



CRPO / OPAO

Transitional Council
College of Registered Psychotherapists of Ontario

Conseil transitoire
Ordre des psychothérapeutes autorisés de l'Ontario



Transitional Council

Members of the transitional Council were originally appointed by the Ontario Government in 2009 and 2010 under the *Regulated Health Professions Act, 1991* and the *Psychotherapy Act, 2007*. All were reappointed again to terms ending in August 2013, and a further round of reappointments was under discussion at the close of the fiscal year, with the expectation that Council members would be reappointed to terms ending in December 2014. Two resignations in 2012-13 reduced their numbers to 13, including nine practitioners of psychotherapy and four lay members.

The transitional Council is accountable to the Minister of Health and Long-Term Care. Its mandate is to develop professional practice standards, regulations, statutory programs such as Quality Assurance, and disciplinary processes to govern psychotherapists in Ontario.

To date, only those provisions of the *Psychotherapy Act* relating to the appointment and operation of the transitional Council, and appointment of the Registrar have been proclaimed.

When draft regulations for registration, professional misconduct, and quality assurance are approved by the Government of Ontario and proclaimed into law, along with the remaining provisions of the *Psychotherapy Act, 2007*, the new College will begin regulating psychotherapists in Ontario, sustained by the fees of its members. Proclamation is expected in 2014.

Transitional Council Members (April 1, 2012 – March 31, 2013)

Heidi Ahonen	Kitchener
Barbara Anschuetz	Zephyr
Carol Cowan-Levine	Toronto
Linda Ann Daly	Kingston
Bikram DasGupta	Toronto
Annette Dekker (resigned January 2013)	Kitchener
Pat DeYoung	Toronto
Jack Ferrari	London
Banakonda Kennedy-Kish Bell	Barrie
Irene Keroglidis (resigned October 2012)	Toronto
Philip McKenna	Caledon East
Julius Nathoo	London
Thomas O'Connor	Kitchener
Kevin VanDerZwet Stafford	Guelph
Thomas Wall	Whitby

Staff

Jo Anne Falkenburger	Manager, Business Operations & Systems
Lorna Irwin	Director of Registration
Sean Knight	Council & Operations Coordinator
Lene Marttinen	Communications & Policy Analyst
Mark Pioro	Research & Policy Analyst
Joyce Rowlands	Registrar



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Council Report

Year in Review

April

- April 1: Disentanglement from HealthForceOntario;
- Learned that the ministry would consult with internal stakeholders regarding the RMHT category over the summer months;
- Contracted accounting firm to provide bookkeeping and financial services.

July—August

- Contracted e-learning developer to produce the Professional Practice and Jurisprudence e-Learning Module;
- Development of revised by-laws commenced by Executive Committee.

September

- Joint meeting of Registration & Quality Assurance Committees to discuss issues related to the Professional Practice and Jurisprudence e-Learning Module.

October

- Professional Misconduct Regulation approved by government;
- Consulting firm selected to work with the Education Framework and Prior Learning Assessment Task Groups;
- Writer/editor contracted to work with Quality Assurance Committee and staff, to produce first draft of Professional Practice Standards.

November

- Council informed by the Ministry of Health and Long-Term Care that the ministry could not support the proposed RMHT category of members as proposed in the draft Registration Regulation; TC asked to reconsider the Regulation;
- Council quickly decided to proceed with only the RP category and to defer further consideration of the RMHT title until after proclamation of the *Psychotherapy Act*.

January

- Hosted meeting of stakeholders to discuss proposed changes to the Registration Regulation, including the single RP category and the inclusion of the master's degree option for meeting education requirements;
- Recirculation of revised Registration Regulation commenced (January—March);
- Quality Assurance Regulation approved by government;
- IT firm contracted to develop integrated registration & membership management system; detailed project plan developed.

March

- *Framework for Reviewing and Recognizing Psychotherapy Education & Training Programs* completed; and pilot project designed to test the process; work commenced on integrated registration and membership management system in order to implement the Education Framework process online.



The devil is in the details

Last year, the theme of my report was “Building a Home.” However, upon reflection, I would say it was more about building a house – the design, the framing and, yes, much of the detailed thought required. In contrast, this year has been focused mainly on the running of that house (will anything really work?).

While design changes are inevitable, and delays make ‘investors’ anxious, our need to be sure that our structure will stand the test of time continues to drive our work.

So, as I have continued to facilitate the work of the transitional Council through my second year as President, I have been profoundly struck by two thoughts:



First, emerging from adolescence into adulthood is not solely determined by a series of singular, isolated, autonomous actions and decisions; rather, it is the opposite. Drawing on those around us, who have the knowledge and wisdom of those who've gone before, delivers, most richly, the autonomy we seek – this is a somewhat indigenous way of viewing maturation.

Ultimately, an answer came – that the Ministry of Health and Long-Term Care could not support the Registered Mental Health Therapist category of members as proposed. This decision impacted viscerally, like the loss of a family member.

Carol Cowan-Levine
President

Second is the conviction that indeed, it is not a house that makes a home, but the people in it! We have built a house, modified it somewhat this past year, but only now are we truly endeavouring to make this house a home.

These are the two themes I will return to in earnest through this report of April 1, 2012 to March 31, 2013.

In April, 2012, the theme of independence was clearly evident. We became a transfer payment body, were disentangled from HealthForceOntario, and sought our own banking arrangements, signing authority and

accounting firm – all contributing to our independent financial management. The months of May and June provided the first adolescent thrill of managing our own money – how to run our own shop, and how much things really do cost!

Complementing our ‘guesstimates’ of anticipated revenue and expenses was ongoing uncertainty about our draft Registration Regulation, which was still under review by the ministry. We were aware that the Registered Mental Health Therapist (RMHT) category, with all its complexities, was undergoing close scrutiny, thereby hindering a timely response.

Apparently, the foundation was not entirely solid under that part of our house – not built on bedrock, it would seem. We shored it up, but we knew the Ministry was continuing to inspect the underpinnings.

President's Report cont'd...

Nonetheless, we busied ourselves building other parts of our house in preparation for becoming (eventually!) an autonomous organization. We contracted an e-learning developer for our jurisprudence learning module, bringing together both the Registration and Quality Assurance Committees to build an effective way for all applicants to successfully complete this first step in the registration process. This was not easily achieved, and not done in isolation, but had input from all Council members, since all would reside in our new home.

Another part of our foundation was the development of new by-laws required before proclamation of the *Psychotherapy Act, 2007* can occur, including those governing electoral districts for Council elections, College fees, and members' liability insurance, among others. Executive Committee undertook this painstaking work at the direction of Council, and by the end of the fiscal year, the new draft by-laws were almost ready for Council review – slowly but surely, the structure was taking shape!

In October, 2012, the Professional Misconduct Regulation was approved by Cabinet; a writer/editor was retained to begin work on our Professional Practice Standards; and consultants were selected to work with the Education Framework and the Prior Learning Assessment (PLA) Task Groups – essential work to support future members and the registration process.

Ultimately, an answer came concerning our draft Registration Regulation, though not until November – that the Ministry of Health and Long-Term Care (MOHLTC) could not support the Registered Mental Health Therapist category of members as proposed. This decision impacted viscerally like the loss of a family member. We experienced shock, disbelief, dismay, and then, out of numbness came anger, sorrow, a profound emptiness, and ultimately, acceptance.

We rallied. We could see a future. We could get back on track, focused, determined and deliberate as we crept out of the darkness we had first felt.

The Registration Committee pondered this news carefully, then quickly proceeded with a recommendation to defer consideration of the RMHT category of membership until after proclamation, and to move forward with only the Registered Psychotherapist (RP) category at this





President's Report cont'd...

Executive Committee April 1, 2012 – March 4, 2013

Carol Cowan-Levine (President)
Jack Ferrari (Vice-President)
Linda Ann Daly
Philip McKenna
Kevin VanDerZwet Stafford

Executive Committee March 5 – March 31, 2013

Carol Cowan-Levine (President)
Jack Ferrari (Vice-President)
Philip McKenna
Kevin VanDerZwet Stafford
Thomas Wall

time. We heard from stakeholders – some outraged, utterly dismayed, feeling abandoned; others resigned, accepting a more focused approach with room to grow, while others remained simply and utterly confused.

We hosted a meeting of key stakeholders, heads of professional organizations with whom the ministry had previously met and consulted. We tested stakeholder tolerance of our new direction, and were satisfied with the support we found.

Bolstered by stakeholder response, Council proceeded to amend the draft Registration Regulation to include a master's degree as one option for fulfilling the education requirement for RPs. By February, the revised regulation was ready to be circulated for another 60-day consultation period, ending March 25th.

The QA Regulation, too, was passed, and our work on operational matters continued. An IT firm was selected, a detailed project plan developed, and finances considered. In addition, by the end of March, the *Framework for Reviewing*

and Recognizing Psychotherapy Education & Training Programs had been completed and a pilot project designed to test this process.

Innumerable details have been considered and multiple decisions made, more by opportunity than by constraint – the opportunity to do it well, to do it thoroughly and do it right; the opportunity to support, encourage and welcome, as opposed to intimidate and reject. It has been both inspiring and exhausting!

Our Executive Committee elections in March offered me the privilege and opportunity to continue as President; however, there was change at both the Executive Committee and Council tables. While change is inevitable, and more so after a protracted period of effort, it assuredly caused me to pause and reflect. Indeed, it served as a reminder of how strongly I've come to feel about the relationships established – I am indebted to each and every Council member for all you have given.

To our Registrar with her extraordinary skills and exceptional fortitude, may I say thank you, and through you, to the talented team working alongside you.

A final adieu to this year, looking back with gratitude and forward with hope, I wish you many blessings in the year ahead.

Carol Cowan-Levine
President

Code of Ethics

As a member of the College of Registered Psychotherapists and Registered Mental Health Therapists, I strive to practise safely, effectively and ethically, and to uphold the following principles:

Autonomy & dignity of all persons

To respect diversity, and the dignity and rights of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times.

Excellence in professional practice

To work in the best interests of clients; to work within my abilities and competencies; and to pursue personal and professional growth throughout my career.

Integrity

To openly inform clients about options, potential risks and benefits of professional services; to recognize and strive to challenge my own professional and personal biases; and to consult on ethical dilemmas.

Justice

To stand against oppression and discrimination, and strive to support justice and fairness in my professional and personal dealings.

Responsible citizenship

To participate in my community as a responsible citizen, always mindful of my role as a trusted professional; and to consult on potential conflicts-of-interest and other personal-professional challenges.

Responsible research

To conduct only such research as potentially benefits society, and to do so safely, ethically and with the informed consent of all participants.

Support for colleagues

To respect colleagues, co-workers, students, and members of other disciplines; to supervise responsibly; to work collaboratively; and to inspire others to excellence.



Controlled act prompts possible exemption

From the day it first appeared in draft legislation, the controlled act of psychotherapy has caused a lot of head-scratching. It's a bit of a conundrum, to say the least, and this became even more apparent as events unfolded in 2012 – 2013.

The wording of the controlled act is unusual, as it does not describe a particular procedure or technique, but is defined in terms of the condition of the client. It involves “[treating] an individual's serious disorder... that may seriously impair the individual's... functioning.” Other key words include: “[treating] by means of psychotherapy technique delivered through a therapeutic relationship...”. None of these words is defined.

In the early days of the transitional Council, there were those who suggested emphatically that Council's first task should be to define the meaning of the words “serious disorder” and to “seriously impair.” But advice from legal counsel was an emphatic ‘no’ – it is not the job of the transitional Council or the future College to define words embedded in legislation. Eventually the courts may weigh in, we were told, but that awaits the test of time.



...we understood this to mean that an exemption might be created

under the Regulated Health Professions Act (RHPA), so that unregulated service providers and mental health workers will be able to continue to do their work without disruption of services.

Joyce Rowlands
Registrar

We were also asked whether Council would be creating a list of psychotherapeutic techniques. Again the answer was a firm ‘no’ – to do so would be to write the textbook on psychotherapy. This is not something that the transitional Council or the College could possibly undertake – nor is it our role.

There were some who felt that Council would need to define the ‘exact meaning’ of the controlled act, in order to know who needs to be regulated and who does not. For, strictly speaking, only those who engage in the controlled act need to be registered. And, since all our Members will be authorized to do the controlled act of psychotherapy (unless a specific restriction or limitation is placed on their license), the main

concern of the College will be to ensure that Members are competent to do what they do, i.e. competent in their particular area(s) of practice – whether it involves the controlled act or not.

Non-members, on the other hand, will need to be concerned about whether they're doing the controlled act. If they are, they'll be in breach of the *Psychotherapy Act, 2007*, unless, of course, they're registered with one of the other colleges whose members are authorized to perform the controlled act.

This brings me to the question of our two titles: Registered Psychotherapist (RP) and Registered Mental Health Therapist (RHMT). As many will recall, our Registration Committee spent many months conducting research to identify practitioners in the broader health and social service sectors whose work may involve the controlled act of psychotherapy. We found that such practitioners tended to

Registrar's Message cont'd...

cluster into two groups: those whose primary practice is psychotherapy and those whose foundational training is in a related field and whose practice overlaps psychotherapy, e.g. addiction counsellors, children's mental health workers.

Our draft Registration Regulation was designed to accommodate these two distinct groups as RPs and RMHTs. However, despite two years of committee work, two rounds of stakeholder consultation and ongoing discussions with the Ministry of Health and Long-Term Care, we learned in November 2012, that the ministry could not support the RMHT category of membership as proposed.

This was unexpected and sent us back to the drawing board – but not for long. Council quickly determined that the best path forward was to defer further consideration of the RMHT category until after proclamation, and to proceed with only the RP category at this time.

We were acutely aware that this created a gap for those who would have been regulated in the RMHT category, and who may be doing the controlled act. To its credit, the ministry acknowledged this concern and assured Council that government would find a solution. At the time, we understood this to mean that an exemption might be created under the *Regulated Health Professions Act (RHPA)*, so that unregulated service providers and mental health workers will be able to continue to do their work without disruption of services.

Over the coming months, we will be watching these developments closely, and may have concerns if the ministry, or more likely, employers must of necessity 'operationalize' the controlled act of psychotherapy. This may occur 'organically' if and when employers must determine who among their staff will need to be covered by a possible exemption. It is hard to see how this could be done without developing a 'working definition' of what is or is not the controlled act – an outcome some believe may have implications for the new College and other regulatory colleges whose members are authorized to perform the controlled act of psychotherapy.

Needless to say, we will be following these developments with interest over the coming months.

Joyce Rowlands
Registrar

Scope of Practice

The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.

Authorized Act (also known as the Controlled Act)

In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.



New Name for the College

From the earliest days of the transitional Council, the full name of the college – the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPRMHTO) – has been a source of comment and, sometimes, frustration, especially when the full name would not fit into forms or electronic text boxes.

So, when the transitional Council decided in January 2013 to defer consideration of the Registered Mental Health Therapist category of members until after proclamation of the *Psychotherapy Act*, Executive Committee debated adopting a shorter name for everyday use. After receiving legal advice, the Executive recommended that a new, shorter name, the College of Registered Psychotherapists of Ontario, or CRPO, be adopted.

The full name will still be employed on legal documents, but for all other purposes the shorter name will be used in the College's 'branding'. There is a precedent for this approach, where the Association of Professional Engineers of Ontario (the regulatory body) uses the name Professional Engineers Ontario or PEO in all its corporate branding, and has done so for almost 20 years.

At the close of our fiscal year, this recommendation was awaiting Council endorsement.

Mission
To develop standards and procedures to regulate psychotherapists and mental health therapists in the public interest, striving to ensure competent and ethical practice within a professional accountability framework.

Vision
Leadership in professional self-regulation, dedicated to the principles of excellence, fairness, openness, responsiveness and respect for diversity.

Committee Reports

Quality Assurance Committee

The past year has seen detailed work and steady progress by the Quality Assurance Committee in preparing the College for proclamation of the *Psychotherapy Act, 2007*. The committee's main focus has been on finalizing the jurisprudence e-learning module and developing professional practice standards – both required before proclamation can occur.

Professional practice & jurisprudence

First up, the Quality Assurance Committee (QAC) reviewed and finalized the document, *Professional Practice & Jurisprudence for Registered Psychotherapists*, which describes the legal, ethical and professional practice environment for Registered Psychotherapists in Ontario. The document will serve as an important resource for members, and is the basis for the College's Professional Practice & Jurisprudence e-Learning Module. The committee also oversaw the design and development of the module itself, including reviewing and revising question sets that users will be required to answer. Successful completion of the jurisprudence module is the first step in the registration process for all members.

Professional practice standards

Though a daunting task at the outset, the QAC has made great progress in developing Professional Practice Standards for Registered Psychotherapists. The standards, which are based on the College's Professional Misconduct Regulation, describe the minimum standards of conduct expected of College Members. The QAC began by developing a draft outline of the standards and then, working with staff and an external writer/editor, produced a first full draft. Many hours of debate and discussion by QAC members lay ahead, as the committee conducted a line-by-line (sometimes word-by-word) review and further refinement – a painstaking task that is still underway.

On the challenging topic of clinical supervision, QAC met jointly with Registration Committee to develop common ground on draft standards. Consensus did eventually emerge...

On the challenging topic of clinical supervision, QAC met jointly with Registration Committee to develop common ground on draft standards. Consensus did eventually emerge, no mean task given the range of perspectives on this key aspect of professional practice.

The overall goal of the 'standards project' is to produce a document that reflects the diversity of the profession while demonstrating a commitment to competent and ethical professional practice. Once the full set of draft standards has been finalized over the summer months, it will be circulated for stakeholder comment in the fall.

Regulations passed

During the course of the year, QAC worked with the Ministry of Health and Long-Term Care to finalize two of the College's required regulations. I am pleased to report that both regulations have been passed into law by the Ontario government: the Professional Misconduct Regulation in October and

Quality Assurance Committee Members 2012—2013

Carol Cowan-Levine
Bikram DasGupta
Jack Ferrari
Banakonda Kennedy-Kish Bell
Irene Keroglidis (to Oct. 2012)
Julius Nathoo
Thomas O'Connor
Kevin VanDerZwet Stafford
(Chair)

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Registration Committee

Registration Committee Members 2012—2013

Heidi Ahonen
Barbara Anschuetz
Carol Cowan-Levine
Linda Ann Daly
Annette Dekker (to Jan. 2013)
Pat DeYoung (Chair)
Philip McKenna
Thomas Wall

This year Registration Committee continued to fine-tune the draft Registration Regulation, seeking to balance rigour and flexibility – a principle that has guided our work since we embarked on this long and winding road to regulation three years ago.

Part way through the year, we went back to the drawing board when the Ministry of Health and Long-Term Care (MOHLTC) informed Council that it could not support the Registered Mental Health Therapist (RMHT) category of members, as proposed in the draft Registration Regulation (originally submitted to the ministry in January 2012). Needless to say, this presented fresh challenges.

Relying on MOHLTC's commitment to find a solution for practitioners who would have been regulated in the RMHT category, and who now would find themselves unable to engage in the controlled act of psychotherapy once the *Psychotherapy Act, 2007* comes into force, the committee decided unanimously to focus on the Registered Psychotherapist (RP) category. It recommended that consideration of the RMHT title be deferred until after proclamation. This approach was subsequently endorsed by Council, and all references to RMHTs were eliminated from the revised draft regulation.

The ministry also signaled a possible shift on the matter of a master's degree. As a result, completion of a relevant master's program was included as one option for meeting education & training requirements for RPs. Details of the other options remained essentially unchanged, as they were originally developed to be in line with master's level programs.

Deferral of the RMHT title and addition of the master's degree option were considered substantive changes, requiring recirculation of the revised regulation to stakeholders for comment. Happily, once responses were analyzed, we were encouraged to see that, by and large, these changes were well received.

The goal is to develop a sophisticated, modality-neutral, competency-based test to assess information-gathering and decision-making skills at entry-to-practice.

National assessment tool

Work continued on developing and testing a national assessment tool for psychotherapists and clinical counsellors, a project funded by a federal government grant. The goal is to develop a sophisticated, modality-neutral, competency-based test to assess information-gathering and decision-making skills at entry-to-practice. Registration Committee (RC) proposes to use this tool as the College's registration exam, pending approval by Council.

Other work

With the revised regulation in ministry hands, the RC shifted its focus to policy questions requiring resolution before registration requirements can be "operationalized" – for example, establishing a policy on language proficiency, and deciding whether applicants should be asked to submit a photograph.

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Education Framework Task Group

The Education Framework Task Group, a sub-committee of Registration Committee, was established in late 2011 to develop a ‘framework’ (criteria and process) for reviewing and recognizing education and training programs that prepare students with identified entry-to-practice competencies.

The purpose of this work is to establish a list of recognized programs, in order to streamline the application process for those seeking registration.

Over the past year, much of the task group’s work has centered on further developing and refining the document, *Framework for Reviewing and Recognizing Psychotherapy Education and Training Programs*. Supporting materials (application package and ‘tools’) were also created for use by education & training programs wishing to apply for recognition.

External stakeholders were an important part of the process and provided valuable input on early drafts of the framework document. A diverse group of external advisors provided feedback, including representatives of independent training programs, colleges and universities.

Having decided to focus primarily on program *content* rather than factors such as facilities and other resources, the task group turned its attention to identifying a subset of essential competencies derived from the Entry-To-Practice Competency Profile for Registered Psychotherapists. This subset was then incorporated into a competencies ‘mapping tool’ to be used by programs in demonstrating how they provide learning opportunities for students to develop the identified competencies.

With expert advice from external consultants, Curriculum Services Canada, the task group also planned a pilot project to test the Framework process and tools; recruited a diverse group of education and training programs to participate in the pilot; and worked with our IT developer to create an online application process.

It is important to note that graduates of programs that are not recognized – or not yet recognized – but whose programs are substantially equivalent, will also be considered for registration. The task group recognizes that this avenue will be especially important in the early days of the College, as some programs are revising their admission requirements and curriculum to align with the College’s registration requirements, a process that may take some time to implement.

The purpose of this work is to establish a list of recognized programs, in order to streamline the application process for those seeking registration.

In the coming year, feedback from the pilot project will be used to further refine the Education Framework materials and processes. In addition, the task group will develop the evaluation process, including recruiting and training teams of evaluators.

As Chair, I am most appreciative of the generosity of the programs that volunteered to participate in the pilot project, which will be conducted this coming summer. I also extend my heartfelt thanks for the extraordinary efforts of task group members and support staff.

Education Framework Task Group Members 2012—2013

Carol Cowan-Levine (Chair)
Annette Dekker (to Jan. 2013)
Pat DeYoung
Banakonda Kennedy-Kish Bell
Philip McKenna
Julius Nathoo

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Prior Learning Assessment Task Group

Prior Learning Assessment Task Group Members 2012—2013

Heidi Ahonen
Barbara Anschuetz (Chair)
Linda Ann Daly
Pat DeYoung
Banakonda Kennedy-Kish Bell
Julius Nathoo
Thomas Wall

In 2012-2013, the Prior Learning Assessment and Recognition (PLAR) Task Group spent many long hours considering details of the 'grandparenting' process – further refining the scoring system for “portfolio evidence,” reviewing the kinds of supervision that would meet requirements, and considering the need for third-party verification of applicants.

By the end of March 2013, most of this work had been completed, and details of the grandparenting process had been posted online. Outstanding issues requiring further deliberation included, whether “peer supervision” could be used by applicants to meet the clinical supervision requirement, and exactly what activities constitute “direct client contact” – items expected to be resolved in the spring 2013.

The task group was created in late 2011 and has met eight times since then. As a subcommittee of Registration Committee, its mandate is to develop the criteria and processes to be used in assessing the competence of established practitioners applying for registration via the 'grandparenting' route. Once this work has been completed, the task group will turn its attention to developing processes for internationally-trained practitioners.

Grandparenting is a time-limited, alternative route to registration for established practitioners current in the practice of the profession; they will not be required to write the registration exam. The purpose is to ensure, as much as possible, that client relationships are not disrupted, and access to services is maintained. Applicants using the grandparenting route must provide portfolio evidence of their psychotherapy education & training, and professional experience. The grandparenting route will be available for two years following proclamation of the *Psychotherapy Act, 2007*.

The task group is also developing an online application form and template to assist applicants in submitting portfolio information, which will be assessed using a point system for each portfolio category: psychotherapy education & training, clinical experience, supervision, safe & effective use of self, and other professional activities. Details of the scoring system and other requirements for grandparenting are posted on the transitional Council website.

The online application form and associated materials are expected to undergo multiple stages of testing during summer 2013, with pre-registration for grandparenting applicants set to begin in the fall.

Once this work has been completed, the task group will turn its attention to developing processes for internationally-trained practitioners.

Barbara Anschuetz
Chair

Quality Assurance Committee Report cont'd...

the Quality Assurance Regulation in January. Design of the Quality Assurance Program itself will commence in the upcoming year.

I continue to be impressed by the dedicated work of committee members and College staff, and look forward to completing the work which has advanced very substantially this past year.

Kevin VanDerZwet
Stafford
Chair

Registration Committee Report cont'd...

The committee also worked on the Professional Practice and Jurisprudence e-Learning Module, which applicants must successfully complete as the first step in the registration process. The module is designed to help practitioners understand their professional, legal and ethical responsibilities as members of a regulated health profession in Ontario. RC reviewed module content developed by the Quality Assurance Committee, and confirmed that the learning module should not pose a barrier to registration.

Registration Committee has benefited greatly from hard-working sub-committees that have toiled diligently on two critical fronts: 'grandparenting' requirements, and the process for reviewing and recognizing psychotherapy education & training programs. Their work is hugely appreciated (see task group reports on pages 14-15).

A thank you

In closing, I wish to bid farewell to Annette Dekker, a dedicated member of Registration Committee since its inception, who resigned in January. Her contributions were many, and she has been missed in our deliberations around the committee table. Thank you to Annette.

Pat DeYoung
Chair

Education Framework Task Group cont'd...

We look forward in 2013-14 to reviewing and recognizing education & training programs, and finally seeing the outcome of our foundational labour. On a personal note, may I say that it is simply stunning to see what a diverse group of determined individuals can achieve when they put their minds and talents into a common task. Thank you all.

Carol Cowan-Levine
Chair



Regulated Health Professions Act (RHPA) Objects

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

- (2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

Financial Statement

Independent Auditor's Report

To the Board of Directors of
The transitional Council of the College of Registered Psychotherapists and Registered Mental Health
Therapists of Ontario

We have audited the accompanying financial statements of The transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario, which comprise the statement of financial position as at March 31, 2013, the statements of operations - restricted, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario as at March 31, 2013, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Crowe Soberman LLP

Chartered Accountants
Licensed Public Accountants
Toronto, Canada

Financial Statement



STATEMENT OF FINANCIAL POSITION

At March 31, 2013

ASSETS

Current

Cash - restricted	\$ 79,936
Prepaid expenses and sundry	12,013
Government remittances receivable	42,240

134,189

Capital assets (Note 3)

254,030

\$ 388,219

LIABILITIES

Current

Accounts payable and accrued liabilities	\$ 42,623
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Commitments (Note 6)

NET ASSETS

Net assets invested in capital assets	254,030
Restricted net assets	91,566

345,596

\$ 388,219

STATEMENT OF OPERATIONS - RESTRICTED

Year ended March 31, 2013

Revenue

Ministry of Health and Long-Term Care funding	\$ 1,000,000
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Expenses

Salaries and benefits	451,199
Professional fees	98,554
Office expenses	41,170
Consultants	31,800
Computer	7,329
Bank charges and interest	5,059
Meetings - council and committees	4,515
Staff training and professional development	4,240
Directors insurance	2,826
Telephone	2,136
Travel and accommodations - general	1,894
Computer software	1,308
Honoraria	679
Travel and accommodations - council	629
Repairs and maintenance	336
Meetings - office and general	282
Amortization of capital assets	448

654,404

Excess of revenue over expenses	\$ 345,596
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