





SCPT Council Meeting Minutes via Teleconference on May 25, 2022 on Redbooth 5:30 pm

Present through Zoom: J. Vogelsang (EDR); C. Cuddington; D. Pitura; K. Mueller; L. McLellan; A. Crow; K. Horvey; J. Grant; J. Hunchak; W. Chukwu; K. Large; K. Neill.

Absent: L. Hall.

Call to Order: 5:32 pm by D. Pitura.

President acknowledges Treaty 4 territory (all Nations and Metis) and is running the meeting from this location.

1. Agenda

1.1. Approval of Agenda

Motion: to approve the agenda and consent agenda.

Mover: J. Grant

Seconder: K. Mueller

**CARRIED: MOTION: 22.013** 

- 1.2. Declaration of Conflict of Interest- C. Cuddington will leave meeting during 3.2.1.
- 1.3. Minutes of Previous Council Meetings

1.3.1 March 16, 2022

Motion: to approve the March 16, 2022 Council meeting minutes.

Mover: L. McLellan

Seconder: C. Cuddington

**CARRIED: MOTION: 22.014** 

2. Items for Vision



#### 2.1. Governance

# 2.1.1. PCE Working Group Survey Results

- EDR reviewed Praxis survey and reports. Three reports. The reports detail feedback from membership, an Alpha listing of the qualitative responses, and the Regulators survey.
- Regulator one is a "mixed bag" of feedback. Some provinces are looking in to avenues similar to what we have been investigating.
- Membership survey- how will it inform how we proceed?
- Now with the CAPR exam not being available and are using an Expert Panel on how/what an examination would look like.
- Council discussed. Where do we proceed with this information as this is our last meeting before the AGM.
- Membership was not clear in survey. Feedback from a couple people stated the
  wording of the survey was not clear e.g. post graduate assessment vs. PCE. Overall
  survey indicated it was ok with moving away from Clinical exam for Canadian
  trained grads.

## W. Chukwu joined 5:42 pm.

- Executive asked Praxis if the percentage was reasonable. They said the result percentage is enough to try and draw conclusions.
- We did not request or were offered a test on questions.
- Can we publish our report ahead of AGM?
- Did a lot of people quit before finishing? Praxis was able to pull answers from uncompleted questions.
- Student rep of Class of 2023 voiced their class does not have major concerns as they know they will be able to do PBA or have options.
- Student rep for Class of 2022 stated their group would want to know more details, how many worked hours, how much will be required the PBA etc. Consistent messaging for students would be helpful.
- EDR will be presenting to the 2022 grads before end of June to discuss what is upcoming. Reminder by Student rep that students do not get e-blasts from SCPT.
- Messaging towards AGM- publish survey results. At AGM will update this discussion but Councils decision at this time is to go with the present PBA plan until we know what the Expert Panel proposes as the alternative.

### **ACTION 2.1.1** EDR to check with Praxis regarding survey questions.

### **ACTION 2.1.1** EDR to publish survey results.

# 2.1.2. Advertising Bylaws/Regulations

- EDR explained concerns regarding advertising concerns brought to office.
- Informal complaints regarding clinics getting complaints around advertising. Can snowball and then other complaints are made regarding advertising by different clinics
- Changes in the past few years in how clinics are set up (e.g. multidisciplinary) and changes in technology.



- Do we want to review the bylaws? Continue with education regarding advertising?
- This does impact a lot of guidelines.
- When was the last time this bylaw was reviewed? Was it pre social media? Was updated April 2021 in the Gazette (so AGM in 2020). It was a minor change.
- Do we let the private clinics make a proposal of suggested changes and then evaluate it to that? Use it as an engagement process?
- Do we know what other jurisdictions do? We are also looking at National Core Standards. Most provinces are in a middle ground. Nova Scotia would be similar to us. Ontario is most liberal allowing testimonials etc.
- Are the vocal clinics with the majority or minority of opinion?
- Chiro's are pro active and look at websites.

**ACTION 2.1.2** EDR to look in to what other provinces and professions do with advertising.

ACTION 2.1.2 EDR to reach out to private clinics for ideas or problems regarding advertising.

### 2.1.3. Strategic Planning Session

- Friday Oct 7<sup>th</sup> is the Strategic Planning Day for Council/Committees. It is the Friday after the AGM.
- EDR has gotten three proposals from potential facilitators. All three have various experience with regulatory bodies and/or health professionals. EDR has reviewed the proposals and feedback from other regulators on their experience.
- EDR inquired if any Council members have had experience with any of the proposed facilitators.
- Council agreed decision is operational and EDR can make final decision.

ACTION 2.1.3 EDR to make decision on facilitator for Strategic Planning Session and book for Oct 7.

## 2.1.4. Labour Mobility Legislation

- Very quickly moved through government.
- Act is in place but a lot of the detail is in the regulations. NIRO has written a letter regarding this to Government and wanting to be involved.
- Ministry of Innovation invited regulators to a Town Hall regarding this.
- Raised by EDR to inform Council.
- We may need to report to a new Ministry. May need to update website.
- NIRO update is slowly moving through Government. Alberta has introduced umbrella regulation for health and non health regulators.
- As it reads presently, will this impact our licensing process or PBA? At this time, it appears nothing really changes. In other provinces this has mainly impacted turn around time.

### 3. Items for Decision

### 3.1. Fiduciary

### 3.1.1. Q4 Financials

- Are up to and including April 30<sup>th</sup>.



- Everything is on target. We are getting a less than expected deficit.
- Income is steady.
- Net income is \$63 000 deficit. May come up a bit but better than the projected \$100 000. All deficit is planned and anticipated.

### 3.1.2. Stipend/Honorarium Rates

- Finance Committee met to review. For stipends, considered what impact on budget would it be if we increased from \$15 to \$20 an hour. Document attached. Finance Committee is recommending this increase.
- Changes to honorarium. Finance Committee recommending it should be reviewed yearly. Recommendations include: Vice President honorarium going from \$1000 to \$500 due to decreased duties. Increase PCC Chair from \$500 to \$1000 as it is a hard to recruit position and has a lot of responsibility. Registration Committee Chair to increase from \$500 to \$625. Depending on honoraria for Ad Hocs, this should be considered on an as needed basis.

Motion: To approve changes to the stipend schedule and honoraria schedule as proposed in the IFD.

Mover: A. Crow

Seconder: W. Chuku

**CARRIED: MOTION: 22.015** 

**ACTION 3.1.2** EDR and Finance to update stipend rate and honorarium.

## 3.1.3. 2022-2023 Budget

- Total of unrestricted reserve is \$460 000.
- EDR presented full budget.
- For PCE implementation, a budget is included \$25 000.
- Placeholder for strategic planning, \$10 000.
- Projected deficit budgeted as \$150 000.
- EDR requesting approval for this working version.

Motion: To approve the 2022-2023 budget.

Mover: J. Grant

Seconder: C. Cuddington

**CARRIED: MOTION: 22.016** 

C. Cuddington left meeting at 6:35.

## 3.2. Strategic

- 3.2.1. Practice Based Assessment Revisions
  - Registration Committee has met a few times.
  - Covid backlog, many restricted licenses had been working for a long period.



- Updated change recommendations from Registration Committee. Adjusted the
  percentages for passing. Rebalanced it so there is less direct emphasis on supervisor
  and more on candidate themselves. Removes impact if supervisor may have bias
  regarding pass/fail. Candidate interview is now mandatory to pass. 4 of 5
  components must pass and have an overall score of 75%.
- Recommended to remove the September 13, 2021 registration requirement.
- Max attempts of clinical assessment though CAPR or an alternative exam discussed.
- The workload for the CCP assessor and chart audit assessor was light so combining those two roles. Supervisor will do the pulling/redacting of charts and assessor will do the audit.
- Registration Committee would like candidate interview to be a maximum time of 90 minutes.
- What is being done to keep them in Saskatchewan if they are registered? We are in a better provinces for "province hoppers". Due to the 1200 hour requirement in Sask, it will reduce the people moving provinces after getting their licence.
- Of the 1200 hours does it have to be one place? No, only have to be in Saskatchewan. If you have two part time positions you can combine hours but at the PBA time it will need to be only one primary supervisor. Possible to do two if really needed but would be reviewed on an individual basis.

Motion: To accept the Registration Committee's suggested changes to further Practice Based Assessments in the IFD. (1. The weighting of the PBA to be Candidate interview: 35%, Supervisor interview: 20%, chart audit: 10%, ACP: 20%, Continuing competency: 15%. 2. Candidates must pass 4 of 5 components and have an overall score of 70% or higher. 3. Remove the September 13, 2021 registration requirement for eligibility. 4. Maximum attempts of the CAPR clinical exam and/or alternatives to the exam is 3. 5. Chart audit will be done by assessors with the use of Sync to enable file sharing of redacted patient charts.6. The candidate interview will have a maximum time duration of 1.5 hours. 7. One assessor will do both the chart audit and continuing competency review. This will decrease the amount of total assessors required.)

Mover: K. Mueller

Seconder: L. McLellan

**CARRIED: MOTION: 22.017** 

**ACTION 3.2.1** EDR to do update on website and e-blast to membership (and students) regarding updates to PBA.

C. Cuddington rejoined meeting at 6:50.

- 3.2.2. Cultural Sensitivity; Equity, Diversity, and Inclusion
  - Discussed at Exec Committee for a specific plan.
  - To ensure it is within our Strat plan and with our Strat planning in October to develop a better direction on how to include this within our Council.



- President will reach out to resources from Sask Winter Games to get direction on implementation and consistency within our meetings.
- At Alliance level and Sask Games Council, both doing a lot of work with the multicultural society, can inquire for some suggestions.

**ACTION 3.2.2** President to put together an IFD for Cultural Sensitivity; Equity, Diversity, and Inclusion for an ongoing agenda item and incorporation into our Strategic planning. This will include reaching out to other groups for direction and experience

**ACTION 3.2.2** EDR to add Cultural Sensitivity; Equity, Diversity, and Inclusion into our Strat planning in fall.

#### 3.3. Other

- 3.3.1. PSOP Specialised Procedure Course Review
  - Bylaws around specialized procedures has changes. Less strict requirements for approval.
  - First course for approval under new bylaws.
  - CERS says it appears to meet until the bylaws but alerted the PSOP regarding the hours/hands on hours and competencies in the course.
  - IFD was written by PSOP Chair.
  - If we do not approve we need rationale.
  - FCAMPT is the only course that allows cervical manips in Sask.
  - Concern as number of hours compared to number of competencies.
  - In relation to rostering, Council will put you on the roster or you can do the procedures you were taught in the PT program. Likely we will do the manip section for rostering it will say that U of S grads can do what is taught in school and cervical may be additional.
  - With bylaw development, the hours previously were arbitrary.
  - Are their any pre requisites to this course? If not, is concerning.
  - Alberta does not have an approved list of courses so this is why you can take this
    course and perform these skills there. BC doesn't regulate manipulations so anyone
    can practice manipulations.
  - We can approve, deny or get additional information.
  - Information: prerequisites for participants? Options for mentorship? Can anyone teach this course or is this just the one person?
  - If we can get more information and how it looks with rostering?

**ACTION 3.3.1** EDR to get more information regarding the Cervical/Thoracic management course from the applicant.

- 4. Items for Information
  - 4.1. Governance
    - 4.1.1. Consent Agenda
    - 4.1.2. Alliance Update



- Alliance Board met today. One meeting by CAPR since our last Council meeting.
- Ontario reapplied to come back into CAPR.
- By Ontario paying fees this helps CAPR financial situation. They did not commit to providing a loan to CAPR. Current Ontario EDR and their Council are in discussion.
- Governance report was presented today. Communication will come out next week
  and report will be provided to membership. Once report is out members will need
  to make decisions regarding change to Governance. This is in regards to the
  mandate of the Alliance. Credentialing and National Collaboration and Policy
  development at a National level. Report also addresses conflict of interest of Board
  members.
- C. Cuddington will attend at the Board meeting as our Council representative.
- D. Pitura is on CEO search committee.

**ACTION 4.1.2** President to send out Governance Report from CAPR on Redbooth for Council when available.

## 4.1.3. EDR Report

- MOH appointment of Public Reps for our 2020 request. Bert Yakichuk. He was appointed last week but will be orientated to Council in coming weeks. Have heard from the Ministry they are doing 2021 and 2022 appointments next.
- Public rep asking if this will increase diversity on Council. EDR believes Diversity and Inclusion is considered with appointments.
- PSOP recommended to move away from Practice Guidelines and move towards non enforceable Practice Resources. Council previously agreed in principle but wanted to see one drafted.
- Reviewed presented draft.
- Could include around business practices (e.g. starting and winding down a business) etc. Valuable to be presented on website.
- Council member asks to clarify on comment it is non-enforceable. The thought
  process is when we have the one combined standard and the legislation, those both
  would be enforceable. This would move the important portions that are
  enforceable in the relevant legislations, bylaws, standards and ethics. Resources
  like this would include additional information for the membership.

**ACTION 4.1.3** EDR to reinforce request for diversity and inclusion consideration in Public Rep appointments for our Council by the Government.

## 4.1.4. Follow up on Action Items (Vaccine Disclosure)

- Discussed draft information from lawyer.
- Discussed leaving our guideline as is at this time as our environment is changing. Do we need a roster? Do we mandate our members to disclose when asked? We can use this legal opinion as direction for membership and public inquires.
- Thankful for information.
- Public rep saying may be helpful to put out in newsletter to inform membership of their options. Feels it is important to communicate its part of informed consent



regarding a patient the ability to make decisions on their health care. If asked, advise PTs to disclose.

- Do we still have the COVID FAQs? EDR says yes. This might be the best place to start with sharing the information.

**ACTION 4.1.4** EDR, Communication Committee, President to update FAQ regarding clinician vaccine status.

### 5. Meeting Summary

5.1. Action Plan Review

**ACTION 2.1.1** EDR to check with Praxis regarding survey questions.

**ACTION 2.1.1** EDR to publish survey results.

ACTION 2.1.2 EDR to look in to what other provinces and professions do with advertising.

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**ACTION 3.3.1** EDR to get more information regarding the Cervical/Thoracic management course from the applicant.

**ACTION 4.1.2** President to send out Governance Report from CAPR on Redbooth for Council when available.

**ACTION 4.1.3** EDR to re inforce request for diversity and inclusion consideration in Public Rep appointments for our Council by the Government.

**ACTION 4.1.4** EDR, Communication Committee, President to update FAQ regarding clinician vaccine status.

- 5.2. Closing Comments; Next Meeting Date: September 7, 2022
- 5.3. Adjournment 7:42 pm.



| Signing approval of Council Meeting Minutes for Council Meeting held: |
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| May 25, 2022.   |
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| Next Meeting date:  |
| September 28, 2022 (tentative) or AGM/Post AGM October 1, 2022.       |
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| President Date September 9, 2021                                      |
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| Secretary Jam Mikela Date Sept 1422                                   |
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