

SCPT Council Teleconference August 19, 2020 via Zoom

Present: D. Pitura; B. Green; T. Descottes; H. Burrridge; K. Horvey; D. Shuya; S. Illerbrun; J. Hunchak; C. Cuddington; L. McLellan; K. Harrison;

Absent: A. Crow; J. Grant

Call to Order: 7:02pm

1. Agenda

1.1. Approval of Agenda and Consent Agenda

**Motion: to approve agenda as circulated:**

Mover: L. McLellan

Seconder: C. Cuddington

**CARRIED: MOTION: 20.046**

1.2. Declaration of Conflict of Interest- none declared

2. Items for Information

2.1. Governance

2.1.1. EDR Report

Discussion:

- Membership communication report – a new method of reporting to Council with respect to the questions that are coming into the office and the timeliness of the office’s responses.
- Report to track – type of questions we are getting to the office; pick up on themes from the membership that are issues/areas requiring further education; also track response time in days
- Helps to keep the EDR accountable to respond in a reasonable amount of time, given that this has been noted to be an issue with the past 2 EDR transitions
- During this period most of the questions were regarding COVID and telerehabilitation
- Council found that this report was very helpful. Looking forward to themes of questions being useful to educate members in upcoming Momentums
- Canadian Alliance of Physiotherapy Regulators (CAPR)
  - o Undergoing Governance review at present- may be a new structure in place by this time next year
  - o Will be looking at board composition during the review – what is the best composition to meet the needs of the organization?
  - o They will also be looking at the different roles of the board as compared to the Registrar’s committee to ensure they are meeting the needs of the organization, as well as the regulators.
  - o At the last Governance review in 2013, the decision was made to decrease the board representation to 1 member per jurisdiction and the jurisdictions could choose who their member was going to be – not necessarily the Registrar. The organizational

structure also changes, to give the Registrars Committee more autonomy over the projects they chose to undertake – they were no longer deemed a committee of the board, but instead are a committee of the CEO. The board's focus then became more exam and credentialing oriented, as the Registrars were focusing on pan-Canadian regulatory issues.

- CAPR board director role is to make the best decision for CAPR, not the nominating jurisdiction. This has caused some confusion with the jurisdictional boards as to where the responsibilities lie and who should be bringing forward concerns to CAPR – the board rep or the EDR.
- If a jurisdiction has specific issues- then the EDR should be going to CEO or exam director- CAPR board would deal with more global issues, like an issue with ProMetrics as the contracted exam provider for the organization as a whole.
- The board of CAPR will be the deciding body with respect to any governance changes being made. The Registrar's Committee will have ample opportunity to provide input and recommendations to the board prior to any decisions being made.
- SCPT was approached by 2 researchers from the SRS with a request to collaborate with them on their research on the impacts of virtual care. EDR recommended that SCPT join the project as a collaborator, Council was in agreement.

ACTION 2.1.1. EDR to send Membership Communication report to Communications committee quarterly to be reviewed for upcoming Momentum articles

ACTION 2.1.1. EDR to follow up with school to let them know SCPT will collaborate on their research proposal; EDR to ask if able to view the materials prior to distribution – what is the scope of the collaboration?

### 3. Items for Decision

#### 3.1. Governance

##### 3.1.1. Barter Pay

Discussion:

- Should not be allowed- harm to the public, not being claimed as income, feels unprofessional and suggestion of creation of a guideline should be developed stating that it is not supported by SCPT - agreement by other members of Council with this opinion
- SCPT knows that there was at least one physio clinic that was using it, but unsure of who
- Physiotherapy is one of the services that is offered through the App
- Maybe we don't need to do anything at this point
- For public safety- if BarterPay is used- potential for insurance fraud, as stated by one major Insurer. It is not our responsibility to inform on the rules and regulations of insurance companies- it would be the individual's job to understand the coverage they have and what would be acceptable to submit.

- If we did nothing- what could potentially come to Council (what would the complaint be?)
  - o Transparency of fees- possibility of a patient alleging that they were taken advantage of
- This comes down to intent- not sure how to regulate or enforce it?
- Would like to be proactive- is this a risk to the public? Guidelines or Education to the membership
  - o On the flip side- if we draw attention to something, we may encourage more fraudulent behavior – people may use barter systems under the table vs being transparent about using them
- Can we wait and see- see if there is actually an issue to be concerned about?
- Risk to the public- risk where someone in a power position is treating them and in order to access care they are bartering more than the care would be financially worth
- More and more accessibility with virtual care
- Pros/Cons to this issue- should take back to PSOP and have them create a practice guideline for both options - if agree to BarterPay and if we don't agree to BarterPay - then bring back to Council to determine which option best suits the risks involved.
- Would it be better to create guideline on business practices that includes a reference to bartering?

ACTION 3.1.1. Brandy to take item of Barter Pay back to PSOP to create practice guideline on business practices and bring back to Council

### 3.1.2. Use of Imaging US

**Motion: to include the use of imaging US as a treatment modality**

Mover: H. Burrige

Seconder: K. Horvey

**CARRIED: MOTION: 20.047**

Discussion:

- The use of imaging US- what are the treatment applicability for other areas
- E.g. Can be used for transverse abdominus activation- for biofeedback
- Biofeedback for teaching for relaxation for muscles
- Imaging vs therapeutic- how to we ensure that we are not going farther than our scope of practice and not have it slip into diagnostic
- Practice guideline is about the use of instruments- this is the only time that we are talking about a specific instrument
  - o We need to write this practice guideline without defining imaging ultrasound

ACTION 3.1.2. Brandy to take draft of Practice Guideline 17 back to PSOP to further edit and bring back to council

ACTION 3.1.2. T. Descottes to include article in Momentum about use of imaging US as a treatment modality once practice guideline approved

### 3.1.3. CAPR Billing Tools

Discussion:

- Triage tool- initially flowed well and then the last question does not seem to flow well or what the last step is
  - o Question 5- how do you identify if there was inappropriate billing that occurred?
- Is there the possibility of using the tool without Question 5?

ACTION 3.1.3. Brandy to take question of the Triage tool to the author of the tool and then report back to Council via RedBooth for a vote for approval of both tools

### 3.1.4. Governance Review- BC Modernization Report

Discussion:

- Many of the recommendations were part of the NIRO amendments
- Part of the recommendation in the BC report is that AGMs could be discontinued if there are no longer “members” of the organization – instead they would be defined as “Registrants or Licensees”
  - o i.e. We wouldn’t be mandated to have one- but we could still have AGM for engagement
  - o Seems to be a slippery slope to not have member engagement in bylaw formation - as we are setting standards of practice to be protecting the public
- Discussion of all points of the document and the policy committee’s recommendations to the BC document
- Nominations process – e.g. could include more public reps, have competency-based Council. Jackie stated that members of council should not be hand-picked by council.
- Do we need to put a summary on the website on the type of complaints that have been received – not just the summary of the guilty findings. This would be similar to the PCC report in the annual report- identifying the topic of the complaint but not necessarily the outcome. Would it be more appropriate to have an EDR section of the website that would include this type of update. It would depend on the purpose – is it for member education or for public education? The public would be unlikely to read the EDR section, if it was not under the Public tab. The members would be unlikely to look under the public tab.

ACTION 3.1.4. Brandy to send this document to the governance and nominations committee (once developed) after the NIRO recommendations are received

### 3.2. Fiduciary

#### 3.2.1. Audited Financials May 31, 2020

##### Discussion:

- The amortization is not what we expected compared to submitted financials, due to differing methods of amortizing for the unique 5 month period - questions regarding this have been sent back to auditor and we await further input before being able to approve these.
- All other sections of the audited financials are as expected. Bookkeeping is excellent.

ACTION 3.2.1. Brandy/Cathy have requested further information from auditor- if received will post them on RedBooth and eVote.

### 3.3. Tabled from August 12- Public Survey Market Research Update

**Motion: to redistribute \$11800 from website project budget to the public survey budget for 2020/2021**

Mover: D. Pitura

Seconder: H. Burrridge

**CARRIED: MOTION: 20.048**

### 4. Items for Vision

#### 4.1. Governance

##### 4.1.1. Risk Round Table

##### Discussion:

- To ensure that our council is working in conjunction with BC recommendations x2
- Extended access on how it's all going to shake out in the long run- digital practice MOU
- COVID reputational risk- if a clinic gets shut down
  - o Need to make a guidance document on what clinic should do if there is an exposure
- Fit to practice
- What would happen if people are exposed?
- COVID risks to inpatients- working cross sites

##### 4.1.2. Module 6 SARC Elevate

- Was a nice summary of all of the things that we have been doing and that we have been talking about
- Risk Management is something that we are going to continue to prioritize
- Will be implementing board follow up
- Very helpful to have these modules – recommend for all future board members?

##### 4.1.3. Board Calendar 2020/2021

Discussion:

- Suggestion of August meeting to just be info for the AGM info
- Change planning for AGM and onboarding of new Council (ie: changes to orientation materials etc) to June meeting, so that we may not need an August meeting
- Move Bylaw amendments to June
- Move all Pre-AGM to June and anything else could be done start of September
- Move EDR Report to Operational Monitoring
- Draft budget and final approval of budget - draft budget in April and final approval in June

ACTION 4.1.3. All of Council to take calendar back and review and have a more thorough discussion at upcoming meeting

ACTION 4.1.3. Brandy to add Board Calendar to upcoming meeting agenda

#### 4.2. Engagement

##### 4.2.1. Cultural Sensitivity Policy Discussion

Discussion:

- Do we want a statement for our organization or for our members or both?
- We do have some statements that speak to practice included in the Standards of Practice document as well as the Code of Ethical Conduct
- The organization (Council/College) is the leadership of the membership on the regulatory/licensing issues
- The organization needs to set the standard and make them visible and apparent so that the rest of the membership follow by the leadership's example
- Consensus is an organizational statement is required
- The direction of the statement will dictate what is needed once it is developed and approved- too soon to determine if we need additional statement for guidance of membership

ACTION 4.2.1. EDR to take council's decision on need for organizational statement on cultural sensitivity to the policy committee to develop

##### 4.2.2. Recruitment of Volunteers to create diversity on Council and Committees

Discussion:

- Jackie has some names and phone numbers and can discuss with Brandy specifically
- The recruitment- should be an EDR/President role- operational role
- Commitment for diversity representation needs to come from the top

ACTION 4.2.2. Brandy to talk with Jackie for contact information

## 5. Meeting Summary

### 5.1. Action Plan Review

ACTION 2.1.1. EDR to send Membership Communication report to Communications committee quarterly to be reviewed for upcoming Momentum articles

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5.2. Next Meeting: September 25, 2020 at 1pm

Adjournment: 9:48pm

Signature  (President) 23 Oct 2020 (Date)

Signature  (Secretary) Oct 23/20 (Date)