

### **Composition**

#### **A. Committee:**

Composition of the Registration Committee is defined by subsection 7.1(2) of the College By-laws.

#### **B. Panel:**

- (i) **Composition:** Composition of a panel of the Registration Committee is defined by subsection 17(2) of the Health Professions Procedural Code.
- (ii) **Quorum:** Quorum for a panel of the Registration Committee is defined by subsection 17(3) of the Health Professions Procedural Code.

### **Term of Office**

Appointment to the Registration Committee is one year and renewable annually to a maximum of nine consecutive times.

<b><u>Section:</u></b>	<b>Terms of Reference</b>	<b>Policy #2.8</b>
<b>Title:</b>	<b>Risk, Audit, and Finance Committee</b>	
<b>Date approved:</b>	<b>December 2010</b>	
<b>Date revised:</b>	<b>September 2011, October 2012, February 2013, September 2013, June 2021, September 2023</b>	

## **Type**

Non-Statutory

## **Legislative / By-law References**

- a. By-laws: s.7.4

## **Role**

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

## **Accountability**

Board

## **Duties**

1. To make recommendations for Board approval and/or deliver reports to the Board in the following areas:
  - a. Annual operating and capital budget;
  - b. Annual audited financial statements;
  - c. Appointment of auditors; and
  - d. Policies related to financial management.
2. To report to the Board at each Board meeting on:
  - a. Financial planning, management and reporting issues;
  - b. Interim financial reports;
  - c. Reports from auditors and administration on internal control issues;
  - d. Enterprise risk management, including all risks considered by the Committee; and
  - e. Other matters.

3. To monitor environmental trends that are relevant to the mandate of the Committee and inform the Board of issues that are relevant.
4. To receive and review enterprise risk management reports.
5. To review policies related to enterprise risk management.
6. To serve as the Audit Committee:
  - a. To review the audited annual financial statements, in conjunction with the report of the external auditors, and obtain an explanation from management of:
    - (i) all variances between comparative reporting periods;
    - (ii) a response to any identified weakness; and
    - (iii) observations related to the financial efficiency and future viability of the organization.
  - b. To enquire into the financial risks faced by the organization, and the appropriateness of related controls to minimize their potential impact.
  - c. To discuss with the auditor any recommended changes to the existing accounting policies and practices.
  - d. To meet privately with the external auditors (without the presence of management) and with senior management (without the external auditors) to obtain full disclosure about any concerns with the audit process prior to the Board meeting at which the audited statements are received.
  - e. To recommend, when appropriate, approval of the audited financial statements to the Board.
  - f. To annually evaluate the performance of the external auditors and recommend to the Board the appointment or changes to the appointment of a firm of chartered accountants as the organization's external auditors.
  - g. To oversee the tendering for an audit firm, when directed by the Board.
7. When needed, to develop finance policies and recommend them to the Executive Committee and the Board for consideration and approval.

### **Composition**

Composition of the Risk, Audit, and Finance Committee is defined by subsection 7.1(1) of the College's By-laws.

### **Term of Office**

Appointment to the Risk, Audit, and Finance Committee is one year and renewable annually to a maximum of nine consecutive times.

**Section:** Terms of Reference  
**Title:** Examinations Committee  
**Date approved:** September 23, 2022  
**Date revised:** March 2024

## **Policy #2.9**

### **Type**

Non-Statutory

### **Legislative / By-law References**

- a. By-laws: s.3.1(9), s.7.5, s.7.6

### **Accountability**

Board

### **Role**

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

### **Accountability**

Board

### **Duties**

1. Monitor the status of exam development, administration and implementation.
2. Provide financial oversight of the Exam program and make recommendations to the Board as needed.
3. Review and approve changes to the Examination Blueprint (including exam structure and timing) with appropriate advice from psychometricians and other experts.
4. Monitor the status of item and exam form generation and the item bank.
5. Establish and review the cut score with appropriate advice from psychometricians and other experts.
6. Ensure the reliability and validity of the Exam in an ongoing way, including:

- a. Consider feedback from candidates and examiners collected through exam surveys and make recommendations where appropriate,
  - b. Review technical reports provided by consulting psychometricians and make recommendations related to information presented.
- 7. Review the assessment methodology used for the Ontario Clinical Exam every 5 years.
  - 8. Consider current literature on standards of competency assessment, examinations and testing and make recommendations if appropriate.
  - 9. Consider and approve Exam policies as needed.
  - 10. To provide regular reports to the Board.
  - 11. To advise and/or make recommendations to the Board on substantive issues relating to exam development, administration and implementation.
  - 12. Serve as the appeal body in cases where a candidate is dissatisfied with the outcome of the Exam Review in accordance with the Appeal Policy.
  - 13. Establish and review committee roles and composition and make recommendations to the Board.
  - 14. Such other activities related to the development, administration and implementation of the Exam that are advisable.

## **Composition**

The committee composition will include:

- A. At least one physiotherapist with an Independent Practice Certificate who graduated from a Canadian Physiotherapy Program within the last five years
- B. A least one physiotherapist with an Independent Practice Certificate who graduated from a Physiotherapy University Program outside of Canada and received their Independent Practice Certificate within the last five years
- C. At least two physiotherapists who have current experience with supervising or mentoring entry-level practitioners (for example, final year PT students, PT Residents, etc.)
- D. A member of the public with experience in the areas of assessment or testing

Members of the Committee who are physiotherapists will be chosen to include a diversity of experience with different practice settings, systems, and patient populations.

The Committee is properly constituted and may act despite it not being composed as specified above.

The Committee will be supported by College staff, assessment experts, a psychometrician, legal counsel and other advisors as needed.

### **Recruitment and Appointment**

Prospective members of the Committee will be identified through a formal recruitment process based on the criteria defined in this policy, and according to the procedure defined in Governance Policy 7.5.

Non-Board Committee members, including a Chair, will be appointed by the Board in consultation with the Registrar. The Registrar will assist the Executive Committee and the Board in the recruitment and selection process.

### **Exclusion Criteria**

In addition to the eligibility criteria defined in the College's By-laws, members of the Committee cannot:

- Currently be or have been in the past a professional member of the Board for the College of Physiotherapists of Ontario, a voting Board member of the OPA / CPA, or a Board member of the Canadian Alliance of Physiotherapy Regulators
- Have any actual or perceived conflicts of interest
- Have Professional Conduct history with the College where the outcome was:
  - Registrar Directed Education
  - Advice and/or Recommendations
  - Caution
  - Undertaking
  - Specified Continuing Education and Remediation Program (SCERP)
  - Referral to the Discipline Committee
  - Referral to the Fitness to Practise Committee



- Have gone through an assessment through the quality assurance program where the outcome was a SCERP, terms limitations or restrictions imposed on their certificate or referral to the Inquiries Complaints and Reports Committee or its predecessor
- **Have been the subject of charges or findings under the:**
  - *Criminal Code of Canada*
  - *Controlled Drugs and Substances Act*
  - *Health Insurance Act*

### **Quorum**

Quorum is confirmed when the majority of the Committee is in attendance.

### **Term of Office**

Appointment to the Examinations Committee is one year and renewable, to a maximum of nine years total. Members may be re-appointed after each one-year term after the Board has considered the results of a performance evaluation.

### **Termination Event**

The Examinations Committee shall be dissolved when the Board passes a resolution that it is no longer required to fulfill the College's mandate.

<b><u>Section:</u></b>	<b>Confidentiality</b>	<b>Policy #3.1</b>
<b>Title:</b>	<b>Confidentiality — General</b>	
<b>Applicable to:</b>	<b>Directors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity</b>	
<b>Date approved:</b>	<b>June 2006 (Replaced previous 4.6, Confidentiality of Board Information, Rescinded, June 2006)</b>	
<b>Date revised:</b>	<b>March 2010, February 2013, June 2021</b>	

### **Policy**

Directors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity shall acknowledge and adhere to the confidentiality provisions set out in section 36 of the *Regulated Health Professions Act, 1991* (“RHPA”) and section 83 of the Health Professions Procedural Code.

### **Procedure**

1. Every person to whom this policy applies will review the confidentiality provision set out in the RHPA and sign a confidentiality undertaking, provided by the College, indicating that they have read, understood and are willing to comply with the confidentiality requirements that apply to their activities on behalf of the College.
2. On an annual basis, every person to whom this policy applies will review the confidentiality provision set out in the RHPA.

<b><u>Section:</u></b>	<b>Confidentiality</b>	<b>Policy #3.2</b>
<b>Title:</b>	<b>Privacy Procedures — Requests for Access or Corrections to Personal Information and Privacy Concerns</b>	
<b>Date approved:</b>	<b>September, 2010</b>	
<b>Date revised:</b>	<b>June 2021</b>	

## **Policy**

This policy addresses:

- A. Requests for access to personal information held by the College
- B. Requests to correct personal information held by the College
- C. Concerns received by the College about its handling of personal information
- D. The College’s privacy breach protocol

A staff member will be designated as the Privacy Officer.

For purposes of these procedures, the following persons may make an access or correction request for or make a complaint about the handling of personal information to the College:

- The individual to whom information relates or their legal counsel;
- A substitute decision-maker for the individual to whom the information relates if the individual is incapable of making their own decisions (that incapacity having been confirmed in writing by a health care provider, capacity assessor or evaluator or a court or other legal authority); or
- If the individual to whom information relates is deceased, the individual’s estate trustee or executor named in a will or a person who has taken over administration of the individual’s estate as confirmed in writing.

### **A. Procedures — Access to Personal Information**

#### *General — Access to Personal Information*

1. Individuals may ask for access to records of their personal information.
2. Requests for access to personal information are made in writing. Requesters are asked to fill out a “Request for Access to Personal Information” form. The Privacy Officer will assist those who require help to prepare an access request.
3. The Privacy Officer will review requests for access to personal information and decide whether full or partial access will be granted.

4. The College will make reasonable efforts to respond to requests for access with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

*Privacy Officer Review of Access to Personal Information Requests*

5. Upon receipt of a request from an individual for access to their personal information held by the College, the Privacy Officer will:
  - a. Provide written notice of the request to the College Registrar, and
  - b. Acknowledge receipt of the request to the requester.
6. The original of the written request for access shall be placed with the individual's file (if the College keeps a file in relation to the individual and if not, the Privacy Officer will maintain a file for access requests) and must contain the following:
  - a. A description of the information requested,
  - b. Information sufficient to show that the person making the request for access is the person to whom the personal information relates (or an authorized substitute decision-maker),
  - c. The signature of the person making the request, and
  - d. The date the written request was signed.
7. The Privacy Officer will review the request to determine whether access will be granted.
8. In certain situations, the College may choose not to provide an individual with access to all or part of their records of personal information. Examples of situations where access may be denied, or only partial information provided, include:
  - a. If it is impractical or impossible for the College to retrieve the information;
  - b. The record contains references to another individual(s) that cannot reasonably be severed;
  - c. Providing access may result in significant risk of harm to the requester or a third party;
  - d. If granting access could reasonably be expected to interfere with the administration or enforcement of the By-laws or the College's objects or obligations in law, for example because:
    - (i) it would violate section 36 of the RHPA;
    - (ii) the information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure; or

- (iii) providing access may defeat the purposes for which the information was collected;
  - e. The information cannot be disclosed for legal, security or commercial proprietary reasons;
  - f. The information is subject to a legal privilege;
  - g. The information was generated in the course of a resolution process or proceeding (and that proceeding and any appeals have not been concluded); or
  - h. The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
9. In cases where the personal information forms part of a record created by another organization (or person), the Privacy Officer may refer the individual to the organization (or person) that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the original source rather than the College.
10. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:
- a. A description of what information was requested;
  - b. A statement of whether the College has responsive records and if so, the decision to:
    - (i) permit access;
    - (ii) permit partial access (i.e. provide personal information but with redactions, for example where records also contain the personal information of another individual or there is a significant risk of harm);
    - (iii) deny access; or
    - (iv) refer the individual to the person or organization that created the record(s);
  - c. The reasons for the decision<sup>2</sup>;
  - d. If applicable, the fee imposed for a copy; and
  - e. If applicable, a copy of the records available for access.

### *Copies and Originals*

11. In most situations, the College provides a copy of records of personal information.

---

<sup>2</sup> Except in circumstances where providing reasons would compromise the ability of the College to fulfill our objects or obligations in law. In some situations, we may advise an individual that the College can neither confirm nor deny the existence of a record.

12. If an individual wishes to read an original record, someone from the College must be present to ensure the records are not altered or removed. Individuals may not make notes on original records or remove originals from College files or otherwise alter records.

#### *Fees*

13. Copies of records of personal information are typically provided at no cost to the requester. However, depending on the nature of the request and the amount of information involved, the College may impose a cost recovery fee. In these circumstances, the College will inform the individual of the cost to provide the response and proceed to respond to the request upon payment by the individual of the fee.

### **B. Procedures — Correction of Personal Information**

#### *General — Requests for Correction of Personal Information*

1. The College corrects personal information in its custody or control if it is inaccurate or incomplete for the purposes it is to be used or disclosed by the College.
2. Requests for correction are made in writing and must explain what information is to be corrected and why. Requesters are asked to fill out a “Request for Correction to Personal Information” form. The Privacy Officer will assist those who require help to prepare a correction request.
3. The Privacy Officer will review requests for correction to personal information and decide whether corrections will be made.
4. The College will make reasonable efforts to respond to requests for correction with a written decision within 30 days, unless an extension of time is required. Where an extension is necessary, the requester will be informed of the estimated timeline for response.

#### *Privacy Officer Review of Correction to Personal Information Requests*

5. Upon receipt of a request from an individual for correction to their personal information held by the College, the Privacy Officer will:
  - a. Provide written notice of the request to the College Registrar, and
  - b. Acknowledge receipt of the request to the requester.

6. The original of the written request for correction shall be placed with the individual's file (if the College keeps a file in relation to the individual and if not, the Privacy Officer will maintain a file for correction requests) and must contain the following:
  - a. A description of the information requested to be corrected,
  - b. Information sufficient to show that the person making the request for correction is the person to whom the personal information relates (or an authorized substitute decision-maker),
  - c. The signature of the person making the request, and
  - d. The date the written request was signed.
7. The Privacy Officer will review the request to determine whether the correction will be made.
8. In certain situations, the College may choose not to correct all or part of a record of personal information. Examples of situations where a correction request may be denied, or only partial information corrected, include:
  - a. Where the requester has not proven the information is inaccurate or incomplete for the purposes for which the College uses or discloses the information;
  - b. The record was not originally created by the College and the College does not have the knowledge, expertise or authority to correct the record;
  - c. The information consists of a professional observations or opinion which was made in good faith;
  - d. If the record relates to a decision of the Board or Committee;
  - e. If making the correction could reasonably be expected to interfere with the administration or enforcement of the By-laws or the College's objects or obligations in law; or
  - f. The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.
9. Corrections are made in the following ways:
  - a. Striking out the incorrect information in a manner that does not obliterate the record or
  - b. If striking out is not possible:
    - (i) labelling the information as incorrect, severing it from the record, and storing it separately with a link to the record that enables us to trace the incorrect information, or
    - (ii) ensuring that there is a practical system to inform anyone who sees the record or receives a copy that the information is incorrect and directing that person to the correct information.
10. Upon completion of the review, the Privacy Officer will provide a written decision to the requester. The written decision will include:

- a. A description of what information was requested to be corrected;
- b. A statement of whether the College has responsive records and if so, the decision to:
  - (i) make the correction;
  - (ii) make partial corrections;
  - (iii) refuse the correction; or
  - (iv) refer the individual to the person or organization that created the record(s);
- c. The reasons for the decision<sup>3</sup>; and
- d. If applicable, a copy of the corrected record(s).

## **C. Procedures — Privacy Breach and Privacy Complaints**

### *General — Privacy Breach and Privacy Complaints*

1. All privacy complaints, incidents, and actual or potential breaches must be reported immediately to the Privacy Officer.
2. A privacy breach happens whenever personal information in the custody or control of the College is lost or stolen or is used, modified or destroyed by or disclosed to an unauthorized person. For example:
  - a. Our electronic systems are hacked and held ransom after an email with a virus is opened
  - b. An unencrypted laptop with personal information saved on the hard drive is stolen
  - c. Personal information is shared in contravention of section 36 of the RHPA
  - d. A courier package of records of personal information is not delivered to the correct address
  - e. An unencrypted USB key with an Excel spreadsheet with personal information or Word files is lost
  - f. A College employee or Board member talks about a registrant or a complainant with a personal friend or posts information on a personal social media account with enough detail that an individual would be identifiable
  - g. Records with personal information to be disposed of are recycled and not shredded
  - h. A fax with personal information is misdirected to a business where the fax number was entered incorrectly
3. Any person may ask questions or challenge the College's compliance with our Privacy Code or our privacy procedures by contacting the Privacy Officer.

---

<sup>3</sup> Except in circumstances where providing reasons would compromise the ability of the College to fulfill our objects or obligations in law. In some situations, we may advise an individual that the College can neither confirm nor deny the existence of a record.



4. The Privacy Officer will review and answer all privacy-related questions and complaints on behalf of the College.
5. Complaints about the handling of personal information by College staff, appointees and members of the Board, committees or working groups and others who collect, use or disclose personal information on our behalf should be made to the College in writing. The Privacy Officer will assist those who require help to write their complaint.
6. Upon receipt of a privacy complaint, the Privacy Officer will:
  - a. Provide written notice of the complaint to the College Registrar, and
  - b. Acknowledge receipt of the complaint to the complainant.
7. The College will use reasonable efforts to respond to questions and complaints within 30 days, unless an extension of time is required. Where an extension is necessary, the individual will be informed of the estimated timeline for receiving a response.

#### *Privacy Breach Protocol*

##### **Step 1:** Respond immediately by implementing the privacy breach protocol

- Ensure the Registrar and other appropriate internal staff are immediately notified of the breach.
- Address the priorities of containment and notification as set out in the following steps.
- Consider engaging legal counsel or a privacy breach coach if appropriate.
- Consider when to notify the insurer (which may be a condition of coverage).

##### **Step 2:** Containment — Identify the scope of the potential breach and take steps to contain it

- Retrieve and secure any personal information that has been disclosed or inappropriately used or collected (including all electronic or hard copies). This might include attending at the scene to determine whether there are any other records in public.
- Ensure that no copies of personal information have been made or retained by the individual who was not authorized to collect, use or receive the information. Obtain the person's contact information in the event that follow-up is required.

- Determine whether the privacy breach would allow unauthorized access to any other personal information (e.g. an electronic information system) and take whatever necessary steps are appropriate (e.g. change passwords or identification numbers, temporarily shut down a system, suspend an individual or group's access to the system, implement security, institute a restriction to the file).
- Consider whether calling the police to report a theft or crime is appropriate.

### **Step 3: Clarify the facts**

- Consider whether there is sufficient expertise to conduct an internal investigation or whether a specialist (such as a privacy or IT security specialist) is required.
- Determine the scope of the breach:
  - Details of the incident and how it was discovered
  - Number of people affected
  - Who was involved
  - Dates
  - Type of incident (such as:)
    - Unauthorized use
    - Unauthorized disclosure
    - Hacking, malware, security breach
    - Lost/stolen mobile device
    - Lost/stolen hard copies
    - Fax to wrong number
    - Refused access or correction request
    - Email to wrong recipient
- Determine how it happened and who was involved and why.

### **Step 4: Notification — Identify those individuals whose privacy was breached and notify them of the breach**

- At the first reasonable opportunity, any affected individuals whose personal information has been affected will be notified. We give careful consideration to whether affected individuals need to know immediately (especially where despite our efforts, the breach is ongoing or where the information in question is of a highly sensitive nature or there is reason to believe that it will be used in a malicious way).

- The type of notification will be determined based on the circumstances (such as the sensitivity of the personal information, the number of people affected, and the potential effect the notification will have on the individual(s)). For example:
  - Notification may be in person or by telephone or in writing depending on the circumstances.
  - In some cases, a public notice will be the most efficient and effective method of notice.

We focus on considerations such as:

- The potential privacy impact of calling the individual's home or sending a letter
- Whether the affected individual could be told in person
- Whether anyone affected is in a vulnerable state of health or deceased or incapable to make informed decisions such that notice would be given to a substitute decision-maker and consider the best way to manage those sensitive issues
- Provide details of the extent of the breach and the specifics of the personal information at issue.
- Advise affected individuals of the steps that have been or will be taken to address the breach, both immediate and long-term, including any steps taken to:
  - Reduce potentially harmful effects on the individual; and
  - Prevent a similar breach from happening.
- Provide affected individuals with contact information for the Privacy Officer who can provide additional information.
- Establish a plan to address what College staff and others should do if they receive calls about the privacy breach.
- Consider notifying legal counsel if appropriate. Consider whether it is necessary to call police.

## **Step 5: Investigation and Remediation**

- Conduct an internal investigation into the matter. The objectives of the investigation will be to:
  - Ensure the immediate requirements of containment and notification have been addressed.

- Review the circumstances surrounding the breach.
- Review the adequacy of existing policies and procedures in protecting personal information.
- Address the situation on a systemic basis.
- Identify opportunities to prevent a similar breach from happening in the future.
- Change practices as necessary.
- Ensure all College employees, appointees and members of the Board, committees and working groups are appropriately re-educated and re-trained with respect to compliance with reasonable privacy protection standards and the recommendations of how to avoid privacy breaches in the future.
- Continue notification obligations to affected individuals as appropriate.
- Consider notifying legal counsel as appropriate. Consider whether it is necessary to call police.
- Consider any disciplinary consequences with employees, appointees and members of the Board, committees or working groups or contract issues with independent contractors or vendors that follow from the privacy breach.

#### **Step 6: Recordkeeping**

- Keep a record of all privacy complaints, incidents and breaches including investigations, notifications and remedial action taken.

<b><u>Section:</u></b>	<b>Finance</b>	<b>Policy #4.1</b>
<b>Title:</b>	<b>Allowances and Expenses</b>	
<b>Applicable to:</b>	<b>Directors who are members of the profession<sup>4</sup>, Non-Board Committee members, members of task forces and working groups, and, where applicable, independent contractors<sup>5</sup></b>	
<b>Date approved:</b>	<b>March, 2015</b>	
<b>Date revised:</b>	<b>December 2017, April 2018, June 2021, March 2023, September 2023, March 2024</b>	

### **Section 1: Purpose Statement**

The purpose of the policy is to establish and articulate the process of compensation for work done on behalf of the College and for expenses incurred while on College business.

### **Section 2: Principles<sup>6</sup>**

1. The basis of College work is public service. Any remuneration that may be paid is not expected to be competitive with the marketplace or an individual's usual occupational compensation. Allowances are paid to partially offset the cost of an individual's contribution rather than to pay for services rendered or compensate for lost income or the opportunity to earn income.
2. Registrant dollars are used prudently and responsibly with a focus on accountability and transparency.
3. Expenses for travel, meals, and accommodations support the work of the College.
4. Travel is approved only after other methods of hosting the meeting or event are considered.
5. Meetings that are not full day should be conducted virtually. Full day meetings can be held virtually, hybrid, or in person.
6. Plans for travel, meals and accommodation are necessary and economical with due regard for health and safety.

---

<sup>4</sup> Directors who are appointed to the Board by the Lieutenant Governor (public appointees) are paid by the government and as such the rules for their compensation and expenses are established and monitored by the Ministry of Health and Long-Term Care. Therefore, this policy does not apply to them.

<sup>5</sup> Independent contractors are retained by the College for specific services according to the terms of a contract and include assessors, examiners, coaches, and other as determined by the College. Independent contractors may refer to this policy unless they are already subject to guidelines that are established outside of this policy. Independent contractors exclude consultants and firms hired for projects. In this case, expenses are negotiated as part of the agreement with the College. This policy applies when expenses are not negotiated or outlined in a contractual agreement for services provided.

<sup>6</sup> Principles are benchmarked to the Remuneration Framework and Highlights of Allowable Expenses for Public Appointees to the Health Professions Regulatory Colleges from the Health Boards Secretariat (HBS).

7. Authorized expenses incurred during or performing College business are reimbursed.
8. Individuals who reside in the area where the College function is being held are encouraged to use available and convenient transit options without the need for overnight accommodation.

## **Section 3: Policy**

### **3.1 Rules for Allowances**

#### **Application and Scope**

An *allowance* is a payment for time spent on College-related business. Allowances are composed of allowances, travel time, and preparation time. Allowances are paid to Directors who are members of the profession, Non-Board Committee members, members of task forces and working groups, and independent contractors for participating in activities that are relevant to College business.

Payments are made based on the rules in this policy and the Rate Schedule. The Rate Schedule is not considered part of this policy and will be reviewed and updated each year by staff based on reference benchmarks and communicated broadly to affected parties.

Allowance rates are reviewed on an annual basis. Allowance rates may be adjusted based on changes in cost-of-living rates. The amount of any adjustment would be determined by the College each fiscal year. Any changes to the rates will be communicated broadly to affected parties.

#### **Allowance General**

- a) A claim for an allowance may include any or all meeting-related time, travel time, and/or preparation time in keeping with the rules in this policy and the Rate Schedule.
- b) One allowance claim may be submitted for the corresponding meeting.
- c) A full day implies seven hours of work.
- d) Teleconferences and virtual meetings are meetings and are therefore considered to be time that may be claimed.
- e) Meetings involving deliberations of a panel are considered to be scheduled meetings.
- f) Allowances will be paid to individuals<sup>7</sup> who are requested by the College to attend a function for representation or education purposes.

---

<sup>7</sup> Consistent with the Application and Scope for Allowances.

## **Meeting Time**

- g) Any allowance claim for meeting time may be claimed in 15-minute increments consistent with the Rate Schedule.
- h) For meetings that are three hours or less in duration, the actual number of full or partial hours up to a maximum of three hours may be claimed.
- i) For meetings that are more than three hours in duration or scheduled to be more than three hours in duration, a full day allowance may be claimed, even if the meeting concludes earlier than its scheduled duration.
- j) If a single day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance equal to the duration of the scheduled meeting. If a single day meeting is cancelled with more than 2 business days' notice, no allowance is paid.
- k) If a consecutive multi-day meeting, hearing, or function is cancelled without at least 2 business days' notice, those who were scheduled to attend may claim an allowance of 50% of the total meeting duration. For example, for a 5-day consecutive meeting (typically a hearing), 2.5 days may be claimed. If a multi-day meeting is cancelled 3-5 business days prior to the start of the hearing, those who were scheduled to attend may claim 25% of the total meeting duration. If a multi-day meeting is cancelled with more than 5 business days' notice, no allowance is paid.

## **Additional Activities of Committee Chairs**

- l) Additional activities refer to work that is required to fulfill the role of the Chair or to support the work of the Committee.
- m) A Committee Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the Chairs' allowance rate.
- n) Reimbursement for additional activities for Committee Chairs is subject to an annual maximum amount, consistent with the Rate Schedule.
- o) Once the annual maximum amount is reached, additional activities for chairs will not be reimbursed for the remainder of the fiscal year.

- p) In any instance where the Committee Vice-Chair functions as the Committee Chair, the Committee Vice-Chair shall be reimbursed at the Committee Chair's allowance rate.

#### **Additional Activities of the Board Chair**

- q) Additional activities refer to work that is required to fulfill the role of the Chair or to support the work of the Board.
- r) The Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the Chair's allowance rate.
- s) Reimbursement for additional activities for the Chair is subject to an annual maximum amount, consistent with the Rate Schedule.
- t) Once the annual maximum amount is reached, additional activities for the Chair will not be reimbursed for the remainder of the fiscal year.

#### **Additional Activities of the Board Vice-Chair**

- u) Additional activities refer to work that is required to fulfill the role of the Vice-Chair.
- v) The Vice-Chair may claim allowance for participation in additional activities outside of meeting preparation time, meeting attendance time, and travel time. These activities will be reimbursed at the Chair's allowance rate.
- w) Reimbursement for additional activities of the Vice-Chair is subject to an annual maximum amount, consistent with the Rate Schedule.
- x) Once the annual maximum amount is reached, additional activities for the Vice-Chair will not be reimbursed for the remainder of the fiscal year.

#### **Preparation Time**

- y) Preparation time is a payment for time spent getting prepared for College-related activities<sup>8</sup>. The goal of preparation time is to ensure that individuals are adequately prepared to participate in upcoming meetings or, where applicable, other College activities.
- z) The time billed for preparation should be less than or equal to the time billed for the meeting. For example, for meetings of up to three hours duration, the maximum

---

<sup>8</sup> For the purposes of this policy, preparation time will include decision writing and decision review.



preparation time is three hours. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours.

- aa) When a Committee member requires more time for preparation than is permitted under z., the Committee Chair may authorize additional preparation time.
- bb) When a Committee Chair requires more time for preparation than is permitted under z., a request for additional preparation time may be approved by the individual through which chairs submit their claims, in accordance with the Procedure section of this policy.
- cc) There are no restrictions on the number of requests for additional preparation that a Committee member or chair may make during a year.
- dd) Activities that are allowed to be claimed as preparation time are at the discretion of the approving authority.
- ee) Preparation time is paid in accordance with the Rate Schedule.

#### **Travel Time**

- ff) Travel time is a payment for time spent getting to and from College-related business. The actual time spent traveling from an individual's starting point of travel to the meeting or event destination is subject to reimbursement.

### **3.2 Rules for Expenses**

#### **Application and Scope**

Eligible expenses are reimbursed to Directors who are members of the profession (including academic members); Non-Board Committee members; members of task forces and working groups; and independent contractors when they are incurred while conducting College business. Reimbursement is made based on the rules in this policy and the Rate Schedule.

Expense rates are benchmarked against Canada Revenue Agency (CRA) and National Joint Council (NJC) guidance for the current year. The Rate Schedule is reviewed and updated by staff on an annual basis to maintain consistency with the CRA and NJC rates. Any changes to the rates will be communicated broadly to affected parties.

#### **Expenses – General**

- a. Detailed itemized invoices or receipts are required for all expense claims (i.e., not just the credit card receipt).

- b. Invoices and/or receipts must include a description of the goods purchased or services rendered, the cost, taxes, gratuities, and, if applicable, the HST Registration Number<sup>9</sup>.

## **Expenses – Travel**

- c. Travel includes:
- Economy airfare for flights;
  - Economy class train fare for trips less than two hours;
  - Business class train fare for trips of greater than two hours;
  - Local public transportation;
  - Taxi;
  - Ride-sharing service; or
  - Use of a personal car.
- d. Only in limited circumstances is business class travel acceptable for train trips under two hours, and only with prior approval, such as:
- Choosing a travel time that allows you to reduce expenditures on meals or accommodation (e.g., compare an economy class ticket plus a meal with the cost of a business class VIA Rail ticket, where meals are included)
  - Accommodation or accessibility requirements; and/or
  - Health and safety considerations.
- e. The cost of the most economical or practical mode of travel may be claimed unless other means are more practical, and this is evident from the explanation on the claim form<sup>10</sup>.
- f. Local taxis or ride-sharing service may be used when warranted by expedience and practicality.
- g. Travel expenses incurred in traveling to/from home or place of employment, or to/from the point of business and public transportation terminal may be claimed when they are part of a larger journey.
- h. An allowance per kilometer will be paid for the use of a personal car in accordance with the Rate Schedule.

---

<sup>9</sup> For internet purchases, a copy of the payment confirmation should also be included.

<sup>10</sup> Such reasons may include: urgency, transportation delays, inconvenient train or bus schedules, more than one person travelling together by car, taxi because of baggage, automobile and parking instead of public transportation, etc.

## **Expenses – Accommodation**

- i. Hotel accommodation<sup>11</sup> will be covered for individuals if it is not practical to travel to and from the meeting or event on the day of the meeting or event, such as if an individual is required to travel out of town and overnight to attend a College function.
- j. Reimbursement will be made for hotel accommodation based on a basic/standard room, conveniently located and comfortably equipped.
- k. Where overnight stays are required, people may choose to stay at the hotel at which the College has negotiated a corporate rate, if available, or another hotel of their choosing, in accordance with the Rate Schedule. If a corporate hotel rate is available, reimbursement will be made for the lower of the two rates.
- l. Exceptions to the maximum accommodation rates in the Rate Schedule may be made where necessary and appropriate.
- m. Individuals are responsible for managing their own hotel bookings. Penalties related to cancellations or changes of hotel reservations are the claimant's responsibility and may be reimbursed only in exceptional circumstances<sup>12</sup>.
- n. Hotel accommodation at conventions, congresses etc. should take advantage of any special group or convention rates at the conference hotel or be taken at another hotel where the rate does not exceed the conference hotel rate.
- o. When private accommodations (e.g. friends or family) are used in lieu of hotel accommodation, claims for reimbursement may be submitted in accordance with the Rate Schedule.

## **Expenses – Meals**

- p. Meal expenses incurred while travelling on College business may be claimed when it is not practical to travel to and from the meeting or event on the day of the meeting or event, and where meals are not provided by the College on the travel days.
- q. Meal expenses cannot be claimed when the College provides a meal during its meeting/event.

---

<sup>11</sup> For the purposes of this policy, hotel accommodations include private homestay rentals listed on online property sharing platforms (for example, Airbnb or similar platforms).

<sup>12</sup> Such circumstances include where there is no adequate notice of a meeting cancellation or re-scheduling.

- r. Meal expenses do not include alcoholic beverages.

#### **Expenses – Gratuities**

- s. Reasonable gratuities for meals may be claimed over and above the maximum allowable for the meal. (i.e. for a meal of \$35.00, the expense claim may include the \$35.00 meal and a gratuity for a total of \$35.00 + gratuity = claim).
- t. Reasonable gratuities for accommodation, taxis, and ride-sharing services should be included in the cost claimed along with the accompanying receipt.
- u. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

#### **Expenses – Other Allowable<sup>13</sup>**

- v. Parking.
- w. Purchased services such as printing, copying, etc. when they cannot conveniently be provided.
- x. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

#### **Expenses – Additional Interpretation**

- y. Expenses not covered by the rules in this policy must be approved in advance by the individual responsible for approving the claim.

#### **Section 4: Procedure**

1. Claims for allowances or expenses must be submitted to the College within 30 calendar days of the activity that resulted in the claims.
2. Claims not submitted within 30 days will not be paid.
3. Claims will be submitted to and reviewed and approved by the individual with oversight for the activity that resulted in the claims. Adjustments to the claim may be made to ensure adherence to this policy.
4. Any discrepancies between what this policy permits and the claims submitted will be addressed with the claimant by the approving individual, and by the Registrar.
5. The College will do its best to pay claims within 30 days of receiving them.

---

<sup>13</sup> When attending College business only

6. For statutory committees, the Program area managers will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the COO. For non-statutory committees, the Program area will review and approve the Committee member and Chairs' claims. Any discrepancies will be reviewed by the Chair.
7. The Registrar will review and approve the Chair's claims.
8. The Chair will review and approve the Registrar's claims.

### **Government Taxes**

Claims for time are considered to be taxable income by the Canada Revenue Agency and as such are processed through the College's payroll office. In keeping with Canada Revenue Agency Rules, the College will annually prepare and provide T4s to those who claim time-based allowances from the College.

<b><u>Section:</u></b>	<b>Finance</b>	<b>Policy #4.2</b>
<b>Title:</b>	<b>Signing Officers</b>	
<b>Applicable to:</b>	<b>Board and staff</b>	
<b>Date approved:</b>	<b>December 2007</b>	
<b>Date revised:</b>	<b>December 2011, March 2014, June 2021, June 2024</b>	
<b>Date confirmed:</b>	<b>March 2009</b>	

### **Policy**

For the purposes of subsections 2.5(2), (3), (4), and (5) and section 2.6 of the By-laws, the Signing Officers for the College will be the Chair, Vice-Chair, the Registrar/CEO, Deputy Registrar, and the Vice-President, Finance and Reporting.

Signing Officers can commit the College to future financial expenditures that are approved within the limits set by the College's annual operational budget or authorized by this policy.

Signing Officers who are employees of the College (i.e., Registrar/CEO, Deputy Registrar, and Vice-President, Finance and Reporting) are authorized to act on behalf of the College with banking institutions, investment firms, and other financial institutions to manage the financial matters of the College. This includes authorizing payments as limited by the College's policies and management of the College's treasury accounts.

Signing Officers who are members of the Board of Directors (i.e., Chair and Vice-Chair) are not required to process payments or manage the daily financial matters of the College.

Signing Officers may approve purchases or leasing of goods and acquisition of services (purchases) either for single or multi-year commitments, in accordance with the following:

1. The Registrar/CEO, Deputy Registrar or Vice-President, Finance and Reporting may authorize purchases not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;
2. The Registrar/CEO and one of the Deputy Registrar or Vice-President, Finance and Reporting may authorize the purchases in excess of \$50,000 up to \$500,000 if the expenditure has previously been approved as an item in the College budget;
3. The Registrar/CEO and one of the Board Signing Officers (Chair or Vice-Chair) may authorize purchases in excess of \$500,000 if the expenditure has previously been approved as an item in the College budget.

4. The Registrar/CEO, Deputy Registrar or Vice-President, Finance and Reporting may authorize purchases not exceeding \$20,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/CEO believes that the expenditure is necessary for the operations of the College;
5. The Registrar/CEO and one of the Board Signing Officers (Chair or Vice-Chair) may authorize purchases in excess of \$20,000 and up to \$50,000 if the expenditure has not previously been approved as an item in the College budget; and
6. The Risk, Audit and Finance Committee shall review any proposed purchases exceeding \$50,000 if the item is not an expenditure in the College budget and make recommendations to the Board for approval.
7. Despite the provisions outlined above, in the case of unbudgeted items, the Registrar/CEO or the Chair may choose to present a matter to the Risk, Audit and Finance Committee for consideration, even if they have the authority to approve the expense.

<b><u>Section:</u></b>	<b>Finance</b>	<b>Policy #4.3</b>
<b>Title:</b>	<b>Investments and Investment Strategy</b>	
<b>Applicable to:</b>	<b>Board</b>	
<b>Date approved:</b>	<b>December 2007</b>	
<b>Date revised:</b>	<b>June 2009, June 2021</b>	
<b>Date confirmed:</b>	<b>September 2011, September 2023</b>	

### **Policy**

The primary objective of the College's investment portfolio is the preservation of capital. The return objective is to attain a growth rate that is consistent with the rate of inflation, however, because the primary objective is capital preservation, there are times when the return objective will not be achieved so that the objective of capital preservation can be satisfied.

Funds held by the College that are not immediately required for operating expenses will be invested according to a two-part investment strategy; one part focused on the short-term investment of annual fees, and the second part focused on long term reserves.

The investment strategy will be developed in accordance with the Board approved By-law 2.4 and relevant governance policies to ensure the long-term stability of the College.

### **Procedure**

1. The College's investment portfolio will aim to maximize the use of instruments that are insured by the Canadian Deposit Insurance Corporation (CDIC), and to align the amounts invested in those instruments to the CDIC's coverage limit.
2. Short-term investments will be invested in easily cashable instruments which will yield the best results and will mature within a 12-month period or less.
3. Long-term investments will be invested in federal, provincial and municipal governments, bank and trust companies, corporations, mortgage-backed securities, coupons and residuals rated R1 or better for money market instruments and A or better for bonds, as determined by the Dominion Bond Rating Service. The proportion of the investment portfolio held in corporate funds shall not exceed 20% and, the amount invested with any one issuer is limited to 15%. Excluded from the corporate funds portion of the College's portfolio, Guaranteed Income Certificates (GICs) is a separate class. No single GIC issue will exceed \$100,000.
  - a. The College will adopt a ladder investment strategy for its long-term investments, ensuring maximum return, staggered fund release, and a minimum of a four-year platform.



- b. The Registrar or another staff member will present the status of College investments as part of the finance statements at every Board meeting.
- c. The investment strategy and the specific investment instruments will be reviewed annually or more often if necessary.
- d. The Board will meet annually with a representative of the investment firm to discuss and review independently the status of the Colleges' investments and investment strategy.
- e. Funds for short-term investments are cashed for the use of annual College operations. Long-term investments are only cashed at the direction of the Board.

<b><u>Section:</u></b>	<b>Finance</b>	<b>Policy #4.4</b>
<b>Title:</b>	<b>Insurance</b>	
<b>Applicable to:</b>	<b>Board</b>	
<b>Date approved:</b>	<b>December 2007</b>	
<b>Date revised:</b>	<b>December 2009, June 2021</b>	
<b>Date confirmed:</b>	<b>December 2011</b>	

## **Policy**

The College obtains and maintains four types of insurance coverage:

1. Commercial,
2. Errors & Omissions and Directors' and Officers' Liability,
3. General Liability (including computer and social engineering fraud), and
4. Accident/Business Travel to support its risk management strategy.

Insurance coverage is reviewed annually by the Risk, Audit, and Finance Committee and the Board against environmental trends as part of the budget process, or as necessary.

<b><u>Section:</u></b>	<b>Finance</b>	<b>Policy #4.5</b>
<b>Title:</b>	<b>Capital Assets</b>	
<b>Applicable to:</b>	<b>Board</b>	
<b>Date approved:</b>	<b>March 2008</b>	
<b>Date revised:</b>	<b>March 2010, June 2021</b>	
<b>Date confirmed:</b>	<b>September 2011</b>	

### **Policy**

The College currently holds capital assets which contribute to the organization's value and net worth. Capital assets are attained and maintained in accordance with a planning cycle which supports the on-going work of the College. Capital asset expenditures are considered annually as one component of budget planning.

### **Definition**

Capital assets comprise "property, plant and equipment" that meet all of the following criteria:

1. Are held for use in the production or supply of goods and services, for rental to others, for administrative purposes or for the development, construction, maintenance or repair of other capital assets;
2. Have been acquired with the intention of being used on a continuing basis; and
3. Are not intended for sale in the ordinary course of business.

For further clarification, capital assets include buildings, furniture, purchased computer software, computer hardware, equipment, leasehold improvements, and assets acquired by capital lease.

### **Procedure**

1. Planning for capital asset need and expenditure is the responsibility of the Registrar in keeping with accountabilities related to operationalizing the approved business plan and budget.
  - a. A proposed capital assets budget is considered and approved annually by the Board within broader budget discussions.
  - b. Capital assets are amortized in accordance with the auditor's recommendations and the published Generally Accepted Accounting Principles (GAAP).
  - c. The College will maintain a capital asset ledger.
  - d. Capital assets are reviewed within a regular maintenance schedule to ensure preservation and full utilization.

<b><u>Section:</u></b>	<b>Policy</b>	<b>Policy #5.1</b>
<b>Title:</b>	<b>College Policy Review Schedule</b>	
<b>Applicable to:</b>	<b>Directors, members of statutory or non-statutory committees and task forces, staff</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>October 2008, September 2010, March 2014, September 2023</b>	
<b>Date confirmed:</b>	<b>June 2021</b>	

## **Policy**

In order to ensure that they remain relevant in a changing practice and legal environment, all of the College's existing policies, By-laws and official documents (see definition below) are reviewed periodically.

## **Procedure**

1. While Governance Policies, By-laws and official documents are in effect, they will be monitored by staff and the Board to assess whether any emerging issues suggest a requirement for an expedited review and/or require flagging at the time of the regularly scheduled review.
2. Unless a need to review them is identified sooner:
  - a. College Governance Policies and By-laws will be reviewed every year; and
  - b. Official documents will be reviewed at least every three years.
3. If, as a result of the reviews of College Governance Policies, By-laws or official documents, changes are proposed, these will be considered by the Board.
4. When changes in current circumstances or the current practice, regulatory and legal environment suggest the need, existing Governance Policies, By-laws or official documents will undergo immediate review regardless of when a prior review took place.
5. Official documents include:
  - a. Regulations;
  - b. Standards; and
  - c. Position statements.
  - d. Documents that are not official documents for these purposes include:
    - (i) reports, proposals and presentations;
    - (ii) brochures and similar informational materials;

- (iii) guides to official documents;
- (iv) information bulletins;
- (v) forms; and
- (vi) general web site content.

<b><u>Section:</u></b>	<b>Policy</b>	<b>Policy #5.2</b>
<b>Title:</b>	<b>Approval of Official Positions</b>	
<b>Applicable to:</b>	<b>Directors, members of statutory or non-statutory committees and task Forces, staff</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>October 2008, September 2010, March 2014, June 2021</b>	

### **Policy**

The Board will approve official positions of the College by a formal motion and vote. Any College communication that references an official position must be consistent with that position.

<b><u>Section:</u></b>	<b>Intellectual Property</b>	<b>Policy #6.1</b>
<b>Title:</b>	<b>Intellectual Property and Related Uses</b>	
<b>Applicable to:</b>	<b>Directors, staff, contractors, College partners</b>	
<b>Date approved:</b>	<b>February 2004</b>	
<b>Date revised:</b>	<b>December 2008, March 2011, June 2021, September 2023</b>	

## **Policy**

The development of intellectual property is an inherent product of College work- related activity. Without limiting the generality of the preceding, intellectual property may be produced through policy analysis, research, or program evaluation. The College retains its rights to this intellectual property to ensure appropriate use, dissemination and attribution unless otherwise agreed to by the Board.

## **Procedure**

### *Ownership*

1. Any intellectual property arising from research or work activity funded, sponsored or commissioned by the College, in whole or in part, is owned by the College (unless otherwise agreed to by the Board).
2. Where such intellectual property is of commercial value, the associated proceeds (including without limitation financial proceeds, the right to publish, or intangibles such as academic recognition) may be shared as agreed to by the Board with 3rd parties. The sharing of proceeds associated with College intellectual property does not apply to College employees, agents or contractors.
3. The copyright for any materials resulting from any research or work activity that is funded, sponsored or commissioned by the College in whole or in part belongs to the College and is not attributable to any other individual or person, unless otherwise agreed to by the Board.

### *Publication/Dissemination*

4. Unless the prior written approval by the Registrar has been obtained, a researcher contracted by the College may not publish the results of College research or evaluation.
5. Research or evaluation outcomes may only be published as approved by the Board.
6. When considering requests to publish, the Registrar will consider whether:

- a. The proposed publication tool or vehicle is in keeping with the College's mandate, mission and vision and strategic initiatives;
- b. The publication would undermine the College's regulatory function;
- c. The publication would infringe on existing commercial, property or moral rights of which the College is aware;
- d. Confidential data is included in the publication;
- e. Personal information is included in the publication; or
- f. There is a need to adhere to an agreement specifying a delayed publication date.

### *Authorship*

- 7. Any material published by the College that is intended to portray the College's position or advice on particular issues, or to inform registrants or other persons of the College's activities will be published without an attributed author (unless the Registrar determines otherwise).
- 8. Any material published by the College intended to serve as a report of research that was conducted or supported in whole or part by the College may be published with one or more authors being designated. Designated author(s) will be determined by the Board.
- 9. Any material published by the College, regardless of authorship decision, will acknowledge the specific College Committee at which the primary content development occurred (as the Board determines appropriate); if the Board determines that it is inappropriate to acknowledge a specific College committee, then the College's Board will be acknowledged (unless the Board determines that such acknowledgement is inappropriate).



<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.1</b>
<b>Title:</b>	<b>Strategic Planning Cycle</b>	
<b>Date approved:</b>	<b>December 2009</b>	
<b>Date revised:</b>	<b>December 2011, February 2013, June 2021</b>	

### **Policy**

The purpose of strategic planning is to guide the College to achieve its statutory mandate now and in the future, grounded in the concept of quality assurance. The Board is deliberate in its use of strategic discussion and direction setting to enhance its mandated objectives. It utilizes a vision statement within a framework to set tactics which further its goals of safe, quality physiotherapy care in the public interest. The Board regularly evaluates its progress within its most current plan and determines opportunity to revisit its framework not less than every three years.

### **Procedure**

1. The Board has established key elements for its strategic framework which may include, but are not limited to:
  - a. A vision statement;
  - b. A set of assumptions about its future;
  - c. A series of objectives and high level tactics; and
  - d. Critical success factors and key indicators of success.
2. Progress against the Strategic Plan is measured and reported to the Board at every Board meeting.
3. Planning for the development of a new framework is started by the Chair and the Registrar.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.2</b>
<b>Title:</b>	<b>Succession Planning</b>	
<b>Applicable to:</b>	<b>Executive Committee members</b>	
<b>Date approved:</b>	<b>February 2013</b>	
<b>Date revised:</b>	<b>March 2014, June 2021</b>	

### **Policy**

The College will establish and maintain a transparent process of succession planning for key roles on the Board's Executive Committee to promote the Board's capacity to achieve and maintain optimal performance in its role.

### **Procedure**

1. Term limits for the Chair and the Vice-Chair shall be no more than two terms for each position during any period of consecutive service on the Board<sup>14</sup>.
2. In order to ensure that successive Chairs of the College have an opportunity to learn the key skills required to perform effectively in this role, it is desirable that Vice-Chairs, subject to the Board election process, succeed into the role of the Chair following the completion of the Chair's term.
3. When considering candidates for the positions of Vice-Chair and Chair, it is desirable that the Board consider factors including their previous performance as members of the Board.

---

<sup>14</sup> The establishment of term limits is intended to enable Chairs and Vice-Chairs to be able to rotate into and out of these roles while still being eligible to serve as members of the Board and to enable them to transfer knowledge and skills to their successors.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.3</b>
<b>Title:</b>	<b>Selection of Individuals to Committees, Task Forces and Advisory Groups</b>	
<b>Applicable to:</b>	<b>Board, Committees, Task Forces and Advisory Groups</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>June 2006, March 2007, March 2010, February 2013, March 2014, June 2021, September 2023, March 2024</b>	

#### **By-law references**

- a. By-law: 7.3

#### **Policy**

The College will establish and maintain a transparent process for the appointment of individuals to serve on committees, task forces or advisory groups of the Board. Selection will be based on criteria developed to meet the terms of reference and needs of a specific initiative or purpose as established by the Board including the ongoing development of Director and Committee member competencies. Appointments will be confirmed by the Board.

#### **Procedure**

1. The Executive Committee, after considering expressions of interest, will recommend individuals to serve on statutory and non-statutory committees to the Board at the first opportunity following an election, and from time to time as required.
2. The Executive Committee will include in its recommendations the identification of suggested Committee Chairs.
3. The Executive Committee will base its recommendations on selection criteria including:
  - a. Availability;
  - b. Eligibility;
  - c. Experience;
  - d. Interest;
  - e. Previous performance;
  - f. Development of Director and Committee member competencies;
  - g. Avoidance of foreseeable conflicts of interest; and
  - h. Recommendations from Committee Chairs.

4. Individual physiotherapists with specific expertise may be solicited to participate on a committee, task force or advisory group dependent on the Board-determined terms of reference.
5. All committee, task force or advisory group appointments will be for one year or the set term of the Task Force or Advisory Group, unless specific circumstances require a different term length.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.4</b>
<b>Title:</b>	<b>Performance Review Process for Registrar</b>	
<b>Date approved:</b>	<b>December 2003</b>	
<b>Date revised:</b>	<b>June 2006, March 2007, June 2009, March 2012, February 2013, March 2015, June 2021</b>	

## **Policy**

The evaluation of the Registrar's performance will be coordinated by the Chair and involve the Executive Committee. The final review of the Registrar's performance will be made by the Board, in camera.

## **Procedure**

1. The Chair will coordinate the Registrar's annual performance review, based on:
  - a. goals set annually by the Board, including direction on priorities, and
  - b. operational performance indicators, including timelines.
2. The Chair will meet semi-annually with the Registrar to determine and help facilitate the requirements to help the Registrar accomplish such goals.
3. The annual review cycle is to be initiated no later than October.
4. The performance review will gather and assemble multi-source feedback about the Registrar's performance from:
  - a. all Directors;
  - b. senior staff; and
  - c. relevant external contacts, identified by both the Registrar and the Chair.
5. The Registrar will provide the Chair with contact information for staff and external contacts to facilitate the review. The Chair may identify additional external contacts from whom to obtain input.
6. The Chair will write a draft report, tabulating all comments from the above sources, as well as the Chair's own experiences with the Registrar. The report is to provide feedback, to assist the Registrar toward optimal performance.
7. The Registrar will then be given the draft to review and provide commentary.

8. The Chair will then present the draft report with the Registrar's comments to the Executive Committee for consideration.
9. The Executive Committee will make a recommendation regarding the draft report to the Board.
10. The Chair will present the final draft report to the Board in camera. The Board will make any changes it sees fit and approve the final performance review.
11. The Chair will report the Board's performance review to the Registrar.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.5</b>
<b>Title:</b>	<b>Emergency Management Plan</b>	
<b>Applicable to:</b>	<b>Board, Committees, Staff and Agents</b>	
<b>Date approved:</b>	<b>March 2011 (replaces previous 4.24 Pandemic Influenza, September 2009)</b>	
<b>Date revised:</b>	<b>June 2021</b>	

## **Policy**

The College of Physiotherapists of Ontario maintains an overarching Emergency Management Plan to ensure a consistent approach to all emergencies, in particular ensuring the safety of all Directors, Committee members, staff and agents of the College. The Plan also consists of specific subsets related to fire and public health crises given their unique features and urgent risks. All parties to whom the Emergency Management Plan applies will receive an annual orientation to its contents.

1. The Emergency Management Plan addresses events that can be classified as emergencies. These include but are not limited to:
  - a. Access to the building because of fire, flooding, etc.;
  - b. Technological incidents including electronic data processing and telecommunications disruptions;
  - c. Staffing disruption due to illness, weather; and
  - d. Public health crisis that may be of a small or large magnitude
2. The Emergency Management Plan is developed in keeping with best practices, incorporating a consistent cycle of mitigation and response (see Appendix A).
3. The Emergency Management Plan establishes an Emergency Response Team consisting of the Chair, the Registrar and the Registrar's designates.
4. The Emergency Management Plan has three components:
  - a. An overarching structure which applies in all circumstances;
  - b. A specific set of additional elements relevant to fire safety; and
  - c. A specific set of additional elements relevant to a public health crisis.
5. The Emergency Management Plan is reviewed bi-annually by the Registrar and a designated staff member, to ensure it is current and relevant.
6. All new staff, Directors, Non-Board Committee members and agents will receive an orientation to the Emergency Management Plan and its components on an annual basis, including training drills where relevant.
7. The Chair will report to the Board any events resulting in the initiation of the Emergency Management Plan through periodic reports on risk assessment.

# APPENDIX A

## Emergency Management Continuum





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

## **Policy**

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

## **Procedure**

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

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

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.7</b>
<b>Title:</b>	<b>Board Education/Orientation</b>	
<b>Applicable to:</b>	<b>All Directors and Non-Board Committee members</b>	
<b>Date approved:</b>	<b>March 2009</b>	
<b>Date revised:</b>	<b>March 2011, March 2013, June 2021, September 2023</b>	

### **Policy**

All Directors and Non-Board Committee members are required to participate in annual orientation programming, including the College's mandate, their role and responsibilities, prior to attending any meeting of a committee to which they have been appointed. In the case of Directors, they must complete the orientation programming prior to standing for election. The current Directors and Non-Board Committee members act as mentors in supporting new member integration and understanding.

### **Procedures**

1. Orientation of Directors and Non-Board Committee members will continue as needed and in keeping with this Policy, the By-laws and direction from the Chair and the Executive Committee.
2. The Executive Committee is charged annually with the task of identifying the education needs of the Board and its committees.
  - a. The Executive Committee sets an annual education strategy based on identified needs, in collaboration with the Registrar. Proposed Board education is budgeted and approved by the Board annually in March.
  - b. Education opportunities external to the College are considered on an individual basis by the Executive Committee. All requests must be directly relevant to the College mandate and the competency development needs of the requestor.
  - c. Registration fees, per diems and expenses for such events are covered by the College for professional members. For public members, the provisions as set out in the Remuneration Framework of the Health Board Secretariat will apply.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.8</b>
<b>Title:</b>	<b>Board — Staff Relations</b>	
<b>Date approved:</b>	<b>December 2009</b>	
<b>Date revised:</b>	<b>February 2013, March 2014, June 2021</b>	

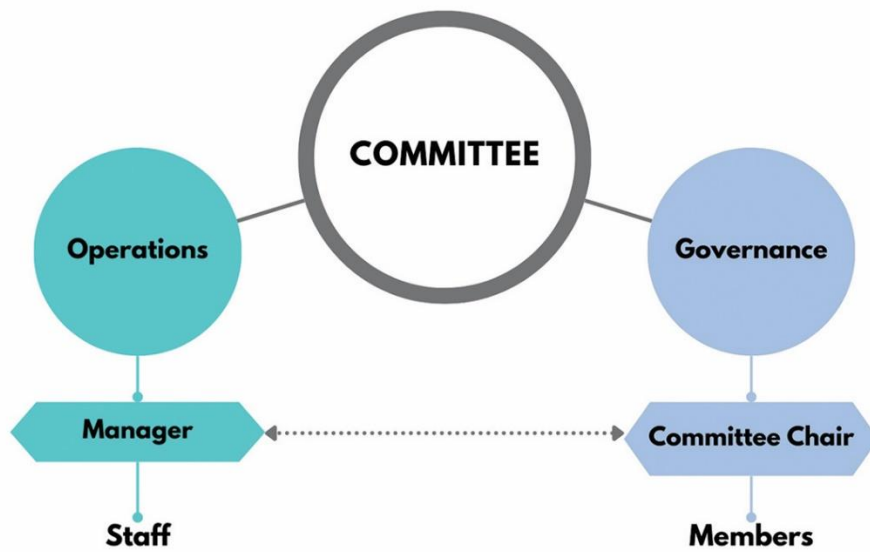
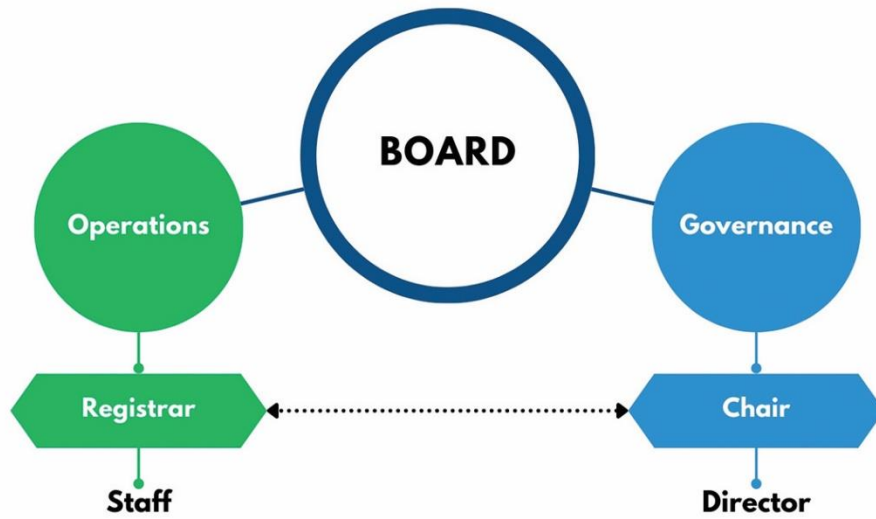
### **Policy**

The College, its Board and its staff, foster a culture of clear, open, honest, and transparent communication focused on mandate, the collective vision, and organizational values. Communication channels acknowledge and respect the difference between governance and operations. All communications, whether verbal or written (including electronic) aim to positively further the work of the College, effectively and efficiently.

### **Procedure**

1. The Registrar is accountable to the Board.
2. Board matters related to the staff and the Board relationship are managed at the level of the Chair and the Registrar.
3. Committee matters related to the relationship between staff and Non-Board Committee members are first managed at the level of the senior staff and the Committee Chair. Should any matter not be resolved, either the Registrar via the staff person or the Chair via the Committee Chair can be consulted to assist with the resolution of the issue.
4. Where any matter either at a Board or a committee level remains an ongoing concern, the Chair and the Registrar will convene a meeting of relevant parties to seek a satisfactory resolution. If the matter cannot be resolved, it should be brought to the Executive Committee for consideration. The Executive Committee will make a decision, which will be final, except for matters related to the Code of Conduct, which will be brought to the Board for consideration.

## Communication Framework



<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.9</b>
<b>Title:</b>	<b>Appointment of a Task Force and/or an Advisory Group</b>	
<b>Applicable to:</b>	<b>Board, Task Forces and Advisory Groups</b>	
<b>Date approved:</b>	<b>March 2010</b>	
<b>Date revised:</b>	<b>June 2021, March 2024</b>	

### **Policy**

From time to time, to accomplish a specific initiative, the Board may choose to establish a task force or an advisory group. Either entity is under the development and direction of the Board and may be comprised of Directors, registrants, and/or individuals with specific expertise external to the profession that meet the competency requirements as set out in the applicable College policy approved by the Board. All deliverables of a task force or an advisory group are provided to the Board for final approval.

### **Procedure**

1. A task force or an advisory group is appointed by the Board for a specific purpose and duration.
2. Either entity, once appointed, will report directly to the Board, through the Executive Committee.
3. The Board will approve the terms of reference of a task force or an advisory group. Such terms will include, at a minimum, its membership including a Chair, objectives, and deliverables.
4. A task force or an advisory group will report on its progress toward set objectives at every meeting of the Board.
5. Professional members or public Non-Board Committee members appointed to a task force or an advisory group will be reimbursed for allowances and expenses by the College as per relevant College policies. Public Directors assigned to a task force or an advisory group must seek approval from the government to pay for their per diems and expenses. Pre-approval is coordinated by the Registrar and Governance Specialist.
6. Every task force or advisory group will be supported by staff as designated by the Registrar.
7. The process and outcomes of every task force and advisory group will be evaluated for effectiveness and impact.

**Section:** General  
**Title:** Specialty Designation  
**Date approved:** March 2012  
**Date revised:** June 2024  
**Date Confirmed:** June 2021

## Policy #7.10

### Legislative Reference

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

### Policy

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

### Procedure

1. The College recognizes the following specialty certification programs<sup>15</sup> relevant to the practice of physiotherapy in Ontario:
  - a. The Physiotherapy Specialty Certification Board of Canada, and
  - b. The American Board of Physical Therapy Specialties.<sup>16</sup>
2. The College may, from time to time, recognize additional specialty certification programs the Board deems to have met the level of rigor required to satisfy use of a title of “specialist” in Ontario.
3. The College will maintain a list of all specialty certification programs and their designations that have been approved by the Board.
4. A registrant may apply to the College to use the title “specialist”. In their application, the registrant must identify the specialty certification program from which their specialty was conferred. If the specialty designation is on the list approved by the Board, the registrant will be entitled to use the title “specialist”.

---

<sup>15</sup> An overview of all Specialty Designations currently being granted by both programs can be found on the College website for the Titles, Credentials, and Specialty Designations Standard.

<sup>16</sup> Only those specialties that align with the scope of practice as defined for Ontario are recognized.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.11</b>
<b>Title:</b>	<b>Board In Camera Meetings</b>	
<b>Applicable to:</b>	<b>Board, Staff</b>	
<b>Date approved:</b>	<b>June 2021</b>	
<b>Date revised:</b>	<b>June 2024</b>	

### **Legislative references**

- a. Health Professions Procedural Code: s.7
- b. By-laws: s.4.8

### **Policy**

In accordance with subsection 7(1) of the *Health Professions Procedural Code* (“Code”) all meetings of the Board of Directors shall be open to the public. However, if discussions include subject matters as set out in subsection 7(2) of the Code, the Board may decide to exclude the public from the meeting by going in-camera. The Board is mindful that they should only go in-camera when it is necessary.

In-camera meetings will include the Board of Directors and the Registrar in most circumstances. The Registrar does not attend in-camera meetings where the Registrar’s performance, contract or compensation are the subject(s) of discussion, unless invited by the Chair to attend to address the Board. The Board may also decide to include guests to the in-camera meeting, such as legal counsel, designated staff members or other advisors. Guests or observers present will be asked to leave the meeting for the duration of the in-camera portion.

The Chair is responsible for ensuring that in-camera meetings remain focused on the designated items and do not digress into areas that ought to be discussed during the open Board meeting. The Chair has the authority to determine the appropriateness and relevance of the issues raised in-camera.

### **Minutes and Record Keeping Procedure**

1. During in-camera meetings where the Registrar is present, they will be responsible for recording the minutes. If other staff members are present, the Registrar can designate this responsibility.
2. During in-camera meetings without the Registrar, the Chair shall appoint an individual to record the minutes.



3. Staff drafted in-camera minutes will be distributed to the Board by staff. If minutes were drafted by the Chair's appointee, the Chair will distribute them directly to the Board.
4. The approval of in-camera minutes will take place during the subsequent Board meeting as part of the Consent Agenda. If there are any questions regarding the in-camera minutes, they shall be pulled from the Consent Agenda and an in-camera meeting will be convened during that Board meeting to address the questions.
5. Once approved, in-camera Minutes will be signed by the Chair.
6. Approved staff drafted in-camera minutes will be securely stored in a confidential location on the College's computer network. Access and or retention of the minutes will be restricted to designated staff.
7. For meetings without staff, access and/or retention of the minutes will be limited to the Chair and will be stored offsite with a designated law firm.
8. In-camera minutes will be made available to all Board Directors upon request. Access to them will be through the Chair or Vice-Chair, if the Vice-Chair is assuming the responsibilities of the Chair.
9. The Registrar may request access to in-camera minutes for meetings where they were not present. Requests shall be made to the Chair, who will seek Board approval for their release.
10. The Chair may under exceptional circumstances release in-camera minutes to third parties when deemed necessary for the operations of the College. Such circumstances may include but are not limited to, requests from financial institutions. Any such release shall be conducted with due diligence to ensure confidentiality. The Chair will report any such release to the Board.
11. Unauthorized access of in-camera minutes is a serious breach of privacy. The Chair and the Registrar shall investigate any incidents of unauthorized access and bring the matter to either the Board or HR for consideration.

<b><u>Section:</u></b>	<b>General</b>	<b>Policy #7.12</b>
<b>Title:</b>	<b>Enterprise Risk Management</b>	
<b>Applicable to:</b>	<b>Board, Committees and Staff</b>	
<b>Date approved:</b>	<b>September 2023</b>	
<b>Date revised:</b>		

## **Introduction**

The College of Physiotherapists of Ontario (the “College”) uses an enterprise-wide approach to managing regulatory and business risks. The Enterprise Risk Management (ERM) approach supports the utilization of a uniform approach for identifying, measuring, mitigating, and reporting on risk.

This approach enables the Board to effectively fulfill its mandate, discharge its governance responsibilities, and provide direction to the Registrar & CEO and College Leadership as they exercise their due diligence. It also recognizes that all members of the organization have a role to play in risk management and demonstrates our collective commitment to risk management both internally and externally.

## **Purpose**

The ERM policy provides the framework needed to support a uniform process for identifying, measuring, mitigating, and reporting on key organizational risks. This includes, but is not limited to, strategic, public interest, and operational risks.

The policy achieves this objective by:

- Promoting an environment where risk management is an integral part of the College’s organizational culture;
- Establishing a commitment to risk assessment as part of all College decision-making;
- Outlining clear responsibilities and accountabilities throughout the College;
- Requiring an articulation of the College’s risk appetite and tolerance and monitoring risk management processes through the development of a risk registry; and
- Supporting College-wide communication and monitoring regarding risk management.

## Risk Culture

The College recognizes that taking reasonable risks is inherent to its work and that risk cannot, nor should it, be eliminated. However, risk needs to be managed efficiently and effectively to acceptable levels.

As part of this, the College is committed to managing risk in a manner that is transparent and builds confidence both internally and externally that the College will take the action needed to fulfill its mandate to serve the public interest.

The College recognizes that risk management requires both an organization-wide and departmental approach that balances risk with anticipated benefits in all decision-making. This process engages all individuals throughout the organization to consider risk as part of normal day to day activities.

## Roles, Responsibilities, and Accountability

While recognizing that all individuals throughout the organization have a role to play in risk management, key roles within the organization possess specific responsibilities and accountabilities in relation to specific types of risk.

Role	Responsibility and Accountability	Type of Risk
Board	Responsible for approval of CPO's strategic plan, annual operational budget, governance policies, including the ERM policy, and by-laws. This includes the development of the College's risk appetite and tolerance and monitoring the College's risk management processes through review of regular risk reports.	Strategic, public interest, regulatory, and key operational (material) risks
Committee Members	To consider risk within their scope of responsibility as defined by statute, College by-laws, and policies when making decisions within their statutory role.	Committee decisions related to statutory role.
Executive Committee	Act on behalf of the Board to discharge the Board's risk responsibilities as required between meetings of the Board.	Strategic, public interest, regulatory, and key operational (material) risks
Risk, Audit and Finance Committee	Responsible for reviewing enterprise risk management policies and enterprise risk management reports prior to their presentation to the Board, providing more regular oversight of the College's enterprise risk management processes through regular	Strategic, public interest, regulatory, and key operational (material) risks, with a focus on financial and audit related risks.

updates from the Registrar & CEO or their designate. This Committee will support the Board in its review of the ERM policy and provide recommendations when appropriate.

Registrar & CEO	Responsible for managing organizational risks, developing and implementing the College's ERM program, ensuring the ERM program is actively utilized, and reporting to the Board in support of its oversight responsibilities. These responsibilities may be delegated as necessary, but overall accountability rests with the Registrar & CEO.	Strategic, operational, and regulatory risks.
Risk Officer	Identified by the Registrar & CEO as a member(s) of the CPO's Leadership Team, the Risk Officer has primary responsibility for leadership and daily management of the ERM processes and risk register. The Risk Officer provides support across the organization to support the implementation of risk management processes and supports reporting processes to both the Risk, Audit, and Finance Committee and the Board.	Strategic, operational, and regulatory risks.
Leadership Team	Responsible for identifying, assessing, managing, and reporting risks within their scope of authority and accountability. They provide direction on the implementation and evolution of these processes and priority areas of focus.	Strategic, operational (particularly departmental and project), and regulatory risks.
Project Leads	Responsible for identifying and assessing risks within the scope of projects, programs, or services that they lead. They will engage leadership in these processes as needed and support risk-based decision-making regarding the project, program, or service.	Operational project risks.

## Policy

### *Approach and Commitment*

The College's approach to risk management:

- Is guided by the Strategic Plan, annual operational budget, governance policies, College by-laws, and relevant legislation. It is through these foundational resources and frameworks that key risks will be identified and managed.
- Is informed by an understanding that risk is inherent to fulfilling our regulatory obligations and implementing innovative approaches to fulfilling our strategic objectives.
- Recognizes there are a diversity of risks that the organization might face, including but not limited to, regulatory, strategic, operational, and financial.
- Requires an organization-wide approach to identifying, assessing, mitigating and managing, and reporting on risks in relation to all decision-making processes.
- Necessitates that all individuals captured by this policy be aware of and apply risk management processes in line with their level of responsibility and role within the organization.
- Recognizes that risk management processes must continuously evolve to respond to changing environments.
- Requires employees and Directors to learn about the principles of enterprise risk management and be regularly trained to fulfill their respective responsibilities.

### *Risk Appetite and Tolerance*

The Board will establish the College's level of risk appetite and tolerance.

All risks will be assessed and managed in accordance with the Board's risk appetite and tolerance assessment.

### *Procedure*

Risk management within the College is a deliberate process of identifying, analyzing, monitoring, and consciously accepting or mitigating risk within approved risk tolerances.

College staff need to implement risk management practices in accordance with their organizational responsibility, being aware of the limitations on their ability to respond to an identified risk and reporting up through the organization, including to the Registrar & CEO, where appropriate.

The Risk, Audit, and Finance Committee and the Board will be kept apprised of any significant or material risks that have been identified in a timely manner, urgently if necessary, having regard to the nature and scope of the risk.

#### *Monitoring and Reporting*

Risk register(s) will be developed reflecting the risk appetite and tolerance articulated by the Board and to support risk assessments throughout the organization. Risk registers will identify the risk, the likelihood and impact of the risk, and controls in place to mitigate the risk.

The Registrar & CEO or their designate will routinely report on the College's key risks to the Risk, Audit, and Finance Committee and the Board to support their oversight responsibilities.

#### *Responding to Changing Needs*

This policy and the risk appetite and tolerance set by the Board will be reviewed annually to ensure currency.

The Risk, Audit, and Finance Committee will provide recommendations to the Board regarding any changes that may be needed to the policy.

#### *Allocation of Resources*

The College's annual budgeting and long-term planning will include the allocation of financial and human resources for the management of the College's risks.

<b><u>Section:</u></b>	<b>Evaluation</b>	<b>Policy #8.1</b>
<b>Title:</b>	<b>Measurement and Reporting</b>	
<b>Applicable to:</b>	<b>Board and Non-Board Committee Members</b>	
<b>Date approved:</b>	<b>June 2002</b>	
<b>Date revised:</b>	<b>September 2007, December 2009, February 2013, March 2015, June 2021</b>	

## **Policy**

The Board of the College is committed to an organizational culture that measures and reports on organizational performance and continually evaluates and improves the performance of its Board and committees.

To demonstrate its commitment to these goals, the College will:

- A. Incorporate mechanisms into its operational activities to assure that data are regularly gathered to measure effectiveness. This data forms a basis on which the College reports annually to the Minister on meeting expectations within its mandated public interest role.
- B. Annually conduct performance evaluations of its Board and Non-Board Committee members and use the output of this evaluation to improve its orientation, education and committee appointment processes.

## **Procedure**

### *Measurement*

1. The College will use performance measurement tools, such as a balanced scorecard approach, to collect and assess organizational performance data and report on this data using the current version of the College's dashboard.

### *Evaluation*

2. Committee Chairs will evaluate the performance of every member of the Committee based on the performance expectations for Non-Board Committee members as defined in the By-laws and Governance Policies and provide that information to the Chair.
3. The Chair will evaluate the performance of every member of the Board based on the performance expectations for Directors as defined in the By-laws and Governance Policies.

4. The Chair will evaluate Committee Chairs based on the best information available to them.
5. The Chair will collate the evaluation information for Board and Non-Board Committee members and have a discussion with each of them.
6. The Chair is responsible for managing any performance issues or concerns in accordance with the College's Code of Conduct.