

COUNCIL AGENDA

Date: Thursday, September 13, 2018
Time: 9:30 a.m. to 3:30 p.m.
Location: 375 University Avenue, Suite 803; Boardroom
Chair: Andrew Benedetto, President

| Item | Time | Topic | Pg. | Action | Materials | Lead |
|--------------------------|-------|---|-------|-------------|--|--|
| 1. | 9:30 | Welcome and Opening Remarks | | INFORMATION | | A. Benedetto |
| 2. | 9:31 | Approval of Draft Agenda | 1-2 | MOTION | | A. Benedetto |
| 3. | 9:32 | Approval of Draft Minutes • June 28, 2018 | 3-9 | MOTION | Draft minutes | A. Benedetto |
| 4. | 9:34 | Conflict of Interest Declarations | | INFORMATION | | A. Benedetto |
| 5. | 9:35 | President's Remarks | | INFORMATION | | A. Benedetto |
| 6. | 9:45 | Registrar's Report | 10-15 | INFORMATION | 1. CRPO letter to FSCO 2. Response from FSCO | D. Adams |
| 7. | 9:55 | Committee Reports to Council 7.1. Client Relations 7.2. Discipline 7.3. Examination 7.4. Executive 7.5. Inquiries, Complaints & Reports 7.6. Quality Assurance 7.7. Registration | 16-26 | INFORMATION | Committee reports | C. Cowan-Levine S. Kasal K. Lomp A. Benedetto K. VanDerZwet Stafford M. Kardos Burton M. MacFarlane |
| 8. | 10:10 | Committee Appointments | | MOTION | | A. Benedetto |
| 9. | 10:15 | Electronic Practice Guideline | 27-32 | MOTION | 1. Briefing note 2. Draft Electronic Practice Guideline | L. Marttinen |
| BREAK 10:40-10:55 | | | | | | |
| 10. | 10:55 | Prescribed Regulatory Education | 33-34 | DISCUSSION | Briefing note | L. Marttinen |
| 11. | 11:20 | <i>Categories of Prescribed Therapies Involving the Practice of Psychotherapy</i> Regulation Submission Update | | INFORMATION | | D. Adams |
| 12. | 11:30 | Clinical Supervision Update | | INFORMATION | | M. Pioro |
| 13. | 11:45 | Election of Officers | 35 | MOTION | Briefing note | D. Adams |
| 14. | 12:15 | IN CAMERA: 2017-2018 Audited Financial Statements | | MOTION | TBD | A. Benedetto |
| LUNCH 12:30-1:30 | | | | | | |
| 15. | 1:30 | Annual Report 2017-2018 | 36 | INFORMATION | 1. Briefing note 2. Annual Report | D. Adams |

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|-----|------|--|----|----------------------------|---------------|--------------|
| 16. | 1:40 | CRPO Member Town Hall Update | | INFORMATION | | D. Adams |
| 17. | 1:50 | Presentation: Right Touch Regulation | | INFORMATION | | D. Adams |
| 18. | 2:30 | Presentation: Health Professions Appeal & Review Board (HPARB) Update | | INFORMATION | | M. Piro |
| 19. | 3:00 | Proposed Council Meeting Dates 2019 & Strategic Planning Update | 37 | INFORMATION/ DISCUSSION | Briefing note | A. Benedetto |
| 20. | 3:20 | Question Period | | INFORMATION | | A. Benedetto |
| 21. | 3:30 | Adjournment | | MOTION | | A. Benedetto |
| | | Next Meetings: <ul style="list-style-type: none"> November 29, 2018 | | | | |

DRAFT Council Minutes June 28, 2018

| Present Council Members | Staff Members |
|--|--|
| <ul style="list-style-type: none"> • Andrew Benedetto, RP (President) • Barbara Locke Billingsley • Shelley Briscoe-Dimock, RP • Gary Cockman • Carol Cowan-Levine, RP • Mary Kardos Burton • Shikha Kasal • Kenneth Lomp, RP • Malcolm MacFarlane, RP (Vice-President) • Pat Rayman, RP • Len Rudner • Steven Stijacic • Kevin VanDerZwet Stafford, RP | <ul style="list-style-type: none"> • Deborah Adams, Registrar • Janice D'Souza, Registration Coordinator • Jo Anne Falkenburger, Director of Operations and HR • Amy Fournier, Executive Coordinator (Recorder) • Lene Marttinen, Manager, Quality Assurance • Mark Pioro, Director, Professional Conduct & Deputy Registrar |
| Council Member Regrets | |
| <ul style="list-style-type: none"> • Sheldon Kawarsky • Miranda Monastero, RP | |

1. Welcome and Opening Remarks

A. Benedetto, President and Chair, called the meeting called to order at 9:30 a.m. He congratulated newly elected member in District 5, Miranda Monastero, and re-elected member Kevin VanDerZwet Stafford in District 1. The Chair thanked those who chose to run for election in their districts as well as those who cast a vote.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-28JUN2018 – M01: Moved by K. Lomp, seconded by C. Cowan-Levine

That the agenda of the June 28, 2018, meeting of Council be approved as presented.

CARRIED

3. Approval of Draft Minutes

The Chair introduced the draft minutes from the February 22, 2018 Council meeting. Minor copyediting errors were corrected.

MOTION C-28JUN2018 – M02: Moved by G. Cockburn, seconded by M. Kardos Burton

That the draft minutes of the February 22, 2018, meeting of Council be approved as amended.

CARRIED

The Chair introduced the draft minutes from the March 29, 2018 Council meeting. No changes were made to the draft minutes.

MOTION C-28JUN2018 – M02: Moved by M. MacFarlane, seconded by S. Stijacic

That the draft minutes of the march 29, 2018, meeting of Council be approved as amended.

CARRIED

4. **Conflict of Interest Declarations**

None declared.

5. **President's Remarks**

A. Benedetto, President and Chair, provided Council members and observers with a brief history of psychotherapy's path to regulation, highlighting the work of HPRAC, the CRPO transitional Council and ongoing research and consultation related to the controlled act of psychotherapy. The Chair noted that these early efforts are important to consider in light of the direction received from the Minister of Health and Long-Term Care (MOHLTC) in December 2017, compelling the CRPO to provide clarity related to the controlled act of psychotherapy and provide the MOHLTC with a regulation submission by July 1, 2018. The Controlled Act Task Group (CATG) was formed to do the work of developing the regulation and supporting documents. The CATG spent many hours researching, drafting and engaging with stakeholders in the development of the regulation and supporting documents. A. Benedetto thanked all Council members for their dedication and time spent on this work.

6. **Registrar's Report**

D. Adams, Registrar, noted that updates related to the majority of items covered in her submitted report would be addressed as agenda items to be discussed later in the meeting. D. Adams informed Council that Denise Cole, Assistant Deputy Minister of Health, sent her regrets for today's meeting, but that Ministry staff asked that she extend her thanks to the CATG and Council on moving the proposed regulation through to submission.

7. **Committee Reports to Council**

• **7.1. Client Relations Committee**

C. Cowan-Levine, Client Relations Committee Chair, introduced the report noting that the draft policy and guidelines related to *Sexual Contact with Former Clients* would be discussed later in the meeting.

• **7.2. Discipline**

S. Kasal, Discipline Committee Chair, informed Council that there was a Discipline hearing in January 2018 and the decision and reasons are now posted to the CRPO

website. There is currently one referral to discipline awaiting scheduling for a hearing.

- **7.3. Examination**

K. Lomp, Examination Committee Chair, thanked CRPO staff and committee members for their work on the committee, noting that a meeting was held on June 19, 2018 to discuss a decision tree for examination appeals as well as an examination appeals policy. The committee reviewed results of the most recent sitting of the examination, which took place in April 2018. The sitting was the largest sitting to date.

- **7.4. Executive**

A. Benedetto, Executive Committee Chair, noted that the Executive performs an extensive review on issues that come forward from committees. One issue that has recently been brought forward is Council member attendance at meetings of the full Council. A. Benedetto noted that Council members are expected to attend Council meetings in person. The College will no longer be routinely accommodating requests for calling in to Council meetings via teleconference, as in-person attendance is best-practice at a public meeting. If Council members are unable to attend in person, they are asked to send their regrets. A. Benedetto noted that at a committee level, the CRPO has been making use of Zoom videoconferencing to facilitate remote attendance at meetings. In addition, staff is now circulating draft plenary committee meeting minutes to committee chairs typically within one week of the scheduled meeting date. Council was also informed that Executive Committee nomination packages are being provided at today's meeting so that members can consider if they wish to stand for the Executive elections taking place at the September 13 Council meeting. Nominations must be submitted by August 30.

- **7.5. Inquiries, Complaints & Reports**

K. VanDerZwet Stafford thanked staff for their work on preparing cohesive panel packages, noting that the complaints are getting more complex and that panel members remain diligent in their work and involvement. K. VanDerZwet Stafford also noted that the committee is engaged with improving the process of considering how ICRC does its work by participating in training activities and reviewing their approach.

- **7.6. Nominations & Elections**

P. Rayman, Nominations and Elections Committee Chair, informed Council that the committee met on June 25, 2018. P. Rayman thanked former Council and committee member, T. Chimbanga for her contributions to the committee and congratulated K. VanDerZwet Stafford on his re-election in District 1 and M. Monastero on her election in District 5. She noted that voter turnout was 14% overall, which is on par with previous CRPO election years. P. Rayman noted that the committee discussed whether or not to amalgamate Districts 5 and 6, due to the lack of candidates in those districts. The committee ultimately decided to pursue more vigorous member outreach in those districts. It was also noted that the committee discussed potential by-law changes related to the administration of the election to be considered for the next by-law review.

- **7.7. Quality Assurance**

M. Kardos Burton, Quality Assurance Committee Chair, thanked staff and committee members for their work and noted that the Informed Consent Workbook has been

posted to the CRPO website. There is still more work to do regarding Prescribed Regulatory Education (PRE) and this will come back to Council at a future meeting.

- **7.8. Registration**

M. MacFarlane, Registration Committee Chair, informed Council that the majority of the committee's work has been devoted to panels and there has been excellent progress made in getting through the grandparenting applications. The committee hopes to complete the grandparenting application panel reviews by the end of fiscal 2018. Both staff and panel members have been working diligently on each panel case with the understanding that people's livelihood are impacted by the outcomes of the panel decisions.

8. **Council Education Session:** "Regulating in the Public Interest" presented by Deanna Williams

9. **Draft Regulation: Categories of Prescribed Therapies Involving the Practice of Psychotherapy**

C. Cowan-Levine, Controlled Act Task Group (CATG) Chair, introduced the draft regulation noting that an enormous amount of work has gone into the draft regulation. C. Cowan-Levine extended her thanks to Zoe Soper and Ross Smith from the Ministry of Health and Long-Term Care (MOHLTC) who have been involved with this work since proclamation of the *Psychotherapy Act*. The MOHLTC has been supportive throughout the process of the CATG's work and has ensured that other government ministries are included in discussions allowing them to provide helpful feedback in drafting these materials.

The CATG has met several times since March 29, 2018, including an in-person meeting with the Ministry on May 3, 2018. D. Adams has consulted extensively with several sectors, including sexual abuse and domestic violence, child and youth services and addictions and mental health, going above and beyond what is expected in the 60-day public consultation process. C. Cowan-Levine extended her gratitude to D. Adams for her extraordinary work. She also thanked M. MacFarlane, A. Benedetto, S. Stijacic and K. VanDerZwet Stafford, all members of the CATG, for their hard work and resilience.

C. Cowan-Levine noted that all feedback was read and considered and that some changes resulted to the accompanying CATG documents, but not to the regulation itself. C. Cowan-Levine asked that the Council approve the draft regulation *Categories of Prescribed Therapies Involving the Practice of Psychotherapy* for submission to the Ministry of Health and Long-Term Care.

MOTION C-28JUN2018 – M3: Moved by K. VanDerZwet Stafford, seconded by S. Briscoe-Dimock

[Be it moved] That Council approve the proposed regulation, *Categories of Prescribed Therapies Involving the Practice of Psychotherapy* for submission to the Ministry of Health and Long-Term Care as presented.

In favour:

A. Benedetto
S. Briscoe-Dimock
G. Cockman

C. Cowan-Levine
M. Kardos Burton
S. Kasal
B. Locke Billingsley
K. Lomp
M. MacFarlane
P. Rayman
L. Rudner
S. Stijacic
K. VanDerZwet Stafford

Opposed:

None.

Abstained:

None.

CARRIED

10. Proposed By-Law Amendments

A. Benedetto, President and Chair, introduced the proposed by-law amendments, and provided a brief PowerPoint presentation to Council specifically focusing on the feedback that was received regarding the membership fee increase.

A. Benedetto noted that 173 individuals responded to the by-law consultation, with 97 indicating that they do not support the fee increase and 10 indicating that they do support the fee increase.

Membership and administrative fees are the basis for CRPO delivering its mandate and mission. The Executive Committee acknowledges this is a new profession and fee increases are seldom supported by the membership, but fees are a necessary part of what we do as a regulatory college.

Fees fund investigations, complaints, reports and referrals to discipline. Fees also allow the College to administer a robust quality assurance program. There are often legal costs associated with complaints and discipline cases; these take a significant amount of resources to ensure that the process is transparent and fair for all members. In addition, the College is required to have a financial reserve for clients who are sexually abused by members. As indicated in the *Regulated Health Professions Act (RHPA)* the College must provide these services to the public to ensure we are fulfilling our mandate, regardless of the size of the membership.

MOTION C-28JUN2018 – M04: Moved by G. Cockburn, seconded by L. Rudner

[Be it moved] That Council approve the proposed by-law amendments as presented.

CARRIED

11. Sexual Contact with Former Clients

- **11.1. Draft Policy *Sexual Contact with Former Clients within 5-Years Post Termination of Care***

C. Cowan-Levine, Client Relations Committee Chair, introduced the policy, which was circulated for 60 days to membership. The feedback received in this consultation was considered by CRC. The Chair also noted that the term ‘cooling off’ was no longer being used and so the proposed policy will move forward with the new title as presented. She noted that the College of Physicians and Surgeons of Ontario (CPSO) submitted a letter in support of the 5-year post termination of care period.

The Chair reminded the Council that this policy is an interim measure as a regulation setting out the 5-year post termination time frame will take some time as the next stages of Bill 87, the *Protecting Patients Act*, are determined.

MOTION C-28JUN2018 – M05: Moved by K. Lomp, seconded by S. Stijacic

[Be it moved] That Council approve the adoption of the policy *Sexual Contact with Former Clients within 5-Years Post Termination of Care* as presented.

CARRIED

- **11.2. Draft Guideline *Sexual Contact with Former Clients beyond 5-Years Post Termination of Care***

C. Cowan-Levine introduced the revised guideline and thanked Council and committee members for their feedback on the first draft, which was presented to Council in March 2018. The Chair reminded the Council that much of the feedback was around what type of information needed to be included in a guideline. Council members suggested guidance, examples and tips rather than an exhaustive itemized list.

The guideline is intended to address how, in some cases sexual conduct with a client will never be appropriate. It is also meant to provide a heightened awareness to members of their obligations as regulated providers in the form of guiding principles. Council discussed the draft guideline and asked for clarification around some of the wording and intention of particular pieces.

MOTION C-28JUN2018 – M06: Moved by M. Kardos Burton, seconded by C. Cowan-Levine

[Be it moved] That Council approve the draft guideline, *Sexual Contact with Former Clients Beyond 5-Years Post Termination of Care* as amended for 60-day public consultation.

CARRIED

12. Guideline on *Disclosing Information to Prevent Harm*

K. VanDerZwet Stafford, Inquiries, Complaints and Reports Committee Chair, introduced the guideline and provided background on how the guideline was developed by the ICRC. K. VanDerZwet Stafford worked closely with M. Piore taking all feedback from Council and committee into consideration, including consulting with crisis centres and HIV and AIDS groups to ensure that the guideline accurately reflected best practices for this community. The ICRC has reviewed and approved this most recent draft and the committee is now seeking final approval from Council.

MOTION C-28JUN2018 – M07: Moved by G. Cockman, seconded by S. Stijacic

[Be it moved] That Council approve the draft guideline, *Disclosing Information to Prevent Harm* as presented.

CARRIED

13. Question Period

S. Briscoe-Dimock, professional member, asked a question regarding the College of Psychologists of Ontario's position on clinical supervision of the controlled act and the implications this may have on RPs.

The CRPO has [posted detailed information](#) on supervision to the website to assist members with questions related to clinical supervision. Members need to clearly demonstrate that they are being supervised appropriately and in accordance with College standards. Ultimately, RPs are held accountable to the standards of the CRPO. Staff also noted that they continue to work with colleagues at CPO to understand and clarify their position.

14. Adjournment

MOTION C-28JUN2018 – M08: Moved by G. Cockman, seconded by S. Stijacic

[Be it moved] That the meeting be adjourned at 2:52 p.m.

CARRIED

Next Meetings:

- September 13, 2018
- November 29, 2018

Registrar's Report to Council September 13, 2018

Controlled Act regulation

- Following the June council meeting, the College's submission of the regulation *Categories of Prescribed Therapies Involving the Practice of Psychotherapy* was made before the July 31, 2018 deadline. Since then, the government's Controlled Act Advisory Committee has been reconvened to consider implementation issues at a system level. The Controlled Act Task Group will be asked to direct staff on the dissemination of resource documents over the coming weeks.

Specifically, the members of the committee will be asked to:

- provide advice on the activities to support the two-year transition period;
- provide advice to address any potential impacts of the regulation and documents by working closely with key partners.

Professional Services Guideline

- The Financial Services Commission of Ontario [Superintendent's Guideline No. 03/14](#) establishes the maximum expenses payable by automobile insurers under the Statutory Accident Benefits Schedule related to the services of any of the health care professions or health care providers listed in the Guideline. Registered Psychotherapists are not listed in the guideline, which was last updated in 2014.

I wrote to the Financial Services Commission of Ontario (FSCO) requesting that the Commission look at rectifying this omission. I received a response from Tom Golfetto, Executive Director of the Automobile Insurance Division at the FSCO (attached).

I would note that Mr. Golfetto indicated that RPs "may submit treatment plans and invoices for services to automobile insurers even if they are not included in the PSG...[T]reatment plans and invoices are submitted with the cost of services usually set by the regulated professional or negotiated with the insurer." This information will be shared with members in the September communique.

He further indicated that CRPO's request would be considered when FSCO next undertakes their annual review of the hourly rates in the PSG.

PLI Audit

- Members are required by regulation to hold Professional Liability Insurance. In order to monitor compliance, staff conducted an audit that began in May 2018.

As this was the first audit, a small sample size was selected in order to evaluate the process. Accordingly, approximately 1% of members were selected for audit, for a total of 60. Staff will evaluate the information gained from the audit and consider if there is a benefit to increasing the number in future audits.

The results of the actual audit were reassuring:

- 17 members were sent the notice of suspension (i.e., did not submit adequate documentation by June 11, 2018)
- All members cleared the audit (i.e., provided documentation by July 11, 2018)
- No members had to be suspended

Private Career Colleges Act

Council is aware from prior meetings that, as part of the registration as a private career college (PCC), schools are required by the Ministry of Training, Colleges and Universities (MTCU) to demonstrate that they meet standards related to their ability to prepare graduates for a given vocation both in terms of the content of their curriculum and the manner in which it is delivered. These two requirements are satisfied by positive assessments by a subject matter expert (SME) and an adult education assessor.

When a profession is regulated, the MTCU routinely looks to the regulatory body to provide the SME assessment. As Council knows, CRPO agreed to provide the assessment for schools that are required by government to register as a PCC and that successfully complete the College's existing review and recognition process. In an effort to support programs – which would have been required to find a separate adult education assessor under the government's existing process - the College entered into discussions with the PCC branch, who agreed that they would consider accepting the College's review and recognition process as satisfying the adult education assessment requirement. The College had the review and recognition process evaluated in order to demonstrate how it meets the adult education assessment requirements and the MTCU accepted this as adequate.

As a result, staff is engaging with the MTCU to ensure that we have an appropriate process in place in order to provide both the SME and adult education assessment for recognised programs. We also continue to be involved in order to be aware of the approach government is taking to registering psychotherapy education and training programs and are able to anticipate and/or respond to any issues that are raised vis-à-vis the College's involvement.

Recruiting Peer Assessors

The College is recruiting qualified members to act as Peer Assessors. [Information for interested RPs has been posted to the College website.](#) Professional members are encouraged to share this information with colleagues who they believe might be interested and well-suited for this important Quality Assurance work.

Membership numbers

Membership numbers continue to increase as the Registration Committee panels work through the grandparenting applications and a growing number of regular route applications. As of August 24, 2018, membership numbers were as follows:

- 6251 Members
 - 554 Qualifying
 - 5591 RP
 - 106 Inactive
 - 81 Suspended
 - 248 Former
 - 7 Revoked
 - 2 Expired

Gender information for members

The Ontario Ministry of Health and Long-Term Care requires that regulatory colleges collect and share information about registrants as part of the [Health Professions Database](#) (HPD) initiative, which is intended to support health human resource planning at a provincial level. Included in this information is the registrant's gender.

Other areas of the government have moved to providing the option to display an 'X' in the sex field (e.g., on an individual's driver's license) to ensure the fair, ethical and equitable treatment of people with trans and non-binary gender identity. To date, the HPD data set only allows members to indicate that they are either male or female and requests from our college and other regulators to make the needed changes have not been obliged.

Given this, CRPO had elected to maintain consistency with the HPD data set in order to facilitate meeting our obligation to submit a full report of member information on an annual basis. Recently, an applicant wrote to raise concerns about the implications of not providing an option that would allow them to accurately reflect their gender identity. As a result, staff is exploring how to make the needed change expediently with the least impact on our ability to make an HPD submission.

Formal Motions to Council

n/a

The Committee Recommends:

- That the Registrar's Report to Council be accepted as presented.

Attachments:

n/a

Respectfully submitted,

Deborah Adams
Registrar

July 26, 2018

Brian Mills
CEO and Superintendent of Financial Services
Financial Services Commission of Ontario
5160 Yonge Street
16th Floor
Toronto, Ontario
M2N 6L9
By email: contactcentre@fSCO.gov.on.ca

Dear Mr. Mills,

I am writing in my capacity as Registrar of the College of Registered Psychotherapists of Ontario in regards to the FSCO's Professional Services Guideline 03/14, which determines the health care professions and providers that are included in the framework that establishes the maximum expenses payable by automobile insurers.

Psychotherapy has been regulated in Ontario since the proclamation of the *Psychotherapy Act* in 2015 and, currently, there are more than 6,000 Registered Psychotherapists in the province. These Registered Psychotherapists provide care through private practice and in health care organizations in the community, in hospitals, rehabilitation facilities, family health teams and other primary care settings.

The College supports measures to remove barriers that are challenging equitable access for Ontarians to the care that Registered Psychotherapists are well-positioned to provide competently and ethically. Currently, Registered Psychotherapists are not included in Guideline 03/14 and so I would like to ask the Financial Services Commission to consider adding them to the registered provider list at the earliest possible date.

Please feel free to be in contact if I can provide any further information that might be useful to the Commission in considering this addition.

Regards,



Deborah Adams, MA, MHSc, CHE
Registrar
/af

**Financial Services
Commission
of Ontario**

**Commission des
services financiers
de l'Ontario**



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Sans frais : 1 800 668 0128

August 10, 2018

Ms. Deborah Adams
Registrar
College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 803
Toronto ON M5G 2J5

Dear Ms. Adams:

Thank you for your letter dated July 26, 2018, sent to the Superintendent of Financial Services, requesting that psychotherapists be added to the Professional Services Guideline (PSG). The Superintendent has forwarded the letter to me for a response.

Regulated health professionals, such as psychotherapists, may submit treatment plans and invoices for services to automobile insurers even if they are not included in the PSG. As is the case with other regulated health professionals not listed in the PSG, treatment plans and invoices are submitted with the cost of services usually set by the regulated professional or negotiated with the insurer.

The Financial Services Commission of Ontario (FSCO) annually reviews the hourly rates in the PSG. FSCO will consider your request as we undertake our review of the PSG.

.../2

Ms. Deborah Adams
Page 2

Thank you again for your letter.

Yours truly,



Tom Golfetto
Executive Director
Automobile Insurance Division
Financial Services Commission of Ontario

Copy: Mr. Brian Mills, Chief Executive Officer and Superintendent of Financial Services

7.1. Client Relations Committee Report to Council

September 13, 2018

| Committee Members |
|--|
| <ul style="list-style-type: none">• Carol Cowan-Levine, RP (Chair)• Shelley Briscoe-Dimock, RP• Sue Lymburner, RP (non-Council appointment)• Steven Stijacic• Mary Kardos Burton• Barbara Locke Billingsley |

Committee meetings:

- July 3, 2018

The July 3, 2018 meeting of the Client Relations Committee was held in order to review a request for funding for therapy or counselling from a client where a formal complaint of sexual abuse by a member had been made.

[Information regarding funding is available on the CRPO website.](#)

Given that this was the first request for funding received by the College, the Committee engaged in thorough and thoughtful discussion regarding the process for approval and the mechanisms for providing funding. The Committee provided direction to staff with regards to the request.

A meeting is booked for September to continue needed policy and guideline development and to consider how to proceed with staff and Council education related to sexual abuse by members.

Formal Motions to Council

- none

The Committee Recommends:

- That the Client Relations Committee's Report to Council be accepted as presented.

Respectfully submitted,

Carol Cowan-Levine, RP
Chair, Client Relations Committee

7.2. Discipline Committee Report to Council

September 13, 2018

| Committee Members |
|---|
| <ul style="list-style-type: none">• Shikha Kasal (Chair)• Heidi Ahonen, RP (Non-Council Committee Member)• Andrew Benedetto, RP• Malcolm MacFarlane, RP• Shelley Briscoe-Dimock, RP• Carol Cowan-Levine, RP• Mary Kardos Burton• Sheldon Kawarsky• Barbara Locke Billingsley• Kenneth Lomp, RP• Miranda Monastero, RP• Pat Rayman, RP• Len Rudner• Steven Stijacic• Kevin VanDerZwet Stafford, RP |

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Since the last Council meeting, no matters have been referred to the Discipline Committee and no hearings have been held. One motion was filed to vary an order previously made by a panel of the Discipline Committee.

Formal Motions to Council

n/a

The Committee Recommends:

- That the Discipline Committee's Report to Council be accepted as presented.

Respectfully submitted,

Shikha Kasal
Chair, Discipline Committee

7.3. Examination Committee Report to Council September 13, 2018

| Committee Members |
|---|
| <ul style="list-style-type: none"> • Kenneth Lomp, RP (Chair) • Andrew Benedetto, RP • Gary Cockman • Sheldon Kawarsky • Barbara Locke Billingsley • Steven Stijacic • Kevin VanDerZwet Stafford, RP |

Committee meetings:

- June 19, 2018 (teleconference)

Panel meetings:

n/a

At the time this report was written, the September 6 meeting had not yet taken place. At the June meeting, the Examination Committee considered the following matters:

Educational Upgrading

The third and final exam attempt is permitted only after the Qualifying member has completed upgrading activities, if any, required by a panel of the Examination Committee.

The Committee revisited a previous motion (from April 2016) regarding the approval of the learning plan for educational upgrading submitted by a candidate. The motion did not specify who determines the successful completion of upgrading activities approved by the Committee.

The Committee decided that the Registrar determines successful completion of approved activities of the educational upgrading candidates.

Examination Appeals

The Committee approved the draft Examination Appeals policy that will help guide the Committee in deciding whether to grant or deny appeals in a way that is transparent, objective, impartial and fair. The Committee directed staff to revise the severity rating levels of the appeals evaluation framework.

Decision Tree

The Committee revisited the decision tree for exam failure framework, designed to help the Committee navigate the pathway for candidates that have failed for a second time. Staff also discussed the current development of test taking/skills courses and other foundation courses by the Mennonite New Life Centre's bridging program that could be useful for the purposes of educational upgrading. The Committee agreed to use the decision tree as a pilot and to revisit it once it had been tested.

Formal Motions to Council

n/a

The Committee Recommends:

- That the Examination Committee's Report to Council be accepted as presented.

Attachments:

n/a

Respectfully submitted,

Kenneth Lomp
Chair, Examination Committee

7.4. Executive Committee Report to Council

September 13, 2018

| Committee Members |
|--|
| <ul style="list-style-type: none"> • Andrew Benedetto, RP (Chair) • Carol Cowan-Levine, RP • Mary Kardos Burton • Sheldon Kawarsky • Malcolm MacFarlane, RP |

Committee meetings:

- July 24, 2018 (teleconference)

Panel meetings:

n/a

At the July 24 meeting, the Executive Committee considered the following matters:

Annual Report 2017-2018

The Executive Committee was provided with a draft of the Annual Report via email on July 25, 2018 in preparation for its presentation to Council. Please see agenda item 15 for the final version of the report.

Committee Chair Training

The Executive Committee discussed changing the date for the tentatively scheduled Committee Chair Training Workshop facilitated by Deanna Williams from September. The committee decided to schedule this training session in early 2019.

Review and Recognition Update

The Executive Committee was informed that the Ministry of Training, Colleges and Universities is prepared to accept the College as a subject matter expert and adult education assessor with regard to the review and recognition process. As part of the adult education assessment, staff will be required to obtain policies and process documents related to program administration. This will not result in any changes to the current review and recognition process.

Non-Council Committee Members and Committee Appointment Process

The Executive Committee discussed whether the College should consider increasing the number of Non-Council Committee Members. Having an increased number of non-elected council members is understood to be an effective way of ensuring that there are a sufficient number of trained and unbiased professional members to support panel work across the College. The Executive will further discuss policies and procedures regarding non-council appointments at a future meeting and will update Council on its findings.

Access to Care Statement

The Executive Committee reviewed a second draft of the CRPO Access to Care Statement and made a decision to defer the item to the September Executive Committee meeting where

they will further discuss the document in person.

Bridge to Registration and Employment in Mental Health

The Executive Committee was informed that registration staff had begun the process of examining how the bridging program, offered by the Mennonite New Life Centre, might be assessed in terms of whether or not it could be evaluated within the framework of the existing education and training program recognition reviews or if some other assessment might be possible, reasonable and useful. The Executive will have a more in-depth discussion at the September Executive meeting.

Formal Motions to Council

n/a

The Committee Recommends:

- That the Executive Committee's Report to Council be accepted as presented.

Attachments:

n/a

Respectfully submitted,

Andrew Benedetto
Chair, Executive Committee

7.5. Inquiries, Complaints and Reports Committee Report to Council September 13, 2018

| Committee Members |
|--|
| <ul style="list-style-type: none"> • Kevin VanDerZwet Stafford, RP (Chair) • Shelley Briscoe-Dimock, RP • Carol Cowan-Levine, RP • Kali Hewitt-Blackie, RP (Non-Council Committee Member) • Mary Kardos Burton • Sheldon Kawarsky • Kenneth Lomp, RP • Pat Rayman, RP • Len Rudner • Steven Stijacic |

Committee meetings:

- None

Panel meetings:

- July 6, 2018
- July 24, 2018
- August 1, 2018
- August 9, 2018

Current Complaints & Reports Summary

| Current fiscal (to date) | April 1, 2018-Present |
|----------------------------|-----------------------|
| Formal Complaints | 17* |
| Registrar's Investigations | 1 |

*one formal complaint has been withdrawn

Recent Allegations

Recent allegations in ICRC matters include confidentiality, competence, general conduct (e.g. professionalism, communication), and discontinuing services.

Interim Order

A panel imposed the ICRC's first interim order, restricting a member's practice while the investigation is ongoing.

Health Professions Appeal and Review Board (HPARB) Update

ICRC received its second decision from an appeal filed with HPARB. The College's decision was confirmed. HPARB orders and reasons are posted on CanLii.

- [W. J.-B. v R. P.](#)

Respectfully submitted,

ICRC Staff

7.6. Quality Assurance Committee Report to Council September 13, 2018

| Committee Members |
|--|
| <ul style="list-style-type: none"> • Andrew Benedetto, RP • Sheldon Kawarsky • Mary Kardos Burton (Chair) • Kenneth Lomp, RP • Malcolm MacFarlane, RP • Pat Rayman, RP • Len Rudner |

Committee meetings:

- August 17, 2018

Panel meetings:

- August 17, 2018

At the August 17, 2018 plenary meeting, the Quality Assurance Committee considered the following matters:

Decision and Reasons (D&R) Review Process

The Committee reviewed the process for the writing of panel decisions. Recognizing the balance of risks and benefits, Committee approved a motion authorizing the Chair to review Notices of Intent and Decision and Reasons on behalf of the panel, with some exceptions. Exceptions include: cases where the panel directs review of the written decision by all panel members, where the Chair requests review by all members, among others.

Focused Evaluation of Peer and Practice Review (PPR) Tools

Committee discussed review of the PPR tools including:

- The background review process that is ongoing and designed to capture emerging issues with tools, infrastructure and administrative processes.
- A focused review process that is intended to enhance the quality of the information gathered during the Peer and Practice Review process.

Committee will review the complete suite of proposed changes to the Peer and Practice Review at its October meeting. However, it opted to review a selection of proposed changes during its August meeting, mainly those which related to the assessment of supervisory relationships in cases where a member reports providing or receiving clinical supervision. The intent of the proposed changes is to gather information about supervisory relationships in an effort to assess the extent to which these relationships are meeting the College's definitions and Standards that relate to clinical supervision. Where these relationships fall below the Standards and/or definitions, the QA Program is designed to respond with member education that is appropriate to the level of risk presented to the public.

Assessor Recruitment

Each year, a number of members are randomly selected for Peer and Practice Review (PPR) as part of the Quality Assurance Program. In addition, PPRs can be ordered by other committees of the College on an as-needed basis. In light of the growing need for these forms of practice assessment, it is necessary for the College to maintain an adequate roster of peer assessors who have the requisite competence and training.

Last year, the QA department encountered significant challenges in recruiting peer assessors. A number of mechanisms were looked at to address these challenges, including:

- Effective communication strategies to promote the peer assessor role.
- Reviewing the peer assessor selection criteria and reducing the clinical experience requirement from 10 years to 5 years, in line with the College's requirements for clinical supervisors.

Committee agreed it would review the peer assessor selection criteria in approximately one year's time to assess whether the changes to the experience requirement yielded the intended result.

Panel

Committee also convened as a panel for the latter portion of the August meeting, where 4 cases were reviewed.

Concluding Remarks

I would like to thank my colleagues on the committee as well as College staff – Jessica, Andrew and Lene. The resources and policies that we develop in this committee are important to members and the College alike, helping to satisfy members' desire for information and providing the College with tools that support its public protection mandate.

Formal Motions to Council

n/a

The Committee Recommends:

That the Quality Assurance Committee's Report to Council be accepted as presented.

Attachments:

N/A

Respectfully submitted,

Mary Kardos Burton
Chair, Quality Assurance Committee

7.7. Registration Committee Report to Council September 13, 2018

| Committee Members |
|--|
| <ul style="list-style-type: none"> • Malcolm MacFarlane, RP (Chair) • Heidi Ahonen, RP (Non-Council Committee Member) • Andrew Benedetto, RP • Gary Cockman • Carol Cowan-Levine, RP • Tamar Kakiashvili (Non-Council Committee Member) • Shikha Kasal • Sheldon Kawarsky • Barbara Locke Billingsley |

Committee meetings:

- n/a

Panel meetings:

- June 29, 2018
- July 5, 2018
- July 13, 2018
- July 27, 2018
- August 24, 2018
- September 7, 2018

Panel Meetings

The July 5 panel meeting was a teleconference that was 20 minutes in length. The other listed meetings were full-day meetings. Below are the statistics for these meetings up to August 23. At the time this report was written, the August 24 and September 7 meetings had not yet taken place.

| | |
|--|----|
| Total applications reviewed between Jun. 29 & Jul. 27 | 72 |
| Approved | 8 |
| Refused | 57 |
| Terms, Conditions & Limitations | 5 |
| Request for more information | 2 |

Health Professions Appeal and Review Board (HPARB) Update

Since the June 28, 2018 Council meeting, the Health Professions Appeal and Review Board (HPARB) has returned seven decisions. In the first through sixth decisions (decisions 1-6), HPARB confirmed the decision of the Registration panel refusing registration. In the seventh decision, the matter was returned back to the Registration panel requiring it to reconsider the decision in accordance with reasons contained in HPARB's decision. The applicant was subsequently registered following reconsideration

HPARB orders and reasons are posted on CanLii. These are linked below:

- [N.H. v. Ontario \(College of Registered Psychotherapists\)](#)
- [K.J.W. v. Ontario \(College of Registered Psychotherapists\)](#)
- [B.S. v. College of Registered Psychotherapists of Ontario](#)
- [F.N. v. College of Registered Psychotherapists of Ontario](#)
- [N.P. v. College of Registered Psychotherapists of Ontario](#)
- [J.L. v. College of Registered Psychotherapists of Ontario](#)
- [M.G. v. College of Registered Psychotherapists of Ontario](#)

Recognized Education Programs Update

- A report from Word it Write (WIW) recommended College recognition of the Toronto Art Therapy Institute's Graduate Level Diploma in Art Therapy. The Registration Committee accepted the recommendation that the program be recognized.
- A report from WIW recommended College recognition of the Martin Luther University College's Master of Arts in Theology – Spiritual Care and Psychotherapy program. The Registration Committee accepted the recommendation that the program be recognized.

The Committee Recommends:

- That the Registration Committee's Report to Council be accepted as presented.

Attachments:

n/a

Respectfully submitted,

Malcolm MacFarlane
Chair, Registration Committee

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 13, 2018 |
| Agenda Item # | 9 |
| Issue: | Electronic Practice |
| Attachment(s): | Draft Electronic Practice Guideline |
| References: | Professional Practice Standard 3.4: Electronic Practice |
| For: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | L. Marttinen |
| Submitted by: | Quality Assurance Committee |

Background:

In the meeting, Council will be asked to review the Quality Assurance (QA) Committee’s latest iteration of the draft Electronic Practice Guideline and consider whether the guideline can be circulated for public consultation.

Council last heard about the subject of electronic practice in May 2017, when staff members described this as a priority topic based on trends observed at that time, in particular:

- it is in the top 5 most frequently asked questions received by the Practice Advisory Service; and
- aggregate results from member participation in the QA Program’s Peer and Practice Reviews has shown that electronic practice can present a variety of challenges for members.

Development of the guideline began in June of the same year and included review by committee and a focus group consisting of members of the profession with significant experience in electronic practice.

The purpose of the guidelines is to clarify the Professional Practice Standards. In this case, the guideline would supplement Standard 3.4: Electronic Practice.

Key Considerations:

Benefits

Clarification of Standards is beneficial to members and the College alike, as described in the table below:

| Members | The College |
|--|--|
| Receive clear, consistent information regarding a particular area of practice. | Has a resource that can be relied upon to determine when a member may or may not have met the standard in an area of practice. |

Costs

There is always a risk that information provided in a clarification document can conflict in some way with an already established standard. This risk is mitigated through careful analysis of the content, when the College acknowledges the hierarchy of “sources of authority” in a preface statement, and by swiftly and appropriately addressing any feedback that indicates a conflict may exist.

Other Considerations

- There are no special financial considerations in the development of this guideline.

- After the guideline undergoes public consultation, all feedback will be reviewed by QA Committee, and a revised guideline will be presented to Council for final approval.

Options

| Option A | Option B | Option C |
|--|--|---|
| <p>Council approves the guideline, as presented, for public consultation.</p> <p>If Council selects this option, any feedback arising from the Council meeting would be considered by QA Committee alongside the feedback that emerges from the public consultation.</p> | <p>Council recommends further review by QAC.</p> <p>Council may select this option if it is of the opinion that further consideration is required by QA Committee before the guideline can be circulated for public consultation. Council would provide substantive feedback for consideration by Committee.</p> | <p>Council may identify an alternate option, at its discretion.</p> |

Recommendations:

That Council approves the draft Electronic Practice Guideline for public consultation, as described in Option A.

Implementation date:

Effective as of mid-October, at which time the public consultation will be announced in the Communiqué.

Proposed Motion:

[Be it moved] that Council approves the draft Electronic Practice Guideline for public consultation.

DRAFT Electronic Practice Guideline

Introduction

The Electronic Practice Guideline provides additional information that may be helpful to members who currently provide, or who are considering providing, psychotherapy services using electronic communications technologies.

Members may rely on electronic communications technologies for a variety of purposes, for example, to set appointments, to relay information or check in with clients between sessions, or as a means to engage with a client in the therapeutic process.

Though the principles of this guideline will apply in any interaction with a client that is mediated by communications technology, even those that are administrative in nature (e.g. booking appointments), this guideline particularly applies in situations where a member is using electronic communications technology as a means to engage with a client in the therapeutic process.

Regardless of the format (e.g. face-to-face, phone, videoconference) in which the Member practises, CRPO's Regulations, Code of Ethics and Professional Practice Standards continue to apply.

Applicable Standard

This guideline complements Professional Practice Standard 3.4: Electronic Practice.

Note

Guidelines published by CRPO are intended to clarify CRPO's Professional Practice Standards, providing additional information that will help a member consider or respond to common situations that arise in practice in a manner that accords with the Standards.

Information provided in a guideline is to be considered along with other relevant sources of information, such as the Code of Ethics, applicable Standards, regulations, and laws. Members must rely on their knowledge, skill and judgment to determine when it is appropriate to apply a particular guideline, being mindful that ultimately, members are responsible for their own actions.

Guidelines

1 Electronic Practice

A member is considered to have an electronic practice when they rely on communications technologies to engage with clients in the therapeutic process. Examples of communications technologies that have been relied upon for this purpose include the following:

- Phone or voiceover internet protocol (VOIP)
- Email or chat
- Videoconference
- Other formats which may be variations of the above, or entirely novel

2 Acceptable Communications Technologies

Members may use communications technologies providing they are able to do so in accordance with law, regulation and the Professional Practice Standards for Registered Psychotherapists. Communications technologies employed by members of CRPO must conform to their duty to safeguard the personal health information of clients. Other considerations in selecting a platform may include the appropriateness of the technology in light of client safety and the services that will be provided.

Particular considerations and challenges presented by the communications technology must be addressed by the Member to ensure that the technology can be used reliably and effectively.

3 Confidentiality

CRPO's Professional Practice Standards recognize confidentiality as a cornerstone of the psychotherapy profession. A client's right to confidentiality is also set out in law. According to section 12(1) of the *Personal Health Information Protection Act*, Members who have access to or control over client personal health information must take reasonable measures to safeguard the information, protecting it against theft, loss and unauthorized use, disclosure, copying, modification or disposal.

Personal health information is transferred almost any time a member communicates with a client using communications technology, including when appointments are booked, during sessions, at time of payment, and during check-ins that may occur between sessions. Using technologies and/or devices that provide encryption, require a password, or which possess other features designed to restrict data loss, unauthorized use and access are examples of reasonable measures a member can employ to safeguard the confidentiality of client information.

4 Competence

In consideration of the distinct therapeutic milieu that electronic practice presents, the member must possess the array of competencies that are necessary to engage clients in a safe, effective therapeutic process, including at intake and when services are discontinued. Before engaging any client in therapy, the member must be sufficiently capable of using the particular communication technology such that the member is able to:

- recognize the potential impacts of the use of the technology with regard to the client-therapist relationship and the therapeutic process;
- recognize the limitations of confidentiality presented by the platform;
- identify how platform users can protect their personal health information;
- develop an effective contingency plan to address instances of technical failure;
- troubleshoot common issues that might arise.

Members should consider receiving training and/or clinical supervision in this area of practice. Refer to the standards on Competence for more information about when it may be appropriate or necessary to obtain clinical supervision.

5 Appropriateness

Therapy must have a reasonable prospect of benefit to the client. In some cases, therapy via communications technology would be ineffective or inappropriate. In such cases, alternate options may

be more appropriate, for example, offering services in another format (e.g. face-to-face) and/or referral to other services, such as those located near the client.

To assess whether it is appropriate to provide therapy, or to continue providing therapy, via a particular communications technology consider:

- The nature of the therapeutic relationship.
- The nature of the client's concerns.
- Shifts in the depth or focus of the therapy and changes to the therapeutic plan.
- The client's ability to access the technology reliably and in a safe, private setting.
- The client's overall capabilities, comfort and familiarity with the technology.
- The client's capacity to participate.
- Access to local supports.
- And other relevant information.

In some situations, electronic practice may be contraindicated, for example, when a client is suicidal, experiencing crisis, or when the client would benefit from face-to-face therapy.

6 Informed Consent

Members may provide professional services (i.e. assessment and treatment) using communications technology with the prior consent of the client. Members must provide information about the technology that will be employed in the course of the therapeutic relationship, in particular, potential risks associated with the technology.

Part of the informed consent discussion will address the collection, use and disclosure of a client's personal health information. This is an opportunity to describe record-keeping practices in light of the member's electronic practice. For example, clients may be interested to know whether email communications are stored separately or in the clinical record, or whether sessions can be recorded. Consider these matters carefully, as emails and recordings effectively serve as transcripts of the therapy.

See Standard 3.2: Consent for more information regarding the details that must be included in the informed consent discussion.

7 Contract

As members are required to enter into a contract with a client before providing services via communications technology, members are encouraged to consider a contract in writing. Such communications with the client must be documented in the clinical record, as they are considered to be a part of the informed consent process.

In addition to the other information ordinarily provided in the contract, consider including the following:

- Name of the technology that will be used.
- Particular risks or benefits associated with the technology, including the limitations of the technology in cases where a client is in crisis.
- Steps to be taken in the event of a technology disruption or when a client is in crisis.
- Therapist's responsibility to maintain confidentiality, and measures that are employed to preserve confidentiality, and limitations to confidentiality.
- Measures a client can employ to protect their privacy and personal health information.
- Practice policies relevant to electronic practice (e.g. payment methods, appointment cancellations, disruption in services).
- The therapist's usual hours of work and average response times to between-session communications from clients.
- That the member is a regulated health professional, and CRPO's contact information, upon request.

8 Professional Liability Insurance

As described in Standard 3.4: Electronic Practice, members must ensure that their professional liability insurance covers electronic practice.

9 Services where a client resides in another jurisdiction

If providing services to clients who are located in another jurisdiction (e.g. in another province or country), ensure your insurance coverage will apply.

In addition to abiding by the laws of Ontario and the standards set by CRPO, a Member who provides services to a client in another jurisdiction may be required to also abide by the laws and standards of that jurisdiction.

Other Resources

The [Information and Privacy Commissioner of Ontario](#) is a valuable resource that routinely posts information for professionals, for example, the [Fact Sheet on Communicating Personal Health Information by Email](#).

DRAFT

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 13, 2018 |
| Agenda Item # | 10 |
| Issue: | Prescribed Regulatory Education |
| Attachment(s): | N/A |
| References: | Health Professions Procedural Code , under the Regulated Health Professions Act, 1991 Quality Assurance Regulation under the Psychotherapy Act, 2007 |
| For: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/> |
| Staff Contact: | L. Marttinen |
| Submitted by: | Quality Assurance Committee |

Purpose:

In this meeting, Council will learn how prescribed regulatory education can serve as a valuable risk-prevention tool, how it fits into the overall framework of the QA Program, and how appropriate and timely PRE topics can be identified.

Background:

“Prevention through education” is a widely accepted approach to risk management and is routinely used in the health care and public health sectors. Developing effective education-based strategies requires an understanding of the risks and the populations most likely to be involved.

As a health profession regulator, CRPO has a role in risk prevention. By acting to prevent risk, the College is taking measures to meet its public protection mandate and may be able to influence the incidence of complaints in particular areas of practice.

The College is in a continual information-gathering process, receiving data from a variety of inputs including:

- General and practice-related inquiries
- Complaints and discipline process
- Quality Assurance Program

As it should, this information routinely shapes CRPO’s responses to particular issues and initiatives it undertakes.

The express purpose of the Quality Assurance Program is to promote improvement in professional practice. This is achieved through a combination of efforts, for example: promoting reflective practice, encouraging engagement in professional development opportunities, and guided practice review.

Where the Program is able to meet its purpose effectively, it can:

- Raise the standard of practice in the profession as a whole
- Support individual members to identify and address learning needs
- Mitigate risk of harm through prevention

The concept of member participation in a mandatory learning activity (developed and made available by the College) was introduced to Council in February 2018. Such initiatives are often called “prescribed regulatory education” (PRE) in the jargon of the regulatory sector. In that meeting, Council provided feedback about feasibility and member response to such an initiative. Recognizing the benefits of such

a program in light of concerns about cost and member's possible responses, the Quality Assurance Committee approved a policy to incorporate PRE into the framework of the overall Quality Assurance Program.

Key Considerations:

A summary of considerations for the purposes of this discussion are as follows:

- The duty (public protection) and objects (e.g. developing standards, establishing specific programs, promoting inter-professional collaboration) of the College, as they are described in the Health Professions Procedural Code (see References on first page).
- The QA department has already gathered sufficient information from multiple sources to identify common issues arising in professional practice. A next step is to prioritize these issues.
- At least one other health profession regulator has deployed an effective, well-received PRE initiative.
- Though the subject of the learning activity and the activity's format are yet to be determined, existing technical infrastructure and staffing resources can support deployment of such an initiative.

Recommendations:

N/A

Implementation date:

TBD, as the research and planning phase remains underway.

Proposed Motion:

N/A

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 13, 2018 |
| Agenda Item # | 13 |
| Issue: | Election of Officers |
| Attachment(s): | n/a |
| References: | CRPO By-laws |
| For: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams |

Background:

Schedule 1 of CRPO's By-laws specify that Council will elect members of the Executive Committee at its first regularly scheduled meeting that occurs after Council elections, which concluded on June 23, 2018.

At the June Council meeting, Council members were provided with the notice of election of officers and nomination forms. Council members were invited to submit their nominations to run for the positions of President, Vice-President, and three members (at-large) by 5:00 p.m. on August 30, 2018 with the election taking place at the September 13 Council meeting. Section 13.01 of the by-laws state: "The Executive Committee shall be composed of the President, the Vice-President and three (3) members of Council. Three (3) members of the Executive Committee shall be Members and two (2) members of the Executive Committee shall be Public Members."

The following Council members were nominated for the position of President:

- Andrew Benedetto

The following Council members were nominated for the position of Vice-President:

- Malcolm MacFarlane

The following Council members were nominated for a position as members of Executive Committee:

- Carol Cowan-Levine
- Sheldon Kawarsky
- Steven Stijacic

As no other nominations were received, and those that were submitted fulfill the requirement that three members of the Executive be professional members, and two public members, all five positions for Executive Committee have been won by acclamation.

Proposed Motion:

[Be it moved] that Council accepts the acclamation of Andrew Benedetto as President; the acclamation of Malcolm MacFarlane as Vice President; the acclamation of Carol Cowan-Levine as Member (Professional); and the acclamations of Sheldon Kawarsky and Steven Stijacic as Members (Public) of the Executive Committee.

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 13, 2018 |
| Agenda Item # | 15 |
| Issue: | Annual Report 2017-2018 |
| Attachment(s): | Annual Report 2017-2018 |
| References: | n/a |
| For: | Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/> |
| Staff Contact: | S. Hikel |

Background:

The *Regulated Health Professions Act, 1994*, states that each college must annually report to the Minister of Health regarding its activities and financial affairs. s. 6 (1).

The CRPO's Annual Report 2017-2018 takes a "lessons learned" approach. With these lessons in mind, the CRPO is poised to move forward using the "right touch regulation" approach, one that encourages regulators to better understand the problem before jumping to a solution (see agenda item 17).

The annual report has been published in digital format and has been optimized for use on mobile devices and desktops. [Click here to review the Annual Report 2017-2018.](#)

Key Considerations:

- All committee chairs have had the opportunity to review on the annual committee reports and have provided their feedback to staff.
- The draft annual report has been circulated to the Executive Committee.
- The annual financial statements will be reviewed and approved in-camera (see agenda item 14).

Recommendations:

The Annual Report 2017-2018 is being brought forward to Council for information only.

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 13, 2018 |
| Agenda Item # | 19 |
| Issue: | Proposed meeting dates 2019 |
| Attachment(s): | n/a |
| References: | n/a |
| For: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | A. Fournier |

Background:

To ensure availability and attendance at Council meetings as well as attendance at relevant training (e.g., committee chair training, strategic planning), College staff is proposing the following meeting dates in 2019. Since in-person attendance at Council is preferable, staff has reached out to all Council members to determine any dates in 2019 that they are unavailable and has made every effort to accommodate all members of Council.

Council meetings in 2019 will take place at the CRPO in the board room and will be scheduled from 9:30-3:30. If you are unable to attend any of the council meetings on the dates listed, please contact Andrew Benedetto, President.

| |
|----------------------------------|
| Council 2019 |
| February 14 – strategic planning |
| February 15 – council meeting |
| June 20 |
| September 12 |
| November 21 |