Governance Manual

March 2018

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Section: Roles & Responsibilities

Policy #1.1

Title: Role of Council

Date approved: June 2002

Date revised: June 2006, June 2007, December 2009

Date confirmed: December 2011

Legislative References

1. Physiotherapy Act: 6
2. Health Professions Procedural Code: 4, 5, 6, 7, 8, 9, 10
3. Regulated Health Professions Act, 1991: 2, 3, 4, 5, 6

Definition

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

Primary Function

The Council is accountable for providing strategic leadership to the College within its statutory mandate and with a view to regulating within the Ontario health system. The Council aims for governance excellence in the monitoring and directing of the affairs of the College in an effort to instill public confidence and trust.

Specific Responsibilities

In carrying out its role, the College Council will:

1. Fulfill the legislated responsibilities in 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 the Council’s definition of their direction.

3. Establish rules of order for use during Council and committee meetings.

4. Review and approve College governance policies, regulations, by-laws, standards, guidelines and position statements.

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 Council and its committees to ensure goal achievement.

7. Use the College’s strategic plan to direct its activities and allocate its resources by setting broad budget priorities, and approve budgets based on these priorities.
8. Receive reports from all statutory committees, non-statutory committees, task forces, 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 an annual report on performance.

11. Appoint the College auditor.

12. Annually elect the College directors and officers and appoint its committees.

13. Establish non-statutory committees and task forces.

14. Develop, monitor and evaluate the governance, financial management and reporting frameworks of the College.

15. Measure and evaluate the College’s performance related to its mandate and assess the College’s achievement of stated goals and directions.

16. Make decisions respecting the appropriate sanctions for violation of the College's Code of Conduct.
Definition

Council members 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 Council discussions.

Primary Function

Council members are committed to the mandate of the College and bring individual perspective to collective decision making in the public interest. A council member is responsible for contributing fully to debates and decisions of Council and those committees on which they serve.

Specific Responsibilities

1. Serve on Council and at least one statutory committee to which they are appointed.
2. Serve on additional committees or task forces as required.
3. Review all materials sent in advance for Council and Committee meetings and demonstrate a reasonably comprehensive knowledge of it.
4. Acquire and apply a working knowledge of the statutory requirements and policies related to their specific Statutory Committee(s).
5. Develop and maintain knowledge of the regulatory framework of the College and current issues facing Council.
6. Be available for meetings and attend them.
7. Contribute to Council and Committee discussions.
8. Raise issues in a respectful manner that encourages open discussion.
9. Demonstrate independent judgment through his or her willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
10. Understand, respect and adhere to the rules of order and the Code of Conduct as prescribed by Council.
11. Acquire a working knowledge of health system issues and financial issues relevant to the role of a Council member.
13. Publicly support the decisions of Council providing rationale as requested.

14. Redirect matters to college staff as appropriate.

15. If subject to a complaint that is relevant to their Council or Committee activity, declare a conflict of interest and, subject to the receipt of advice from legal counsel, the President, or the Registrar, withdraw from Council or committee participation until the matter has been disposed of.

Terms of Office

1. Elected Council members are eligible to serve a maximum of three consecutive three year terms.

2. The appointment of Academic Council members is determined by By-law 3.2(4).

3. Public appointees serve terms as approved by the Lieutenant Governor.

4. Appointment to a statutory committee is one year renewable annually in June to a maximum of nine times on any one Committee, except for the Executive Committee, which has a maximum of five, one year terms during any period of consecutive service on Council.
Section: Roles & Responsibilities  Policy #1.3
Title: Role of a Committee Chairperson
Date approved: June 2002
Date revised: June 2006, September 2007, September 2009, February 2013

Primary Function
The Committee Chairperson is a member of a statutory Committee, non-statutory Committee or task force and is appointed by Council to serve as Chairperson.

The Chairperson provides leadership and direction to the Committee or task force to ensure it fulfills its mandate. The Chairperson is accountable to Council through regular reporting on Committee activity and progress. The Chairperson collaborates with an identified senior staff person to facilitate the ongoing management of the Committee’s work.

Specific Responsibilities
Committee or Task Force Chairpersons are expected to:

1. Provide direction and guidance to the Committee in keeping with its Council approved terms of reference and any related legislative responsibilities.

2. Utilize the Council selected rules of order, approved by-laws and code of conduct 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 Council where appropriate;
   d. prepare Committee reports and recommendations for presentation to Council;
   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 circumstances where Committee function is less than optimum, including introducing strategies to resolve conflicts which may arise. In such circumstances, consultation with the President may be of assistance.

6. Act as the principal spokesperson for the Committee in reporting to Council at all general and annual meetings.
7. Raise matters arising in the broader environment related to committee mandate for Council 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 President in order to facilitate the ability of the President to manage the issue or concern appropriately.

Terms of Office

1. Committee Chairs are nominated by the Executive Committee and appointed annually by Council members at the June meeting. The number of times a Council member can be appointed as a Chair to any particular Committee, other than the Executive Committee, is nine times.

2. Committee members may serve as Chair when it is in the best interest of the continuity of the ongoing work of the Committee.
Section: Roles & Responsibilities  
Policy #1.4
Title: Responsibility of a Non-Council Committee Member / Member of a Task Force and Advisory Groups
Date approved: June 2002
Date revised: June 2006, June 2007, March 2010, February 2013

Definition
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
Committee members and members of a Task Force or an Advisory Group are working participants of Council statutory committees, task forces and advisory groups and facilitate the achievement of desired outcomes as approved by the Council.

Specific Responsibilities
1. Serve on the Committee, Task Force or Advisory Group to which they are appointed.
2. Attend specific 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. Are available for meetings and attend them.
6. Raise issues in a respectful manner that encourages open discussion.
7. Demonstrate independent judgment through his or her willingness to voice concerns, take an independent stand or espouse an unpopular or controversial idea.
8. Understand, respect, and adhere to the rules of order and the Code of Conduct.
9. Maintain confidentiality of all matters discussed and all decisions made at Committee.
10. If subject to a complaint that is relevant to their Committee activity, declare a conflict of interest and, subject to the receipt of advice from legal counsel, the President, or the Registrar, withdraw from Council or committee participation until the matter has been disposed of.
Section: Roles & Responsibilities  
Policy #1.5

Title: Role of President

Date approved: June 2002

Primary Function

The President is elected by Council to serve as its most senior officer in facilitating governance effectiveness and alignment with the mission and vision. The President works effectively with the Registrar, acts as a key representative in public forums, and highlights Council’s stewardship role in the self-regulation of the profession.

Term

The President serves a one year term and is elected annually in March and takes office at the Annual General Meeting. An individual may hold this office twice during any period of consecutive service on Council. These appointments may be consecutive.

Specific Responsibilities

In addition to duties outlined in By-law 6.3(1), the President shall:

1. Promote, in conjunction with Registrar, the establishment and evaluation of the College’s strategic plan.
2. Collaborate with the Registrar to identify issues, develop objectives and establish priorities to be deliberated by the Council and oversee the planning, chairing and evaluation of all Council meetings including the annual meeting.
3. Act as a signing authority for by-laws, 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 Council.
5. Serve as a member of the Finance Committee.
6. In conjunction with the Registrar, represent the College at public functions and official liaison opportunities to promote the development of beneficial relationships with other organizations.
7. Represent the College on external committees or representational opportunities or appoint a member of the Council to represent the Council in keeping with the by-laws or as directed by Council.
8. Receive all matters directed to the attention of Executive Committee and Council 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 Councillors.
9. To develop the Council agenda and identify matters that should be discussed in camera.

10. Maintain awareness of activities and of issues facing the Council, external and internal to the College; and in conjunction with the Registrar, including acting as a key spokesperson on Council matters as required.

11. On behalf of Council and in accordance with policy, negotiate the Registrar’s contract and coordinate the Registrar’s annual performance review.

12. Advise Councillors or committee members on issues relating to conflicts of interest in consultation with the registrar and legal counsel as required.

13. Establish an ongoing Councillor and non-council committee performance management system which includes providing individual Council members with performance feedback on an annual basis and managing any performance issues or concerns in accordance with the College’s code of Conduct.
Primary Function

The Vice President is elected by Council to serve as an officer of the College and to assist and collaborate with the President in his/her role.

Term

The Vice President serves a one year term and is elected annually in March and takes office at the Annual General Meeting. An individual may hold this office twice during any period of consecutive service on Council. These appointments may be consecutive.

Subject to the election process, incumbents in the Vice President’s role will typically take over the role of the President when the President has completed his or her term(s).

Responsibilities

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

1. In the absence of the President, perform the President’s duties including:
   a. chairing Council and Executive Committee meetings;
   b. acting as a signing officer of the College;
   c. receiving and reviewing all matters directed to the attention of the Council; and
   d. representing the College 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 Council.

3. Serve as a member of the Finance Committee.

4. As advised by the President and the Registrar, develop his or her personal knowledge of the role and duties of the President in order to prepare to undertake this role.

5. Chair an appeal where the Registrar has concerns or disagrees with the performance review process or the outcome. (Policy # 8.5– Registrar’s Performance Review).

6. Assist and advise the President as requested.
Section: Roles & Responsibilities
Policy #1.7

Title: Role of Registrar

Date approved: June 2002
Date revised: June 2006, March 2007, February 2013

Definition
The Registrar is the principal staff member retained by Council to act as the College’s Chief Executive Officer.

Primary Function
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 set financial targets. The Registrar hires and maintains an effective staff organization which includes providing timely and relevant policy and program information and recommendations to Council and its Committees. The Registrar fulfills the statutory mandate of the role and assists Council in meeting its governance and legislative obligations.

Specific Responsibilities
The Registrar is accountable for the following subsets of responsibilities:

1. Executive Leadership/Organizational Management
   a. Plans and directs the organization’s activities to achieve stated/agreed targets and standards for legislative adherence, financial performance and culture.
   b. Develops and implements strategy for operational management of the organization.
   c. Implements processes to ensure continuous quality improvement of the organization and its activities.
   d. Meets statutory obligations as defined by the Regulated Health Profession Act.

2. Financial, Risk and Facilities Management
   a. Recommends yearly budget for Council approval and prudently manages the College’s resources within those budget guidelines according to current laws and regulations.
   b. Provides relevant, timely and complete financial information to facilitate informed decision making by Council.
   c. Sets risk assessment strategy with Council to ensure financial controls and compliance mechanisms are managed and monitored.
   d. Establishes analysis and mitigation framework.
e. Identifies, contains and resolves any issues where consequences could result in liability and damage to the organization.

f. Monitors and manages all risk related matters and periodically reports this information to Council.

g. Creates a safe and efficient work environment that supports the effective utilization of all resources.

3. Governance and Strategy

   a. Facilitates the coordination and implementation of regular review of strategic objectives of the organization including its vision, missions, values and goals.

   b. With the President, enables the Council to fulfill its governance function.

   c. Supports operations and administration of the Council including advising and informing Council members, interfacing between Council and staff (through the President).

   d. Collaborates with the President in preparing Council and Executive Committee agendas, background information and materials.

   e. Collaborates with the President in identifying issues and trends relevant for Council consideration and potential action, including policy recommendations.

   f. Collaborates with the President to identify the skills that the Vice President requires to improve their capacity to serve as President and assists the Vice President to gain these skills in advance of their normal appointment as President.

   g. Develops and implements a tactical plan to facilitate accomplishing defined strategic objectives and reports to Council on progress.

   h. Ensures operational systems support reporting (i.e. Dashboard) and monitoring


   a. Effectively manages the human resources of the College according to personnel policies and procedures that fully conform to current laws and regulations.

   b. Develops and maintains an effective staff organization and structure which provides appropriate policy and program recommendations for consideration by the Council and its committees, and which delivers services, programs and information consistent with the legislative framework and regulations that govern the College’s functions.

5. Public Relations

   a. Acts as spokesperson for the College in collaboration with the President.
b. Maintains and develops organizational culture, values and reputation (consistent with the direction of Council) with the public, government, staff, registrants, stakeholders, partners and regulatory peers.
Section: Roles & Responsibilities
Title: Role of Canadian Alliance of Physiotherapy Regulators (CAPR) Board Nominee/Director
Date approved: March 20, 2018
Date revised:

By-law Reference
2.9 – Membership in Associations

Primary Function
The CAPR director works with other members of the CAPR board by providing information and input on operational and regulatory matters in order to make decisions on CAPR’s services and operations.

Specific Responsibilities
The CAPR director will, in conjunction with other members of the CAPR board:

1. Develop industry standards and undertake projects on national and international issues related to physiotherapy.
2. Support CAPR’s role as a contract provider of evaluation services by providing guidance on operational issues relating to evaluation services.
3. Support CAPR’s coordinating role in regulatory standard and research services by providing regulatory advice and input into the process.
4. Assist in decision-making about how CAPR runs its own business.
5. Provide guidance and strategic advice to assist CAPR fulfill its role.
6. Provide information on operational and regulatory matters that are of importance to the College.

The CAPR director will understand their fiduciary duties and the potential for conflict of interest in their role and have the ability to set aside their personal and professional interests and manage any real, potential or perceived conflict of interest.

The CAPR director will have the relevant practical, operational and regulatory knowledge required to fulfil the role.

The CAPR director will accept that each regulator belonging to CAPR may make different contributions to its business.
The CAPR director will ensure that Council receives a regular report on non-confidential aspects of CAPR’s activities.

**Term of Office**

Each year the College President, in consultation with the members of the Executive Committee, will nominate a person to serve as a director of the CAPR board.

The person nominated to serve as the director of the CAPR board will be chosen on the basis of:

- the skills and competencies required for the role by CAPR, and
- the person’s ability to fulfil the responsibilities associated with the role.

The CAPR Board nominee must be approved by the CAPR board to serve as a member of the CAPR Board.

Once approved, the CAPR director serves for a period of one year with the term being renewable.

The CAPR director will be reimbursed for honoraria and expenses as per relevant College policies.
### Terms of Reference

**Policy #3.1**

**Title:** Inquiries, Complaints and Reports Committee

**Date approved:** March 2009

**Date revised:** June 2010, February 2013, September 2013

**Type**

Statutory

**Legislative / By-law References**

1. Health Professions Procedural Code: 10, 11, 25, 25.1, 25.2, 26, 27, 28, 28.1, 29, 36, 37, 38, 54, 57, 58, 59, 60, 61, 62, 63, 64, 79

2. By-laws: 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**

Council

**Duties**

1. To investigate complaints filed with the Registrar regarding the conduct or actions of a registrant in accordance with the requirements of the legislation.

2. To consider available prior decisions involving the registrant unless its decision was that the matter was frivolous and vexatious.

3. 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 Management Committee.

4. To make inquiries as to whether a registrant may be incapacitated as per sections 58 and 59 of the Code.

5. To refer concerns about incapacity to the Fitness to Practise Committee.

6. To dispose of complaints in accordance within the timelines prescribed in the Code.

7. To dispose of investigation reports in keeping with the guidelines established by the Council.

8. To consider the need for interim orders and emergency appointments of an investigator where required.
9. To dispose of complaints and investigation reports (mandatory reports, Registrar’s Inquiries) in accordance with the Committee’s powers as specified in the Code.

10. To issue to the parties a written decision with reasons.

11. To issue to the parties a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board.

12. To consider the feedback provided, where available, from the Health Professions Appeal and Review Board as related to decisions of the ICRC or its predecessor.

13. To prepare regular reports to Council.

14. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.

Composition

1. Committee

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

2. Panel

   a. Composition: The Chair may select a panel to review and decide complaint matters or reports received from the Registrar as per section 79 of the Code. The Chair may select a member of the Committee to act as lead of a panel.

   b. Quorum: Quorum for panels of the Inquiries, Complaints and Reports Committee is indicated in section 25 (3) of the Code.
**Section:** Terms of Reference  
**Title:** Discipline Committee  
**Date approved:** May 1995  
**Date revised:** December 2003, December 2008, June 2010, September 2013  

**Type**  
Statutory  

**Legislative / By-law References**  
1. Health Professions Procedural Code: 10, 11, 36 to 56, 70, 71, 71.1, 71.2, 73  
2. 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 Council  

**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 issue to the parties a written decision with reasons at the conclusion of the proceedings.  
3. To consider applications from persons who are not parties to the hearing to participate in the hearing according to the circumstances defined in section 41.1 of the Code and to determine the extent of the participation.  
4. To make orders excluding the public from a hearing or a part of a hearing in accordance with the circumstances defined in section 45 of the Code.  
5. To make orders preventing public disclosure of matters discussed at the hearing in accordance with section 45 of the Code.  
6. To, upon request of a witness in a sexual abuse case, make an order that no person shall publish the identity of the witness in accordance with section 47 of the Code.
7. To, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, make an order(s) for penalty or costs in accordance with section 51, 54, 53, and 53.1 of the Code.

8. To have decisions and reasons, or a summary of decisions and reasons published in the College’s annual report.

9. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.

10. To prepare regular reports to Council.

Composition

1. Committee

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

2. 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.

   a. Composition: In the event that the Chair selects a five member panel, at least two of the members shall be persons appointed to the Council by the Lieutenant Governor in Council and at least one member shall be a professional member on the College Council.

   b. Quorum: Quorum for panels of the Discipline Committee is indicated in subsection 38 (5) of the Code.
Section: Terms of Reference Policy #3.3
Title: Executive Committee
Date approved: February 2002

Type
Statutory

Legislative / By-law References
1. Health Professions Procedural Code: 10, 11, 12
2. By-laws: 7.1(1)

Role
The role of the Executive Committee is to provide leadership to Council, to promote governance excellence at all levels, to facilitate effective functioning of the College, in certain circumstances, to act on behalf of Council between meetings and when required, to reconstitute itself as the College Privacy Committee to deal with appeals regarding the manner in which personal information is managed by the College.

Accountability
Council

Duties
1. Governance Excellence
   a. To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of Council and Committee.
   b. To determine which Councillors should be encouraged to participate in educational opportunities.
   c. To determine which Councillors should be funded to attend the educational conferences that the College targets for Councillor’s attendance each year by assessing applications for funding.
2. Administrative Matters
   a. Without unduly exercising Council’s authority, to exercise all the powers of Council between Council meetings with respect to matters that require immediate attention.
Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations.

b. To report to Council on all decisions in which the Committee exercised the Council’s authority.

c. To regularly review by-laws, governance policies, and the College’s official documents to ensure currency and the need for Council review.

d. To recommend the Committee, task force or advisory group slate for presentation and approval by Council.

e. To provide direction and support to committees and Council as requested.

f. To seek candidates for the annual College awards program and consider all applications/nominations for recommendation to Council.

3. Policy Development

a. To maintain current awareness of issues that affect the College’s mandate and strategic direction and to provide recommendations and advice to Council on such matters.

b. To direct the College’s strategic planning process and monitor related College and committee activities to ensure consistency with the stated direction.

c. 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 Council with respect to policy direction, as required.

4. Working with the Registrar

a. To provide guidance and support to the Registrar.

b. To receive and adjudicate grievances of staff reporting to the Registrar.

c. To ensure that the annual performance review of the Registrar is completed.

d. To ensure the employment contract of the Registrar and any related amendments are confirmed by Council.

5. College Privacy Committee

a. To reconstitute itself 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 his or her personal information.

6. Registrar’s Performance Review Panel

a. To reconstitute itself 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 Council as to the Registrar’s annual performance assessment.
Composition

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

Term of Office

Appointment to the Executive Committee is one year renewable annually in June to a maximum of five times in any period of consecutive service on Council.
**Section:** Terms of Reference

**Title:** Fitness to Practise Committee

**Date approved:** September 1995

**Date revised:** December 2003, December 4, 2008, March 4, 2009, in effect June 2009, June 2010, September 2013

**Type**

Statutory

**Legislative / By-law References**

1. Health Professions Procedural Code: 10, 11, 61, 62, 64, 65, 66, 67, 68, 69, 70, 71, 72 and 73
2. By-laws: 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 Council

**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.
2. To, if a panel finds a registrant to be an incapacitated registrant, make orders in accordance with section 69 of the Code.
3. To issue to the parties a written decision with reasons at the conclusion of the proceedings.
4. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
5. To prepare regular reports to Council.

**Composition**

1. Committee

Composition of the Committee is determined by section 7.1(5) of the College by-laws.
2. 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 Investigations, Complaints and Reports Committee.

a. Composition: A panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

b. Quorum: Quorum for panels of the Fitness to Practise Committee is indicated in subsection 64 (3) of the Code.
Section: Terms of Reference  
Policy #3.5

Title: Patient Relations Committee

Date approved: August 1994

Type  
Statutory

Legislative / By-law References

1. Health Professions Procedural Code: 10, 11, 84, 85, 85.7
2. By-laws: 7.1(7)

Role

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

Accountability

Council

Duties

1. To develop, implement, and evaluate measures for preventing and dealing with the sexual abuse of patients as defined in the RHPA, Section 84(3). These measures include:
   a. educational requirements for registrants;
   b. guidelines for the conduct of registrants with their patients;
   c. training for the College’s staff, Council and non-Council members; and
   d. provision of information to the public.
2. To develop, implement and evaluate College policy and resources related to the prevention of other forms of abuse including physical, verbal, emotional and financial and maintenance of professional boundaries, as directed by Council.
3. To review applications for funding for therapy and counseling from sexual abuse victims and determine eligibility.
4. To administer the Therapy and Counseling Fund.
5. To monitor and advise Council with respect to the College’s Patient Relations Program.
6. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
7. To prepare regular reports to Council.

Composition
Composition of the Committee is determined by section 7.1(7) in the College’s by-laws.
Section: Terms of Reference
Policy #3.6

Title: Quality Management Committee

Date approved: October 1994
Date confirmed: June 2011

Type
Statutory

Legislative / By-law References

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

Role
The role of the Quality Management Committee is to administer the College’s Quality Management program as defined in section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.

Accountability
Council

Duties

1. To administer the Quality Management Program as defined in Section 80.1 of the Code that is intended to assure the quality and safety of professional practice and promote continuing competence among the registrants.
2. To evaluate and recommend improvements to the Quality Management Program for Council consideration.
3. To appoint assessors and Practice Enhancement coaches 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 Management Program.
5. To direct the Registrar to impose terms, conditions or limitations for a period to be determined by the Committee on the certificate of registration of a member in accordance with the legislation and the program’s framework.
6. To direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member’s knowledge, skill and judgment are satisfactory.
7. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.

8. To prepare regular reports to Council.

Composition
Composition of the Quality Management Committee is defined by Section 7.1(6) of the College’s by-laws.
Title: Registration Committee
Date approved: April 1996
Date revised: June 2003, June 2006, June 2008, June 2010, September 2013

Type
Statutory

Legislative / By-law Reference
1. Health Professions Procedural Code: 10, 11, 15, 17, 18, 19, 20, 21, 22, 23
2. By-laws: 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
Council

Duties
1. To consider applications referred to it by the Registrar when the Registrar:
   a. has doubts on reasonable grounds, about whether the applicant fulfills the registration requirements;
   b. is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or
   c. proposes to refuse the application.
2. To review applications from registrants who apply for removal or modification of any term, condition or limitation imposed on their certificate.
3. To issue written orders/reasons for decision regarding all applications referred to it and ensure that applicants are apprised of their right to a review or hearing by the Health Professions Appeal and Review Board.
4. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
5. To monitor and advise Council with respect to the College’s registration program.
6. To prepare regular reports to Council.
Composition

1. Committee:

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

2. Panel:

   a. Composition: Composition of a panel of the Registration Committee is defined by Section 17 (2) of the Code.

   b. Quorum: Quorum for a panel of the Registration Committee is defined by Section 17 (3) of the Code.
Section: Terms of Reference  Policy #3.8

Title: Finance Committee

Date approved: December 2010

Date revised: September 2011, October 2012, February 2013, September 2013

Type

Non-Statutory

Legislative/By-law References

By-laws 7.3(1)

Role

The role of the Finance Committee is to monitor significant financial planning, management and reporting matters of the College, to make recommendations and deliver reports to Council, and to serve as the College’s audit committee.

Accountability

Council

Duties

1. To make recommendations for Council approval and/or deliver reports to Council 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 Council at each Council meeting on:
   a. Significant financial planning, management and reporting issues;
   b. Interim financial reports;
   c. Reports from auditors and administration on internal control issues; and
   d. Other matters.

3. To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.

4. 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 significant 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 major 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 and frank disclosure about any concerns with the audit process prior to the Council meeting at which the audited statements are received.

e. To recommend, when appropriate, approval of the audited financial statements to the Council.

f. To annually evaluate the performance of the external auditors and recommend to the Council the appointment or changes to the appointment of a firm of chartered accountants as the organization’s external auditors.

g. To oversee, through the Director, Corporate Services, the tendering for an audit firm, when directed by Council.

**Composition**

Composition of the Finance Committee is defined by Section 7.1(1) of the College’s by-laws.
Section: Confidentiality
Title: Confidentiality – General
Applicable to: Councillors, members of statutory committees, non-statutory committees, task forces, advisory groups, staff, and any agents of the College acting in any capacity

Date approved: June 2006 (Replaced previous 4.6, Confidentiality of Council Information, Rescinded, June 2006)
Date revised: March 2010, February 2013

Policy

Councillors, 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 Sections 36 of the Regulated Health Professions Act, and Section 83 of the Health Professions Procedural Code.

Procedure

1. On an annual basis, 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.
Policy

The College will consider requests for access or corrections to College-held personal information or concerns regarding non-compliance with the College’s voluntary Privacy Code in keeping with the process laid out in this document.

Procedures – Non-Compliance

1. General
   a. Concerns related to alleged non-compliance with the College’s voluntary Privacy Code by College staff, agents or Council members must be submitted to the College in writing (or some generally equivalent recorded method).
   b. The responsibility to review concerns will rest with the Privacy Officer.
   c. A decision made by the Privacy Officer is appealable to the College’s Privacy Committee.
   d. Except as a result of unforeseen circumstances, the College will resolve concerns related to alleged non-compliance within 30 days.

2. Privacy Officer
   a. The Associate Registrar, Policy is designated as the College’s Privacy Officer.
   b. Upon receipt of a concern, the Privacy Officer will:
      i. provide written notice of the receipt of the concern to the College Registrar, and
      ii. acknowledge the receipt of the concern to the person who expressed it.
   c. The Privacy Officer will review the concern based on the following considerations:
      i. the expectations outlined in the College’s voluntary Privacy Code;
      ii. relevant College policies and/or procedures;
      iii. relevant statutes of Ontario and Canada; and
      iv. relevant extenuating circumstances.
   d. In circumstances where the College review indicates that non-compliance with the Privacy Code occurred, the College will immediately take appropriate measures to rectify the situation. This may include:
      i. Ceasing or beginning certain actions,
ii. Changing its privacy practices, or

iii. Issuing an apology.

e. Upon completion of the review, the Privacy Officer will provide a written decision to the individual who identified the concern.

f. The written decision will include as a minimum:

i. the decision;

ii. the reasons for the decision;

iii. an indication of the steps that the College has taken or will take to rectify the situation; and

iv. a notice that the decision may be appealed to the College Privacy Committee.

3. Privacy Committee

a. Upon receipt of an appeal to a decision, the Privacy Committee will acknowledge the receipt of the appeal to the individual making the appeal.

b. The Privacy Committee will review the appeal based on the following considerations:

i. the expectations outlined in the Privacy Code;

ii. relevant College policies and/or procedures;

iii. relevant statutes of Ontario and Canada;

iv. the previous review of the matter by the Privacy Officer; and

v. relevant extenuating circumstances.

c. In circumstances where the Privacy Committee review indicates that non-compliance with the Privacy Code occurred, the Committee will direct the College to immediately take appropriate measures to rectify the situation. This may include directing the College to:

i. Cease or begin certain actions;

ii. Change its privacy practices; or

iii. Issue an apology.

d. Upon completion of the appeal, the Privacy Committee will provide a written decision to the person who made the appeal.

e. The written decision will include as a minimum:

i. the decision;

ii. the reasons for the decision; and
iii. an indication of the steps that the College was directed to take to rectify the situation.

Procedures – Access to/Correction of Personal Information

1. General
   a. Requests for access to, or corrections of, personal information must be submitted to the College in writing (or some generally equivalent recorded method).
   b. The responsibility to review requests for access to, or corrections of, personal information will rest with the Privacy Officer.
   c. A decision made by the Privacy Officer is appealable to the College’s Privacy Committee.
   d. Except as a result of unforeseen circumstances, the College will resolve requests for access or corrections within 30 days.

2. Privacy Officer
   a. Upon receipt of a request from an individual to access or correct personal information, the Privacy Officer will:
      i. provide written notice of the receipt of the request to the College Registrar, and
      ii. acknowledge receipt of the request to the person who made it.
   b. The Privacy Officer will review the request to determine if access or correction could reasonably be expected to interfere with the administration or enforcement of the Legislation or if it impracticable or impossible for the College to retrieve the information.²
   c. Following the review of the request, the College will make a decision on the matter. The decision would indicate the College’s intent to do one or more of the following:
      i. Permit or deny access;
      ii. Permit or deny correction;
      iii. Refer the individual to the person or organization that created the record;
      iv. Amend the information through correction; or
      v. Impose a fee to provide access to the information.
   d. Upon completion of the review, the Privacy Officer will provide a written decision to the individual who made the request.
   e. The written decision will include as a minimum:

² The Privacy Code includes a number of these circumstances.
i. the decision;
ii. the reasons for the decision⁴; and
iii. a notice that the decision may be appealed to the College Privacy Committee.

3. Privacy Committee
   a. Upon receipt of an appeal to a decision, the Privacy Committee will acknowledge the receipt of the appeal to the individual who is making the appeal.
   b. The Privacy Committee will review the request to determine if access or correction could reasonably be expected to interfere with the administration or enforcement of the Legislation or if it is impracticable or impossible for the College to retrieve the information⁴. The prior review of the request by the Privacy Officer will be considered as a component of this review.
   c. Following the review of the request, the Privacy Committee will make a decision on the matter. The decision will direct the College to do one or more of the following:
      i. Permit or deny access;
      ii. Permit or deny correction;
      iii. Refer the individual to the person or organization that created the record,
      iv. Amend the information through correction or addition⁵; or
      v. Impose a fee to provide access to the information.
   d. Upon completion of the review, the Privacy Committee will provide a written decision to the individual who made the request.
   e. The written decision will include as a minimum:
      i. the decision; and
      ii. the reasons for the decision, (except in circumstances where providing reasons may compromise the ability of the College to administer the Legislation).

4. Privacy Committee – Procedural Considerations
   a. The function of the Privacy Committee is to review appeals to College decisions on personal information matters including:
      i. non-compliance with the College Privacy Code;

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⁴ Except in circumstances where providing reasons may compromise the ability of the College to administer the Legislation.
⁵ The Privacy Code includes a number of these circumstances.
⁶ This would require that the individual requesting the correction be able to successfully demonstrate that personal information of a factual nature was inaccurate or incomplete.
ii. requests to access personal information held by the College; or

iii. requests to correct personal information held by the College.

b. Meetings of the College Privacy Committee will be scheduled to occur during meetings of the College Executive Committee.

c. Meetings of the Privacy Committee will have their own:
   i. notice of meeting;
   ii. agenda; and
   iii. minutes.

d. The Chair of the Executive Committee will serve as the Chair of the Privacy Committee.

e. At the beginning of any Executive Committee meeting at which a Privacy Committee meeting is scheduled, the Chair will seek the agreement of the committee members as to the appropriate time for the Privacy Committee to conduct its business.

f. At the agreed upon time the Executive Committee would conclude or recess its meeting and the meeting of the Privacy Committee would occur.

g. At the conclusion of the Privacy Committee meeting, the Chair would announce either that the Executive Committee meetings would resume or that the meetings for the day were concluded.

Definitions

1. Privacy Committee: The Executive Committee of the College when it is constituted 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 his or her personal information.
**Policy**

Honoraria are paid to Councillors who are members of the profession, committee members and members of task forces and working groups for participating in activities that are relevant to College business. This includes attending scheduled meetings (including teleconferences) or participating in other assigned activities (e.g. decision writing or attending College-mandated education sessions). Honoraria are also paid for the time spent travelling to and from College business and the time spent preparing for meetings. Payments are made on the basis of the rules and the rates in this policy.

Eligible expenses are reimbursed to Councillors who are members of the profession, committee members, members of task forces and working groups, and, where applicable, staff, when they are incurred while conducting College business. Reimbursement is made on the basis of the rules and the rates in this policy.

In order to maintain currency the Policy on Honoraria and Expenses is to be reviewed biennially by the College’s Executive Committee.

**Procedure**

1. Claims for honoraria or expenses are to be submitted to the College within 30 calendar days of the activity that resulted in the claims.

2. Claims should be submitted to the College through Corporate Services.

3. Corporate Services will seek approval of the claim from the director with oversight for the activity that resulted in the claims.

4. Once approved, all claims are to be submitted to the Director, Corporate services.

5. The College will endeavor to pay claims within one month of receiving them.

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6 Councillors who are appointed to Council 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.
6. Any discrepancies between what this policy permits and claims will be addressed with the claimant by the Director, Corporate Services.

NOTE: 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 T4As to those who claim time-based honoraria from the College.

Definitions

1. **Honoraria/Honorarium**: An honorarium is a payment for time spent on College-related business. Honoraria are composed of per diems, travel time and preparation time.

2. **Per Diem**: A per diem is a payment to someone for time spent working or attending meetings for the College. Per diems are paid on a daily or hourly basis, consistent with the rules and the rates in this policy. They are based on a full day being seven hours of work.

3. **Travel Time**: Travel time is a payment to someone for time spent getting to and from College-related business. Travel time is paid on an hourly basis, consistent with the rules and the rates in this policy.

4. **Preparation Time**: Preparation time is a payment to someone for time spent getting prepared for College-related business. Preparation time is paid on an hourly basis, consistent with the rule and the rates in this policy.

Rules for Honoraria

1. General
   a. A daily claim for honoraria may include any or all of per diems, travel time and/or preparation time in keeping with the rules and rates in this policy.
   b. Teleconferences are meetings and are therefore considered to be time that may be claimed.
   c. Honoraria will be paid to people who are requested by the College to attend a function for representation or education purposes.
   d. Honoraria rates are to be updated annually at the beginning of each fiscal year to adjust for a Cost of Living Allowance (COLA) and this update will be communicated via email once new rates are established.

2. Per Diem - General
   a. 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.
b. For meetings that are more than three hours in duration, the full day per diem may be claimed. This is the maximum per diem time that may be billed in any one day although other types of honoraria (travel or preparation time) may be claimed for the same day or meeting.

c. If a meeting or function is cancelled without at least 48 hours notice, those who were scheduled to attend may claim up to three hours per diem.

3. Per Diems - Councillor/Committee/Task Force Member

   a. Meetings involving deliberation of a panel will be considered to be scheduled meetings and are eligible for per diems.

   b. Time spent writing decisions will be paid the hourly per diem rate. The amount of time people can bill for decision writing will be determined by the chair of the panel.

   c. Per diems for Councillor/committee/task force members are paid in accordance with the rate section of this policy.

4. Per Diem - Chairs

   a. Committee chairs are paid a higher per diem rate when they are acting in the capacity of the chair at a scheduled meeting.

   b. A chair’s participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.

   c. Per diems for chairs are paid in accordance with the rate section of this policy.

5. Per Diem - President

   a. The President may claim for the time he or she spends performing the duties of the President at the rate a committee chair receives.

   b. A President’s participation in any other College activity is remunerated at the Councillor/committee/task force member per diem rate.

   c. Per diems for chairs are paid in accordance with the rate section of this policy.

6. Preparation Time

   a. The time billed for preparation should be less than or equal to the time billed for the meeting. (e.g.:

      i. For meetings of up to three hours duration, the maximum preparation time is three hours.

      ii. For meetings of more than three hours duration that have been billed for seven hours, the maximum preparation time is seven hours).
b. When a committee member requires more time for preparation than is permitted under a., the committee member may ask the committee chair to authorize additional preparation time.

c. When a committee chair requires more time for preparation than is permitted under a., a request for additional preparation time may be approved by the program manager.

d. There are no restrictions on the number of requests for additional preparation that a committee member or chair may make.

e. Preparation time is paid in accordance with the rate section of this policy.

7. Travel Time

a. The first hour of travel each way is not subject to reimbursement.

b. Travel time should be billed in increments of one half hour.

c. A maximum of six hours travel time may be billed in any day.

d. Time spent travelling is calculated from the time at which the trip begins/ends (i.e. home or place of employment) and the first/last point of business.

e. Travel time is paid in accordance with the rate section of this policy.

Rules for Expenses

8. Expenses General

a. Detailed itemized invoices or receipts are required for all expense claims.\(^7\)

b. Invoices and or receipts must include a description of the goods purchased or services rendered, the cost, taxes and if applicable, HST Registration Number.\(^8\)

9. Travel Expense

a. Travel includes:
   i. Economy airfare for flights of six hours duration or less;
   ii. Business class airfare for flights of six hours duration or more;
   iii. Economy class train fare for trips of three hours or less;
   iv. First class train fare for trips of greater than three hours;
   v. Local public transportation;
   vi. Taxi; or

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\(^7\) Credit card receipts or statements do not provide sufficient detail to process expense claims.

\(^8\) For internet purchases, a copy of the payment confirmation should also be included.
vii. Use of a personal automobile.

b. 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.9

c. Local taxis may be used when warranted by expediency and practicality.

d. 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.

e. An allowance per kilometer will be paid for the use of a personal automobile in accordance with the rate section of this policy.

10. Accommodation

a. Where overnight stays are required, the cost of the standard room rate at a conveniently located hotel will be reimbursed. Additional costs for upgrades to premium or larger rooms are not covered.

b. For single day meetings, hotel accommodation will be provided to individuals who reside beyond a 40 kilometer radius of the meeting site.

c. For multi-day meetings, hotel accommodation will be provided to individuals who reside beyond a 25 kilometer radius of the meeting site.

d. Where overnight stays are required for meetings held at the College, people may choose to stay at the hotel at which the College has negotiated a corporate rate, or another hotel, in which case the maximum reimbursement will be the lessor of the actual price paid at the other hotel or the corporate rate at the College hotel.

e. 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.

f. 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 section of this policy.

11. Meals

a. Meal expenses incurred while travelling on College business may be claimed when the travel time exceeds two hours.

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9 Such reasons may include: urgency, inconvenient train or bus schedules, more than one person travelling together by car, multiple locations, taxi because of baggage, automobile and parking instead of public transportation, reduction of time factor if a fee is also involved, etc.
b. Meal expenses incurred when attending external meetings or business may be claimed when the external meetings or business exceeds four hours.

c. For single day meetings at the College, meal expenses may be claimed when the individual resides beyond a 40 kilometer radius of the meeting site.

d. For multi-day meetings at the College, meal expenses may be claimed when the individual resides beyond a 25 kilometer radius of the meeting site.

e. Meal expenses claimed when the College provides a meal during its meetings are not eligible for reimbursement (except in circumstances where the supplied meal is unacceptable for religious or similar reasons).

f. Actual meal expenses may be claimed in accordance with the rate section of this policy.

12. Gratuities

a. 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).

b. Gratuities for accommodation and taxis should be included in the cost claimed along with the accompanying receipt.

c. A reasonable amount may be claimed for gratuities paid for other services (such as porters, delivery, etc.).

13. Other Allowable Expenses (when incurred during the performance of College business or when traveling on behalf of the College)

a. Parking. Multiple parking claims may be submitted in a given day however the maximum reimbursement is for 24 hours of parking in each calendar day (i.e. no overlapping claims for parking).

b. Telephone. One personal long distance telephone call of reasonable duration for each day away from home.

c. Postage and delivery.

d. Tolls.

e. Purchased services such as typing, copying etc., when they cannot conveniently be provided through the College office.

f. Internet. The most economical rate for hotel internet costs when the internet is reasonably required for the College business being conducted.

14. Expenses which are not Allowed

a. Costs for entertainment (e.g. videos and pay movies).
b. Costs for personal services (laundry, dry cleaning) unless away from home for more than five days.

15. Additional Interpretation
   a. For expenses not explicitly covered in these rules, the Finance Committee shall determine whether the expense is compensable.

Proposed Rates for Honoraria and Expenses

1. Allowance for use of personal automobile
   a. $.52 per kilometer

2. Meal Expense (receipts required)
   a. Breakfast - $25.00
   b. Lunch - $35.00
   c. Dinner - $60.00

3. Private Accommodations
   a. $40 per night may be claimed for the use of private accommodation in lieu of hotel accommodation.

4. Per Diem Rate - Councillors/committee/task force members
   a. Council/Committee/task force member – meeting time
      i. Full day per diem (for meetings over 3 hours duration) - $326.00
      ii. Hourly rate - $46.00

5. Chairs’ (and President’s) Per Diem Rate
   a. Chair – meeting time (or President’s duties)
      i. Full day per diem (for meetings over 3 hours duration) - $444.00
      ii. Hourly rate - $63.00

6. Preparation time rate
   a. $46.00 per hour

7. Travel time
   a. $28.00 per hour

8. Corporate Hotel Rate for 2018
a. $269.00 + taxes and service fees = $312.06
Policy

For the purposes of Section 2.5, subsections (2), (3), (4) and (5) and Section 2.6 of the By-laws, the signing officers for the College will be the President, Vice-President, the Registrar, and the Associate Registrar(s).

Two signatories are required on all single expenditures above $7,500.
Policy
The College’s investment portfolio is strategically focused on the preservation of capital and modest growth to at least the rate of inflation. 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 Council approved By-law 2.5 and relevant governance policies to ensure the long-term stability of the College

Procedure
1. 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.

2. Long-term investments will be invested in federal, provincial and municipal governments, bank and trust companies, corporations, mortgage backed securities, coupons and residuals rate 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 $300,000.00.

3. The College will adopt a laddered investment strategy for its long term investments, ensuring maximum return, staggered fund release, and a minimum of a four-year platform.

4. The status of College investments will be presented as part of the finance statements at every Council meeting.

5. The investment strategy and the specific investment instruments will be reviewed annually or more often if necessary.

6. The Council will meet annually with a representative of the investment firm to discuss and review independently the status of the Colleges’ investments and investment strategy.

7. Funds for short term investments are cashed for the use of annual College operations. Long term investments are only cashed at the direction of Council.
Policy

The College obtains and maintains four types of insurance coverage:

1. Commercial,
2. Errors & Omissions and Directors’ and Officers’ Liability,
3. General Liability, and
4. Accident/Business Travel to support its’ risk management strategy.

Insurance coverage is reviewed annually against environmental trends as part of the budget process, or as necessary.
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 ongoing 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.
2. A proposed capital assets budget is considered and approved annually by Council within broader budget discussions.
3. Capital assets are amortized in accordance with the auditor’s recommendations and the published Generally Accepted Accounting Principles (GAAP).
4. The College will maintain a capital asset ledger.
5. Capital assets are reviewed within a regular maintenance schedule to ensure preservation and full utilization.
Policy

The Council 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. Council regularly evaluates its progress within its most current plan and determines opportunity to revisit its framework not less than every three years.

Procedure

1. Council has established key elements for its strategic framework which 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 Council at every Council meeting.

3. Planning for the development of a new framework is started by the President and the Registrar.
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* are reviewed periodically.

Procedure

1. While governance policies, by-laws and official documents are in effect, they will be monitored by staff and Council 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 Council using the policy 6.3 - Approval of Official Documents.

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.

6. Documents that are not official documents for these purposes include:
   a. reports, proposals and presentations;
   b. brochures and similar informational materials;
   c. guides to official documents;
   d. information bulletins;
   e. forms; and
   f. general web site content.
Section: Policy
Title: Approval of Official Documents
Applicable to: Council members, members of statutory or non-statutory Committees and Task Forces, staff
Date approved: June 2002
Date revised: October 2008, September 2010, March 2014

Policy
All governance policies, by-laws and official documents* of the College must be approved by Council prior to their use or distribution.

Procedure
1. Any proposed official documents, governance policies or by-laws developed according to the governance policy 6.2 - College Policy Review Schedule will be reviewed and approved by Council prior to being used or distributed.

2. Following Council approval, all official documents, governance policies and by-laws of the College will be labeled with information to help users assess whether the information they are using is the most current version. As a minimum this information will include:
   a. document name;
   b. approval date;
   c. an indication that the information may be time limited; and
   d. list of documents that are obsolete by virtue of the new document.

3. Other information such as the following should also be provided if it is available:
   a. reference number;
   b. active date;
   c. publication date; or
   d. scheduled date of next review (if there is one).

4. * Official documents include:
   a. Regulations;
   b. Standards; and
   c. Positions statements.

5. Documents that are not official documents for these purposes include:
   a. reports, proposals and presentations;
b. brochures and similar informational materials;
c. guides to official documents;
d. information bulletins;
e. forms; and
f. general web site content.
In keeping with its mandate and, specifically, its vision – *Innovative Regulatory Leadership Promoting a Healthier Ontario*, the College of Physiotherapists of Ontario actively seeks opportunities to influence and advance public policy. Such opportunities are grounded in principled leadership focused on:

1. public protection;
2. the government health system agenda, and
3. population health.

All proposed policy partnerships must be consistent with the College’s mission, vision and the current strategic objectives set by Council. Such opportunities may be formal or informal but all must facilitate outcomes that further the public interest.

### Procedure

1. When pursuing or assessing an opportunity to engage in public policy activity, the College will specifically consider whether or not the opportunity is consistent with this policy, and is based on the sharing of information and data that contributes to influencing a quality health care and safety agenda.

2. Prior to engaging in any public policy partnership, the College will establish appropriate parameters for the opportunity that clearly define mutual obligations and objectives.

3. The College’s partnerships in advancing public policy will be based on:
   a. mutual trust and respect;
   b. mutual credibility and competence;
   c. regular, consistent and clear communication;
   d. development of a shared vision to be achieved by the relationship; and
   e. transparency.

4. The College will not pursue or enter into public policy partnerships where:
   a. The College determines that the relationship may result in an actual or perceived conflict of interest or bias; or
b. The College’s activities have the potential to be interpreted by a reasonable observer as being in conflict with the College’s mandate and/or its mission and vision.

5. The College will not involve itself in public policy partnerships that require reciprocal actions. It is inappropriate for the College to agree to provide data or other resources in turn for particular attention or outcomes.

6. In any public policy partnership, the College will retain the ability to dissolve it without a notice period.
Policy

In keeping with its duty defined in the by-laws to elect officers, the Council shall annually elect a President, Vice-President and members of its Executive Committee at the last meeting of Council prior to an election of Council members. The officers elected at this meeting shall take office at the first meeting of Council following an election of Council members.

Procedure

1. The election shall be carried out in a manner consistent with the College’s by-laws.

2. If an officer who is elected fails to be re-elected or appointed to Council and is therefore unable to serve as an officer of the College, his or her position will be declared vacant and be filled at the first successive meeting of the Council in a manner consistent with the College by-laws.
**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 through a partnership agreement approved under the College’s Policy on Relationships with External Organizations.

### Procedure

1. **Ownership**
   - a. 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 the provisions of an agreement approved under the College’s Policy on Relationships with External Organizations specify otherwise).
   - b. 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) shall be shared where expressly provided for in an agreement based on the College’s Policy on Relationships with External Organizations. The sharing of proceeds associated with College intellectual property does not apply to College employees, agents or contractors.
   - c. 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 the provisions of an agreement based on the College’s Policy on Relationships with External Organizations specify otherwise.

2. **Publication/Dissemination**
   - a. 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.
   - b. Research or evaluation outcomes may only be published under the terms of an agreement based on the College’s Policy on Relationships with External Organizations.
   - c. When considering requests to publish, the Registrar will consider whether:
i. the proposed publication tool or vehicle is in keeping with the College’s mandate, mission and vision and strategic initiatives;

ii. the publication would undermine the College’s regulatory function;

iii. the publication would infringe on existing commercial, property or moral rights of which the College is aware;

iv. confidential data is included in the publication;

v. personal information is included in the publication; or

vi. there is a need to adhere to an agreement specifying a delayed publication date.

3. Authorship

a. 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).

b. 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 Registrar or identified pursuant to the provisions of an agreement established under the College’s Policy on Relationships with External Organizations.

c. 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 Registrar determines appropriate); if the Registrar determines that it is inappropriate to acknowledge a specific College committee, then the College’s Council will be acknowledged (unless the Registrar determines that such acknowledgement is inappropriate).
Policy
Timely orientation to the College mandate, governance framework, the prevention of sexual abuse and organization culture is critical to facilitate the effective involvement of all members. The provision of relevant information on individual roles and responsibilities, the current strategic plan and issues of focus is also a necessity. All members are required to participate in annual orientation programming prior to attending any meeting of a committee to which they have been appointed. Current Councillors and staff act as mentors in supporting new member integration and understanding.

Procedure

1. Orientation of Councillors and committee members will continue as needed and in keeping with the Governance Policy on Council Education, the requirements of Councillors and committee members and direction from the President and the Executive Committee.
Policy

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

Procedure

1. Term limits for the President and the Vice President shall be no more than two terms for each position and not more than five terms on the Executive Committee overall, during any period of consecutive service on Council.

2. In order to ensure that successive Presidents of the College have an opportunity to learn the key skills required to perform effectively in this role, it is desirable that Vice Presidents, subject to the Council election process, succeed into the role of the President following the completion of the President’s term.

3. In circumstances where the President has completed one term, and through personal choice or the election process, has not been elected to serve a second term, it is desirable that the most recent past President be elected to the Executive Committee to serve as an advisor to the current resident.

4. When considering candidates for the positions of Vice President and President, it is desirable that the Council consider factors including:
   a. Their previous performance as members of council and committees;
   b. Whether they have a sufficient period of eligibility to serve on Council remaining in order to permit them to fulfill a maximum commitment of two years as a Vice President and two years as a President; and
   c. Any eligibility criteria for the appointment as members of statutory/non statutory committees that Council has developed.

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10 The establishment of term limits is intended to enable Presidents and Vice Presidents to be able to rotate into and out of these roles while still being eligible to serve as members of Council and to enable them to transfer knowledge and skills to their successors.
Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly-appointed members of Council, should be a part of all decision-making processes.

In order to ensure that this core value is upheld, All College’s statutory and non-statutory committees must include at least one member of Council who has been appointed by the Lieutenant Governor (a publicly-appointed member of Council) in their composition.

This requirement must be met regardless of any other rules in statute, regulation or by-law prescribing the composition of committees.

Procedure

1. When the Executive Committee prepares its annual proposed membership of nominees for positions on the College’s statutory and non-statutory committees, the Executive Committee must ensure that the proposed membership of each committee includes at least one publicly-appointed member of Council.

2. When Council approves the annual membership of the College’s statutory and non-statutory committees, each approved committee membership must include at least one publicly-appointed member of Council.

3. If the publicly-appointed member of a College statutory or non-statutory committee must be replaced prior to the annual approval of College committee membership, the revised committee composition must still include at least one publicly-appointed member.

4. Regardless of other considerations, the membership of College statutory or non-statutory committees must still meet all other requirements for committee composition prescribed in statute, regulation or by-law.
Policy

It is a core value of the College of Physiotherapists of Ontario that the input of the public, as represented by the publicly appointed members of Council, should be a part of all decision-making processes.

In order to uphold this core value, meetings of statutory or non-statutory committees, or panels of such committees, must not be held, except in exceptional circumstances, unless at least one of the committee member(s) appointed by the Lieutenant Governor (a publicly-appointed member(s) of Council) is/are available to attend the meeting.

This requirement must be met regardless of any other rules in statute, regulation or by-law prescribing the quorum for committees or panels of committees.

Procedure

1. When meetings of statutory or non-statutory committees are being arranged, the meeting must be set for a date and time that will permit at least one publicly-appointed member of Council to attend the proposed meeting.

2. If at least one publicly-appointed member is not able to attend the meeting of a statutory or non-statutory committee, the meeting should be postponed until such time as the publicly-appointed member is able to attend. In exceptional circumstances, a meeting may proceed when the planned attendance of the publicly-appointed member is interrupted by unforeseen immediate personal circumstances. In that case, decisions on registrants that are statutory in nature cannot be discussed without the presence of a publicly-appointed member.

3. Regardless of other considerations, any meeting of a statutory or non-statutory committee, or a panel of such a committee, must still meet all other requirements for committee composition and quorum prescribed in statute, regulation or by-law.
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 Council. Selection will be based on criteria developed to meet the terms of reference and needs of a specific initiative or purpose as established by Council including the ongoing development of Councillor competencies. Appointments will be confirmed by Council or its delegate.

Procedure

1. The Executive Committee, after considering expressions of interest, will recommend individuals to serve on statutory and non-statutory committees at the College’s Annual General Meeting, and from time to time as required.

2. The Executive Committee will include in its recommendations, the identification of suggested committee chairs, if it so desires.

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 Councillor competencies;
   g. Avoidance of foreseeable conflicts of interest; and
   h. Recommendations from Committee Chairs

4. Individual non-physiotherapists with specific expertise may be solicited to participate on a Committee, Task Force or Advisory Group dependent on the Council-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.

6. Committee appointments are renewable as per By-law 34, Appointment of Non-Council Members to Statutory Committees of the College.
Section: General Policy #8.5
Title: Performance Review Process for Registrar
Date approved: December 2003

Policy
The Registrar’s performance will be evaluated during the probationary period, and thereafter annually. Performance will be measured against pre-identified role and leadership competencies and outcomes in relation to annual performance objectives. The evaluation will be conducted by the Executive Committee, which will make recommendations for an annual performance assessment to Council. The final assessment of the Registrar’s performance will be made by Council in camera. The Registrar’s performance assessment and the associated compensation decisions are conducted in alignment with the College’s overall staff performance management and compensation system.

Procedure
1. The Executive Committee will conduct the Registrar’s annual performance review.
2. The performance review will have two functions:
   a. to gather and assemble feedback about the Registrar’s performance against set role and leadership competencies and annual performance objectives; and
   b. to provide a recommendation to Council as to the Registrar’s annual performance assessment.
3. The annual review cycle is to be initiated no later than the end of February.
4. The Executive Committee, in consultation with the H.R. Generalist or an appropriate alternative expert will determine the appropriate mechanism by which to gather information to conduct the review.
5. The Registrar will complete a written self-assessment in relation to the competencies and annual objectives.
6. The Registrar will provide the President with contact information for staff and external stakeholders in order to facilitate the gathering of information. The President may identify additional stakeholders from who to obtain input.
7. The President, on behalf of the Executive Committee, obtains performance feedback from Council members, external stakeholders and senior staff as appropriate. The President collates this feedback together with objective information related to achievement of performance objectives (if available), and the Registrar’s self-assessment.
8. The President will present the gathered information to the Executive Committee which will assess the Registrar’s performance and develop a recommendation to Council.

9. The assessment of the Registrar’s performance will lead to recommendations for salary adjustment based on the performance management and compensation system that applies to all College staff.¹¹

10. The President will ensure a timely completion of the review and will meet with the Registrar and another member of the Executive Committee no later than three weeks prior to Council meeting to review performance over the past year and establish annual objectives for the coming year.

11. Council will consider Executive Committee’s recommended performance assessment in camera. The President will report Council’s decision to the Registrar.

12. Where the Registrar disagrees with the performance review process or the outcome, the Registrar may appeal in writing to Council for consideration. Council will set a new review panel to consider the collected performance feedback and other evidence related to the Registrar’s performance and will determine whether any variation from Council’s decision is warranted. The decision of the review panel will be provided to the Registrar in writing and will be considered final.

13. Copies of the Registrar’s performance review and new annual compensation package if any will be provided to the Registrar by the President and to the HR Generalist, for payroll, retention and future reference.

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¹¹ The salary scale that the College has adopted is set by an annual market review. Market in this respect considers comparable work within a comparable work setting. Pay at market value involves comparing jobs of similar responsibility and authority in other comparable organizations, considering environmental trends in job retention and hire for certain skills, and changes in cost of living indexes. Our external target market at the College includes the regulatory community, the broader not for profit sector, the public sector and some for profit components. This review will include a formal review process not less than every 2 years.
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 Councillors, committee members, staff and agents of the College. The Plan also consists of specific subsets related to Fire and Pandemic Influenza given their unique features and urgent risks. All parties to whom the Emergency Management Plan applies will receive an annual orientation to its contents.

While the Emergency Management Plan does apply to particular risk areas of the College, it is not a substitute for nor does it apply to all areas of the College’s approach to risk management as detailed in governance policy 5.6.

The Emergency Management Plan addresses events that can be classified as emergencies (refer to policy 5.6 – Risk Management). These include but are not limited to:

1. Access to the building because of fire, flooding, etc.;
2. Technological incidents including electronic data processing and telecommunications disruptions;
3. Staffing disruption due to illness, weather; and
4. Public health crisis that may be of a small or large magnitude.

Procedure

1. The Emergency Management Plan is developed in keeping with best practices, incorporating a consistent cycle of mitigation and response (see Appendix A)
2. The Emergency Management Plan establishes an Emergency Response Team consisting of the Registrar, the Director – Corporate Services, and the Director of Communications
3. 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 influenza pandemic.
4. The Emergency Management Plan is reviewed bi-annually by the Registrar and Director, Corporate Services, to ensure it is current and relevant.
5. All new staff, Councillors, 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.

6. The President is informed by the Registrar in all circumstances when the Emergency Management Plan is enacted. The President is included in the response phase when appropriate.

7. The Registrar will report to Council any events resulting in the initiation of the Emergency Management Plan through periodic reports on risk assessment.
APPENDIX A

Emergency Management Continuum

I. Risk Assessment & Mitigation
   - Environmental Scan
   - Leadership Engagement
   - All-Hazards Risk Assessment
   - Training
   - Exercise
   - Capability Improvement Process
   - Performance Assessment

II. Planning & Preparedness
   - Operational Readiness
   - Coordinated Approach

III. Response
   - Restoration/Continuity of Operations
   - Integrated Response in accordance with Strategic Priorities

IV. Recovery
   - Restored/Continuity of Operations

*EMP = Emergency Management Plan
Policy

A fair and democratic election process for selecting physiotherapist Councillors to Council 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 By-law 3.1, 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 Council.

2. Candidates may also provide a candidate statement to be included with the other election materials.

3. A candidate’s statement cannot exceed 300 words.

4. A candidate’s statement will speak to the candidate’s skills and experience in relation to the College mandate, and may include their personal interests in running for Council. Candidates may frame his/her 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.

5. The College will circulate the materials provided by candidates to all eligible voters in the respective candidates’ districts.

6. A candidate may choose to campaign within his/her 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.

7. Campaign materials are not reviewed or endorsed by the College.
8. 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 Council of the College.

9. Information contained in this policy will be disclosed to all candidates at the time of nomination confirmation.
Policy

The Council of the College of Physiotherapists of Ontario believes in the importance of recognizing the contribution of physiotherapists to quality practice in the public interest. As such, it supports an awards program focused on “Celebrating Quality Care”. Two awards have been established:

1. One promoting research by Physiotherapists working in clinical roles that contributes to safe quality physiotherapy care - the Award for Clinical Research Advancing Quality Care; and
2. One recognizing significant contribution to quality and standards within the profession and the broader community – the Award of Distinction.

Awards recipients are determined annually\(^\text{12}\) by Council and recognized at the Council’s annual event. Individuals who are members of Council at the time of application are ineligible for these awards (previous Councillors may be eligible).

Procedure

1. Selection Process
   a. The awards are announced annually in the fall through a variety of mediums.
   b. Applications/submissions for each award are received until January 31.
   c. All applications/submissions are provided to the Executive Committee for consideration and review.
   d. Pre-set criteria for scoring are utilized to determine individual rankings for each award. These criteria are reviewed not less than every three years to ensure their relevance in relation to award goals.
   e. Individual rankings are determined by consensus by the Executive Committee.
   f. Award submissions receiving the highest consensus score are recommended to Council for final decision as to the successful award recipients.
   g. When more than one application is considered eligible, the Executive Committee may recommend up to two recipients to Council.
   h. When no applications are considered eligible, no recommendation will be made.

\(^\text{12}\) Please note that at the December 2013 Council Meeting, Council put the External Awards Program on hold till the completion of the 2013-2016 Strategic Planning Cycle, at which point the need for the program will be revisited.
i. In making its determination, Council will review the recommendation(s) put before it by Executive Committee.

j. The decision of Council will be final.

2. Process for Notification of Award

a. Successful applicants/submissions will be notified both by phone and in writing by the President.

b. Unsuccessful applicants/submission will be notified in writing once the successful individuals are informed. The President will be the signatory.

c. Staff will invite recipients to attend the Council’s annual event at which recipients are recognized.

3. Recognition

a. The successful applicant of the Award for Clinical Research Advancing Quality Care will receive a $5,000 monetary contribution. Promotion of the research outcome will be encouraged on the College website in collaboration with the award recipient.

b. The successful nominee of the Award of Distinction will receive a distinct recognition statue.

c. Recipients will be identified on the honors wall situated in the Council chamber.

d. Recipients will be recognized publicly through College communications.

e. Recipients will be invited to attend the Council’s event and their expenses will be covered according to the relevant College policy.
Policy

The Council of the College believes that to achieve governance excellence, informed and educated members are essential. The College is committed to equipping Councillors and committee members with the requisite skills and knowledge, and it invests annually in specific education initiatives. Such investment focuses on developing cohesion on the principles of good governance. Additional sessions on differing topics including the awareness of the importance of sexual abuse prevention are provided internally as well as through programs external to the College. While the funding system for education is different for public appointees, every effort is made to ensure Councillor exposure to a broad base of information.

Procedures

1. The Executive Committee is charged annually with the task of identifying the education needs of Council and its committees.

2. The Executive Committee sets an annual education strategy based on identified needs, in collaboration with the Registrar. Proposed Council education is budgeted and approved by Council annually in March.

3. Every year, the Executive Committee ensures a Council session on good governance is held with new and current Councillors.

4. The College may take advantage of education sessions offered by the Federation of Health Regulatory Colleges of Ontario and the Ontario Regulators for Access. The aim is to ensure that all Councillors receive exposure to these sessions within the first year on Council or committee.

5. Education opportunities external to the College, and not referenced in 4.0, 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. When reviewing requests, Executive Committee members will apply an objective rating scale and submit it to the President and Registrar for tallying.

6. Registration fees expenses for such events are covered by the College, for both professional and public members. Per diems for professional members are also covered by the College. Public members’ per diems are paid by the Ministry and require pre-approval by the Ministry prior to attendance at any external education session. Pre-approval is coordinated by the Registrar and Director of Corporate Services.
Section: General

Policy #8.11

Title: Council – Staff Relations

Date approved: December 2009

Date revised: February 2013, March 2014

Policy

The College, its Council and its staff, fosters 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 Council has one staff person, the Registrar.

2. Council matters related to the staff and Council relationship are managed at the level of the President and the Registrar.

3. Committee matters related to the relationship between staff and 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 President via the Committee Chair can be consulted to assist with the resolution of the issue.

4. Where any matter either at a Council or a Committee level remains an ongoing concern, the President and the Registrar will convene a meeting of relevant parties to seek a satisfactory resolution.
## Communication Framework

### Council

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### Committee

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Section: General  
Policy #8.12  
Title: Appointment of a Task Force and/or an Advisory Group  
Applicable to: Council, Task Forces and Advisory Groups  
Date approved: March 2010  
Date revised:  

By-law Reference

Policy

From time to time, to accomplish a specific initiative, Council may choose to establish a Task Force or an Advisory Group. Either entity is under the development and direction of Council and may be comprised of Councillors, registrants, and/or individuals with specific expertise external to the profession. All deliverables of a Task Force or an Advisory Group are provided to Council for final approval.

Procedure

1. A Task Force or an Advisory Group is appointed by Council for a specific purpose and duration.
2. Either entity, once appointed will report directly to either Council or the Executive Committee, as determined by Council.
3. Council will establish and approve the terms of reference of a Task Force or an Advisory Group. Such terms will include, at a minimum, its membership, objectives, and deliverables.
4. A Task Force or an Advisory Group will report regularly on its progress toward set objectives, not less than quarterly.
5. Members of a Task Force or an Advisory Group will be reimbursed for honoraria and expenses as per relevant College policies.
6. Every Task Force or Advisory Group will be supported by staff as designated by Council.
7. The process and outcomes of every Task Force and Advisory Group will be evaluated for effectiveness and impact.
Policy

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

Procedure

1. The College, as a member of The Alliance Board of Directors, will approve the policy and processes used to recognize specialty certification programs relevant to the practice of physiotherapy in Canada and in Ontario.

2. The Alliance will approve specialty certification programs relevant to the practice of physiotherapy in Canada. The decisions of the Alliance respecting the approval of specialty certification programs in Canada are not subject to appeal through the College.

3. A specialty certification program approved by The Alliance Board of Directors as meeting the level of rigor required to satisfy use of a title of “specialist” in Canada will be presented to the Council for consideration of its approval prior to recognition in Ontario. The College will maintain a list of all specialty certification programs and their designations approved by Council.

4. A registrant may apply to the College to use the title “specialist”. In his or her application the registrant must identify the specialty certification program from which his or her specialty was conferred. If the specialty designation is on the list approved by Council, the registrant will be entitled to use the title “specialist”.

5. Where a registrant applies to use the title “specialist” and his or her specialty certification program is not recognized (on the list), the registrant may provide the details of his or her program to The Alliance for national review and consideration. If the specialty certification program is then approved by The Alliance, procedures #3 and #4 above must occur before the registrant is entitled to use the title “specialist” in Ontario. If the specialty certification program is not approved, the registrant will not be permitted to use the title “specialist” in Ontario.

6. Any registrant entitled to use the title specialist will have the relevant information indicating the type of specialist certification(s) he or she holds listed on the College’s public register.
7. Any registrant entitled to use the title “specialist” in Ontario will use his or her registered title first (i.e. physiotherapist) and then acknowledge his or her specialty with a designation (i.e. Orthopaedic specialist or specialist, orthopaedics).
Policy

The Council 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 Council and committees.

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

1. 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.

2. Annually conduct performance evaluations of its Council and committee members and use the output of this evaluation to improve its orientation, education and committee appointment processes.

Procedure

1. Measurement
   a. The College will use 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.

2. Evaluation
   a. Council and its committees will annually assess individual member and collective performance related to role and function according to the current performance evaluation process approved by Council.

   b. Committee chairs are responsible for managing the evaluation of each committee and reporting any identified issue or concern, whether about the Committee or one of its members, to the President.

   c. The President is responsible for managing any performance issues or concerns in accordance with the College’s code of Conduct.