

COUNCIL AGENDA

Date: Thursday, November 29, 2018
Time: 9:30 a.m. to 1:45 p.m.
Location: 375 University Avenue, Suite 803; Boardroom
Chair: Andrew Benedetto, President

	Time	Item	Pg.	Action	Attachments	Lead
1.	9:30	Welcome and Opening Remarks		INFORMATION		A. Benedetto
2.	9:31	Approval of Agenda	1-2	APPROVAL		A. Benedetto
3.	9:32	Approval of Draft Minutes • <i>September 12, 2018</i>	3-8	APPROVAL	1. Draft minutes of Sept. 12/18	A. Benedetto
4.		Conflict of Interest Declarations		INFORMATION		
5.	9:35	President's Remarks		INFORMATION		A. Benedetto
6.	9:40	Registrar's Report	9-11	INFORMATION	1. Registrar's Report	D. Adams
7.	9:45	Committee Reports to Council 7.1. <i>Client Relations</i> 7.2. <i>Examination</i> 7.3. <i>Executive</i> 7.4. <i>Inquiries, Complaints & Reports</i> 7.5. <i>Quality Assurance</i> 7.6. <i>Registration</i>	12-26	INFORMATION	Committee Reports	
8.	10:00	<u>Update:</u> Public Member Appointments		INFORMATION		D. Adams
9.	10:15	<u>Draft guideline:</u> <i>Sexual Contact with Former Clients beyond Five-Years Post Termination of Care</i>	27-32	DIRECTION	1. Briefing Note 2. Draft guideline	C. Cowan Levine
10.	10:30	<u>Draft regulation:</u> <i>Defining Client for Sexual Abuse Provisions</i>	33-37	DIRECTION	1. Briefing Note 2. Draft regulation	C. Cowan Levine
BREAK (10:45-11:00)						
11.	11:00	<u>Draft Guideline:</u> Electronic Practice	38-47	DIRECTION	1. Briefing Note 2. Draft guideline 3. Draft security practices check list	L. Marttinen
12.	11:25	Access to Care Statement	48-50	INFORMATION	1. Briefing Note 2. Draft Access to Care statement	D. Adams
13.	11:35	<u>Update:</u> Controlled Act Task Group		INFORMATION		D. Adams
14.	11:50	<u>Update:</u> Member Town Halls		INFORMATION		D. Adams
LUNCH (12:00-12:45)						

15.	12:45	<u>Presentation:</u> Social Media		EDUCATION		S. Hikel
16.	1:15	<u>Presentation:</u> Conflict of Interest		EDUCATION		M. Pioro
17.	1:30	Question Period				
18.	1:45	ADJOURNMENT				
		Next Council Meetings: <ul style="list-style-type: none"> • March 1, 2019 • June 21, 2019 • September 12, 2019 • November 21, 2019 				

COUNCIL MINUTES

Thursday, September 13, 2018

9:30 a.m. to 3:30 p.m.

375 University Avenue, Suite 803

Council Members:

Andrew Benedetto, RP (President & Chair)
Barbara Locke Billingsley
Shelley Briscoe-Dimock, RP
Gary Cockman
Carol Cowan-Levine, RP
Mary Kardos Burton
Shikha Kasal
Sheldon Kawarsky
Kenneth Lomp, RP
Malcolm MacFarlane, RP (Vice-President)
Miranda Monastero, RP
Pat Rayman, RP
Len Rudner
Steven Stijacic
Kevin VanDerZwet Stafford, RP

Staff Members:

Deborah Adams, Registrar
Janice D'Souza, Registration Coordinator
Jo Anne Falkenburger, Director of Operations & HR
Amy Fournier, Executive Coordinator (Recorder)
Taya Henry, Registration Coordinator
Sabina Hikel, Manager, Communications
Andrew Laughton, Coordinator, Registration & QA
Lene Martinen, Manager, Quality Assurance
Mark Pioro, Director, Professional Conduct & Deputy Registrar

1. Welcome and Opening Remarks

A. Benedetto, President & Chair, called the meeting to order at 9:35 a.m. and welcomed all present.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-13SEP2018 – M01: Moved by K. Lomp, seconded by K. VanDerZwet Stafford

That the agenda of the September 13, 2018, meeting of Council be approved as presented.

CARRIED

3. Approval of Draft Minutes

The Chair introduced the draft minutes from the September 13, 2018 Council meeting.

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

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

CARRIED

4. Conflict of Interest Declarations

None declared.

5. President's Remarks

A. Benedetto noted that the strategic planning process is underway and member town halls will inform the beginning of the strategic planning process.

6. Registrar's Report

D. Adams, Registrar, introduced her report to Council and highlighted the letter that was sent to the Financial Services Commission of Ontario (FSCO) regarding the absence of RPs on the list of regulated providers authorized to provide care in relation to motor vehicle accidents. The letter addressed the issue of access to care with the provider of choice and with the expectation of continuity of care.

The CRPO is currently recruiting peer and practice assessors and have received 14 applications to date. Assessors will be selected in the coming months.

CRPO staff is busy preparing for the upcoming OACCPP conference on September 20, 2018, where they will be presenting at a preconference event devoted to preparing professionals for practice. In addition, staff will be presenting at the Council for Licensure, Enforcement and Regulation (CLEAR) conference in Philadelphia the last week of September.

D. Adams provided an update on public member appointments, noting that five current public members have terms expiring in October and November. Reappointment paperwork was submitted to the Public Appointments Secretariat on July 3, 2018, when the Minister of Health was appointed, but no information has followed from government since the paperwork was filed. If these five public members are not reappointed ahead of the expiration of their terms, CRPO Council will be un-constituted.

7. Committee Reports to Council

7.1. Client Relations

C. Cowan-Levine, Chair, presented the Client Relations Committee report to Council noting that the committee received their first request for funding for therapy or counselling from a client alleging sexual abuse by a Registered Psychotherapist. C. Cowan-Levine stated that more information was requested by the committee from the client and that thorough deliberations were undertaken in approving the funding and in considering the needed processes that need to be developed to respond to future requests.

7.2. Discipline

S. Kasal, Chair, presented the Discipline Committee report to Council and indicated that there have been no referrals to discipline since January 2018. There is one referral to discipline that is awaiting scheduling. One motion was filed by a member to vary an order made by the panel regarding course completion. The motion was granted on August 29 with an extension to complete the required course by October 25.

7.3. Examination

K. Lomp, Chair, presented the Examination Committee report noting that resources are being

developed to assist the committee in decision-making that is transparent and fair.

7.4. Executive

A. Benedetto, Chair, presented the Executive Committee report to Council and thanked Mary Kardos Burton, who has completed her second one-year term on the committee, for her many contributions over the last two years.

7.5. Inquiries, Complaints & Reports Committee

K. VanDerZwet Stafford, Chair, presented the ICRC report to Council thanking the committee members for their diligent panel work and thanked Pat Rayman for stepping in to chair a panel.

7.6. Quality Assurance

M. Kardos Burton, Chair, presented the QAC report to Council and highlighted that the peer and practice assessor job description recently changed from requiring a minimum of 10 years' experience as a psychotherapist to now requiring a minimum of five years' experience, which has resulted in an increased interest in eligible candidates. M. Kardos Burton also noted that a QA panel is scheduled to take place in October.

7.7. Registration

M. MacFarlane, Chair, presented the Registration Committee report to Council noting that the committee's focus has been on panels. It was also noted that the committee is making progress on the grandparenting applications and hopes to meet the target of completing all grandparenting applications by the end of the fiscal year.

8. Committee Appointments

A. Benedetto, Chair, informed Council that the Executive Committee recommends the appointment of M. Monastero to the Quality Assurance and Inquiries, Complaints and Reports Committee.

MOTION C-13SEP2018 – M03: Moved by L. Rudner, seconded by K. Lomp

That M. Monastero be appointed to the Inquiries, Complaints and Reports Committee and the Quality Assurance Committee.

CARRIED

9. Electronic Practice Guideline

A. Laughton, Coordinator, Registration & Quality Assurance, presented Council with background information on the Electronic Practice Guideline and provided a timeline of the guideline's development at committee level, including consultation with a focus group comprised of Registered Psychotherapists. The focus group provided significant suggestions to the guideline, including: when electronic practice is not appropriate, and the unique milieu that requires competency specific to the form of practice.

Council discussed how the guideline could better incorporate the use of social media platforms and suggested that the QAC incorporate further information regarding privacy, security and Personal Health Information Protection Act (PHIPA). Council also sought clarification regarding services provided to a client in another jurisdiction.

Council directed the Quality Assurance Committee to review the draft Electronic Practice Guideline

further and suggested adding more relevant resources regarding PHIPA and providing more comprehensive information regarding providing services to clients in other jurisdictions.

MOTION C-13SEP2018 – M04: Moved by C. Cowan-Levine, seconded by K. VanDerZwet Stafford

That the draft Electronic Practice Guideline be returned to the Quality Assurance Committee for further review.

CARRIED

10. Prescribed Regulatory Education

L. Marttinen, Manager, Quality Assurance, highlighted the work that the QAC has done at the committee level with regards to prescribed regulatory education. This item was brought forward to council for information and education.

11. *Categories of Prescribed Therapies Involving the Practice of Psychotherapy Regulation* Submission Update

D. Adams, Registrar, informed council that the Controlled Act regulation submission was made to the Ministry of Health on June 29, 2018, in accordance with the Minister's direction. Most recently, D. Adams and C. Cowan-Levine, Controlled Act Task Group (CATG) Chair, met with the Controlled Act Access Committee (CAAC) on August 1 to discuss how to have consistent messages across the various sectors that are impacted by the regulation. While the operational work now falls on the various ministries and branches of government, the CRPO will continue to participate in work led by government. The CATG met on September 12 to explore 'next steps', particularly regarding how to best disseminate the suite of documents. The CATG agreed in principle on a three-pronged approach:

1. Letter thanking stakeholders for participation & articulating our next steps in summary
2. Practical 'internal' usage of each component – incorporating self-assessment tool into the registration process
3. Supporting wider 'external usage' of the documents by stakeholders

The CATG will be kept up-to-date regarding the CAAC work and will reconvene as needed. Staff will disseminate the documents through the Registration Committee and communication with members and will incorporate in other areas, as required (e.g. jurisprudence).

12. Clinical Supervision Update

D. Adams, Registrar, informed council that staff would be meeting with College of Psychologists of Ontario (CPO) in September. Further updates and information will be provided at the November 29 council meeting after the Registration Committee meets in October.

13. Election of Officers

D. Adams, Registrar, introduced the topic noting that in accordance with the CRPO by-laws, “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.” When there is only one nominee for a position, that person shall be elected via acclamation. D. Adams offered her congratulations to Andrew Benedetto (president), Malcolm MacFarlane (vice president), Carol Cowan-Levine, Sheldon Kawarsky and Steven Stijacic on their positions on Executive. The first meeting of the new Executive will take place tomorrow.

MOTION C-13SEP2018 – M05: Moved by K. VanDerZwet Stafford, seconded by G. Cockman

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.

CARRIED

14. IN CAMERA: 2017-2018 Audited Financial Statements

MOTION C-13SEP2018 – M06: Moved by S. Kawarsky, seconded by M. MacFarlane

That the public be excluded from the meeting pursuant to clause 7.2 (b) of the *Health Professions Procedural Code of the Regulated Health Professions Act*, in that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public at 11:32 a.m.

CARRIED

MOTION C-13SEP2018 – M07: Moved by C. Cowan-Levine, seconded by M. Kardos Burton

That the meeting resume open session at 1:30 PM.

CARRIED

15. Annual Report 2017-2018

D. Adams, Registrar, presented Council with the annual report noting that the report demonstrates a step forward in the CRPO’s efforts to be transparent and accountable. D. Adams thanked staff and committee chairs for their work on the annual report. The report will be submitted to the Minister of Health by September 20.

16. CRPO Member Town Hall Update

A. Benedetto, President & Chair, provided Council with an update on registration for town halls.

17. Presentation: Right Touch Regulation

D. Adams, Registrar, introduced the concepts of right touch regulation, providing Council with background on the origins of this regulatory approach and how it can be useful to CRPO when we engage in strategic planning in 2019.

18. Presentation: Health Professions Appeal & Review Board (HPARB) Update

M. Piore, Deputy Registrar, noted that it has been approximately three years since statutory committees have been making appealable decisions. M. Piore provided statistics on HPARB outcomes and presented highlights of those outcomes. All decisions are available on the [CanLii](#) website.

19. Proposed Council Meeting Dates 2019 & Strategic Planning Update

The strategic planning day is scheduled to take place on February 28, 2019. This meeting is not open to the public.

Council agreed on the following meeting dates for 2019:

- March 1, 2019
- June 20, 2019
- September 12, 2019
- November 21, 2019

All meetings will take place at the CRPO from 9:30-3:30.

20. Question Period

21. Adjournment

MOTION C-13SEP2018 – M07: Moved by S. Kawarsky, seconded by C. Cowan-Levine

That the meeting be adjourned at 3:14 p.m.

CARRIED

Registrar's Report to Council

November 29, 2018

Public Appointments

The [Public Appointments Secretariat](#) (PAS) oversees all Ontario government appointments to provincial agencies and other community boards and organizations. Since the new government took office at the end of June 2018, the PAS has not made any new appointments or reappointments to RHPA colleges. This has left six of 26 colleges without adequate public members to be properly constituted. Having lost one public member whose term expired in October, CRPO will not be properly constituted as of Saturday, November 17 if appointments are not completed when the terms of four more public members expire. By December, there will be a total of 10 RHPA colleges in the same position

Staff are working to ensure that the College can continue to fulfil its mandate, particularly in terms of being able to properly constituting panels to review registration applications, screen complaints and reports and run disciplinary proceedings.

While the College awaits appointments, Council will be asked to consider decisions that are pressing and to provide direction on ongoing work. Any issues that may be contentious or that would seem to require full Council approval (i.e., those matters stipulated in s.12 (1) of the code: making, amending or revoking a regulation or by-law) will be held back until Council is fully constituted.

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 are received. As of November 14, 2018, membership numbers were as follows:

- 6520 Members
 - 687 Qualifying
 - 5732 RP
 - 101 Inactive
 - 70 Suspended
 - 256 Former
 - 7 Revoked
 - 2 Expired

At the time of writing, the entire backlog of granparenting applications has been reviewed and so final panels can now be scheduled for January and February 2019 to deal with them.

Federation of Health Regulatory Colleges of Ontario

Federation of Health Regulatory Colleges of Ontario (FHRCO) continues its efforts to promote the regulatory framework to the people of Ontario. As part of these efforts, FHRCO hosted a booth at the Zoomer show in Toronto on October 27 and 28. The Zoomer show is a lifestyle expo for people aged 45+, with an estimated 30,000+ attendees. Representatives from FHCRO were available to answer questions from the public about the work of the Colleges in the interest of public protection.

I will be attending, along with President A. Benedetto, a workshop on governance that FHCRO will be holding next month and will report back on this at the Council's next meeting.

Ontario Ministry of Health and Long-Term Care (MOHLTC)

There has been a reorganization at the MOHLTC that sees the staff responsible for health workforce regulatory oversight move into the Strategic Policy and Planning branch, led by Assistant Deputy Minister Patrick Dicerni. An email from Deputy Minister Helen Angus notes that this is intended to “embed innovation earlier in the development of [their] strategic direction.”

According to the Ministry, the reorganization result in:

- Aligning acute and emergency services, bringing hospitals, provincial programs and emergency services together;
- Bringing together community and mental health and addictions services, including integrating youth mental health services;
- Ensuring end-to-end planning and implementation for long-term care homes;
- Integrating capital, workforce and system capacity planning;
- Aligning the Chief Medical Officer of Health with population and public health oversight;
- Combining public drug programs and assistive devices;
- Better connecting the Provincial Chief Nursing Officer with policy to provide strategic clinical nursing expertise on a broad range of health care policy and transformation initiatives. Aligning our policy, research, and innovation work to ensure patient-focused outcomes; and
- Centralizing the responsibilities for LHIN-managed health services under an Associate aligned with key capacity, workforce and planning functions allowing for end-to-end management of health services for better outcomes and improved integration.

A new [organizational chart](#) has been posted to the Ministry's website and it details all of the changes.

Office of the Fairness Commissioner (OFC)

The Fairness Commissioner's [2017-2018 Annual Report](#) is now available on the Office's website.

The following explanatory note was included in an email accompanying the release of the report: “The last fiscal year was an important year for the OFC as it transitioned to a new governance structure to improve agency accountability. This transition supports the Fairness Commissioner's shift towards becoming a more effective, modern regulator with greater access to expertise, data and administrative support in fulfilling its missions.”

Staff will be reviewing the report and working with the Registration Committee in order to ensure that the College is prepared to respond to expected data requests from the OFC over the coming months.

Of note is the fact that the OFC has been moved from the Ministry of Citizenship and Immigration to the Ministry of Colleges, Training and Universities. The OFC provides reports to the Ministries that have responsibilities for regulatory Colleges, in our case the Ministry of Health and Long-Term Care (MOHLTC).

Presentations

Council on Licensure Enforcement and Regulation (CLEAR)

Along with M. Piro and T. Kanwar, I attended the [38th Annual Educational Conference](#) for CLEAR, which was held September 26 to 29, 2018 in Philadelphia, Pennsylvania. M. Piro and T. Kanwar presented on *Appeal-Proof Registration Practices (and Some Pitfalls to Avoid): The Case of CRPO*. I participated as part of a panel to present *Eroding Excellence: Identifying and Responding to False Credentials from “Degree Mills”* and moderated a presentation by lawyers Robin McKechney and Julie Maciura entitled *Innovations in Dealing with Addicted and Mentally Ill Licensees – What Can Be Done to Help?*

Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP)

A staff team including L. Marttinen, S. Fraser, J. Smith, T. Kanwar and I presented at the 40th Annual OACCPP Conference on September 20, 2018. Our presentation, *Paving the Path for Career Development as a Regulated Professional: A Lightning Round with CRPO* covered all the College’s areas of work and provided an opportunity for members and applicants to ask questions.

Upcoming presentations

I will be presenting to the Executive Directors of the Ontario chapter of the Canadian Mental Health Association (CMHA – Ontario) on November 16. The group has asked for an opportunity to hear about and discuss the controlled act resources developed by the College.

S. Fraser and I will be delivering a webinar to the members of CMHA-Ontario along with the members of Children’s Mental Health Ontario and Addictions and Mental Health Ontario on December 5. The presentation will cover both the controlled act and the registration process.

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

7.1. Client Relations Committee Report to Council

November 29, 2018

Committee Members
<ul style="list-style-type: none"> • Carol Cowan-Levine, RP (Chair) • Shelley Briscoe-Dimock, RP • Sue Lymburner, RP (Non-Council Committee Member) • Steven Stijacic • Mary Kardos Burton (until November 17, 2018) • Barbara Locke Billingsley (until November 17, 2018)

Committee meetings:

- September 18, 2018
- October 30, 2018

Panel meetings:

- October 30, 2018

At the September 18, 2018, plenary meeting the Client Relations Committee considered the following matters:

Guideline: *Sexual Contact with Former Clients beyond Five-years Post Termination of Care*

See agenda item 9.

Sexual Abuse Education

The Committee approved the plan for an education program about sexual abuse for committee and council members that is currently being designed by Sabina Hikel, Acting Manager, Communications. Cheri Huys from the Niagara Sexual Assault Centre is being consulted as a subject matter expert. The committee anticipated that the education program will be rolled out in September 2020.

Funding for Therapy & Counselling for Sexual Abuse by CRPO Members

The Committee discussed the process for approving and disbursing [funding for therapy and counselling for sexual abuse by members of CRPO](#) in accordance with O. Reg. 59/94: Funding for Therapy or Counselling for Patients Sexually Abused by Members Under the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18.

At the October 30, 2018, plenary meeting the Client Relations Committee considered the following:

Draft Regulation Defining Client for Sexual Abuse Provisions

See agenda item 10.

Post Termination of Care Friendships

The Committee discussed that members may require educational support and consultation with regards to post termination friendships. Development of these supports will be overseen by the Quality Assurance Committee.

Panel Meetings

The Committee convened as a panel at its October 30, 2018, meeting to review a request for funding for therapy and counselling for sexual abuse by a member of CRPO.

At the time this report was written, CRPO staff was in the process of scheduling a panel to take place at the end of November to review a new request for funding.

Formal Motions to Council

- See agenda item 9 & 10.

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. Examination Committee Report to Council

November 29, 2018

Committee Members
<ul style="list-style-type: none"> • Kenneth Lomp, RP (Chair) • Andrew Benedetto, RP • Gary Cockman • Sheldon Kawarsky (term ended October 27, 2018) • Barbara Locke Billingsley (term ending November 17, 2018) • Steven Stijacic • Kevin VanDerZwet Stafford, RP

Committee meetings:

- September 6, 2018

Panel meetings:

n/a

At the September meeting, the Examination Committee considered the following matters:

Entry-to-Practice Registration Examination Offering

The Committee discussed challenges experienced by exam administrators with securing sites and proctors for candidates requesting to write internationally. The Committee agreed the best option would be to restrict the writing of the Entry-To-Practice Registration Examination to Canada.

Examination Appeals and Extension Requests

- Six examination appeals were considered. Three appeals were upheld and three appeals were refused.
- Two extension requests to the 24-month first exam attempt deadline were considered; both extension requests were granted.

Educational Upgrading

The Committee discussed possible upgrading activities for one Qualifying member that failed the exam twice. The Committee agreed to direct the member to participate in the modified Peer and Practice Review assessment (in-person interview with peer assessor). The committee required the Member to provide a self-directed learning plan following the assessment. The learning plan requires the approval of the Committee and must be completed successfully before the third and final examination attempt.

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

7.3. Executive Committee Report to Council **November 29, 2018**

Committee Members
<ul style="list-style-type: none"> • Andrew Benedetto, RP (Chair) • Carol Cowan-Levine, RP • Sheldon Kawarsky (term ended October 27, 2018) • Malcolm MacFarlane, RP • Steven Stijacic

Committee meetings:

- September 14, 2018 (in person)
- October 18, 2018 (teleconference)
- November 6, 2018 (teleconference)

At the September 14, October 18 and November 6 meetings, the Executive Committee considered the following matters:

Public Appointments

The Committee discussed the status of public member appointments with terms expiring October 27 and November 17 noting that CRPO staff were not able to provide reassurance that Council will be constituted come the November 29 Council meeting. Staff continues to reach out to the Public Appointments Secretariat (PAS) for updates but Executive determined that contingency planning was needed in order to support ongoing operations. Accordingly, a number of decisions were made:

- Public members with terms expiring in October and November were invited to attend this Council meeting as observers.
- Public member Steven Stijacic was appointed to the Registration Committee. Note that this appointment is temporary and will conclude once public appointments have been completed. Executive chose to take this action using the authority of the Regulated Health Professions Act (12 (1)) which states that, “[b]etween the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention” to ensure that panels could be constituted to continue with the review of grandparenting applications.
- Strategic planning, which was slated to begin with an education session at this Council meeting, will be delayed until the spring, when – presumably – public appointments will be in place. Further information regarding the timing of strategic planning can be found in this report under the ‘Strategic Planning’ heading.

Committee Appointments

The Executive Committee reviewed the current composition of CRPO committees to consider if it was appropriate to delay changes until April rather than consider changes to committee assignments that typically occur in November. This delay allows the College to preserve the

experience of current committee membership as the Registration Committee completes review of the final grandparenting applications at the panel level. When polled, committee members indicated that they were generally content to continue sitting on their current committees. As a result, only limited changes have been made to committee composition being provided to Council today. The Executive has approved the attached CRPO Committee Composition for November 2018-April 2019 document, again using the authority of the Regulated Health Professions Act (12 (1)), and is providing this attachment for information.

The Executive Committee will revisit the topic of committee appointments prior to April 2019 and will bring the issue forward to Council at that time.

Non-Council Committee Member Appointments

After consultation with committee Chairs, the Executive Committee made the following non-Council member appointments:

Non-council member	Committee	Term ending	Reappointment or Appointment
Heidi Ahonen	Discipline Registration	November 2019	Reappointment
Kayleen Edwards	Quality Assurance	November 2019	Appointment
Kali Hewitt-Blackie	Inquiries, Complaints & Reports	November 2019	Reappointment
Tamar Kakiashvili	Registration	November 2019	Reappointment
Sue Lymburner	Client Relations	November 2019	Reappointment

Strategic Planning

The Executive Committee was informed that CRPO staff met with three facilitators in September. Andrew Benedetto, President & Chair, spoke with Cate Creede of [The Potential Group \(TPG\)](#) and was pleased with their approach to the strategic planning process and is hopeful that TPG will deliver based on the feedback provided by the Executive. The Committee agreed that they were satisfied with the facilitator selection process and were content to accept the recommendation of TPG.

Cate Creede will be presenting to Council on March 1, 2019, and the strategic planning session will take place on June 20, 2019, with a regular Council meeting taking place on June 21, 2019. These dates have been adjusted from what was originally agreed upon by Council in September, due to ongoing delays regarding public member appointments.

French Language Services

The Member Communique and a number of registration documents are currently available in French, with translation services provided by a third party. The Executive Committee discussed the low volume of requests for more translated resources received from French-speaking applicants and members. CRPO currently deals with these limited requests by getting documents translated on an as-needed basis. French-speaking staff can also manage verbal requests within each department for day-to-day inquiries. Should the demand change or if significant translation costs were anticipated, staff will raise this issue for the Executive to explore this issue in further detail at a future date.

Q1 & Q2 Statement of Operations

Jo Anne Falkenburger, Director of Operations & Human Resources, presented the Q1 financial statements at the September 14 meeting and the Q2 financial statements at the November 6 meeting to the Executive Committee for information, responding to requests for clarification where needed.

Auditors

The Executive was informed that requests for proposals (RFPs) were sent to four accounting firms on October 17, 2018, with a deadline of Friday, November 9, 2018, to submit a proposal. All four firms have been highly engaged in the process and Operations staff is optimistic that a new audit team will be found.

Position Statements

See agenda item 12.

Bridge Training Program

The Executive Committee discussed how the College should move forward with the Bridge to Registration Employment in Mental Health (BREM) offered through the Mennonite New Life Centre. The Committee agreed that the College should collaborate with the program director to develop a mechanism to address BREM graduates applying for CRPO membership.

Private Career Colleges Admission Requirements

The Executive Committee discussed the minimum admission requirement for Private Career Colleges (PCC) and agreed that the minimum requirement should be a bachelor's degree, noting that a three-year 'phased in' approach would be beneficial to the schools registering with the PCC branch to adopt this requirement. The Registrar was directed to develop a plan to inform recognized programs of the requirement to demonstrate, within a three-year phased-in period, that their Prior Learning Assessment and Recognition (PLAR) process is acceptable.

The Registrar will communicate with the Ministry of Training, Colleges and Universities (MTCU) regarding the minimum admission requirements and will bring this information forward to the Registration Committee to communicate with recognized programs.

Competency-based Council Appointments

The Executive Committee reviewed background information on the work that other regulatory colleges are doing in relation to competency-based appointments. They discussed starting the competency-based appointment and recruitment process with non-council committee appointments and directed staff to research criteria and procedures on competency-based appointments and present at a future Executive meeting.

Formal Motions to Council

n/a

The Committee Recommends:

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

Respectfully submitted,

Andrew Benedetto
Chair, Executive Committee

Council Members 2018-2019	Executive	Client Relations	Discipline	Examination
<p>Professional Andrew Benedetto (President) Malcolm MacFarlane (VP) Shelley Briscoe-Dimock Carol Cowan-Levine Kenneth Lomp Miranda Monastero Pat Rayman Kevin VanDerZwet Stafford</p> <p>Public Gary Cockman Mary Kardos Burton € Shikha Kasal € Sheldon Kawarsky € Barbara Locke Billingsley € Len Rudner € Steven Stijacic</p>	<p>Professional Andrew Benedetto © Carol Cowan-Levine Malcolm MacFarlane</p> <p>Public Sheldon Kawarsky € Steven Stijacic</p>	<p>Professional Carol Cowan-Levine © Shelley Briscoe-Dimock Pat Rayman</p> <p>Public Mary Kardos Burton € Barbara Locke Billingsley € Steven Stijacic</p> <p>Non-Council Sue Lymburner</p>	<p>Public Shikha Kasal © € Gary Cockman Mary Kardos Burton € Sheldon Kawarsky € Barbara Locke Billingsley € Len Rudner € Steven Stijacic</p> <p>Professional Andrew Benedetto Shelley Briscoe-Dimock Carol Cowan-Levine Kenneth Lomp Malcolm MacFarlane Miranda Monastero Pat Rayman Kevin VanDerZwet Stafford</p> <p>Non-Council Heidi Ahonen</p>	<p>Professional Kenneth Lomp © Andrew Benedetto Kevin VanDerZwet Stafford</p> <p>Public Gary Cockman Sheldon Kawarsky € Barbara Locke Billingsley € Steven Stijacic</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p>Professional Malcolm MacFarlane © Andrew Benedetto Carol Cowan-Levine</p> <p>Public Gary Cockman Sheldon Kawarsky € Barbara Locke Billingsley € Steven Stijacic*</p> <p>Non-Council Heidi Ahonen Tamar Kakiashvili</p>	<p>Public Barbara Locke Billingsley © € Gary Cockman Mary Kardos Burton € Shikha Kasal € Sheldon Kawarsky € Len Rudner € Steven Stijacic</p> <p>Professional Andrew Benedetto Malcolm MacFarlane Shelley Briscoe-Dimock Carol Cowan-Levine Kenneth Lomp Miranda Monastero Pat Rayman Kevin VanDerZwet Stafford</p>	<p>Professional Kevin VanDerZwet Stafford © Shelley Briscoe-Dimock Carol Cowan-Levine Kenneth Lomp Miranda Monastero Pat Rayman</p> <p>Public Mary Kardos Burton € Sheldon Kawarsky € Len Rudner € Steven Stijacic</p> <p>Non-Council Kali Hewitt-Blackie</p>	<p>Professional Pat Rayman © Malcolm MacFarlane</p> <p>Public Shikha Kasal € Len Rudner €</p>	<p>Public Mary Kardos Burton © € Len Rudner € Shikha Kasal €</p> <p>Professional Andrew Benedetto Kenneth Lomp Malcolm MacFarlane Miranda Monastero Pat Rayman</p>

© chair

* interim appointment

€ pending reappointment

7.4. Inquiries, Complaints and Reports Committee Report to Council November 29, 2018

Committee Members
<ul style="list-style-type: none"> • Kevin VanDerZwet Stafford, RP (Chair) • Shelley Briscoe-Dimock, RP • Carol Cowan-Levine, RP • Miranda Monastero, RP • Kali Hewitt-Blackie, RP (Non-Council Committee Member) • Mary Kardos Burton (term ending November 17, 2018) • Sheldon Kawarsky (term ended October 27, 2018) • Kenneth Lomp, RP • Pat Rayman, RP • Len Rudner (term ending November 17, 2018) • Steven Stijacic

Committee meetings:

- October 4, 2018

Panel meetings:

- September 20, 2018
- November 1, 2018
- November 2, 2018

Current Complaints & Reports Summary

Current fiscal (to date)	April 1, 2018-Present
Formal Complaints	31*
Registrar's Investigations	4

*includes two formal complaints that were subsequently withdrawn

Complaint Process Timelines

The number of complaint and report files received by the College has nearly doubled since the September 13, 2018 Council meeting. Staff continue to rely on contract investigators to assist with the bulk of investigations. One additional staff member is currently being trained in the Professional Conduct department to help with administrative duties.

Recent Allegations

Recent allegations in ICRC matters include record-keeping, competence, general conduct (e.g. professionalism, communication), discontinuing services, and sexual abuse.

Committee Meeting

At the ICRC plenary meeting on October 4, 2018, the committee completed its review on various ethics program/consultation providers to be used in Specified Continuing Education and Remediation Programs (SCERPs). ICRC requested that staff notify the committee if a member fails their mandated program to aid the Registrar in her decision on next steps.

The committee also discussed a concern presented by a member of the public about the College's inability to process anonymous complaints. The College's legislation requires complainants to be named. This supports fairness and transparency. Staff will present examples of anonymous information received by the College to the committee at the next meeting.

The committee reviewed other topics at the plenary meeting such as in-person cautions and right-touch regulation. Staff highlighted outcomes of several cases from other Colleges which were reviewed by the Health Professions Appeal and Review Board (HPARB) and ICRC discussed proportionate decision-making.

Respectfully submitted,

Kevin VanDerZwet Stafford
Chair, Inquiries, Complaints and Reports Committee

7.5. Quality Assurance Committee Report to Council

November 29, 2018

Committee Members

- Andrew Benedetto, RP
- Sheldon Kawarsky (term ended October 27, 2018)
- Mary Kardos Burton (Chair) (term ending November 17, 2018)
- Kenneth Lomp, RP
- Malcolm MacFarlane, RP
- Miranda Monastero, RP
- Pat Rayman, RP
- Len Rudner (term ending November 17, 2018)

Committee meetings:

- October 26, 2018

Panel meetings:

- October 12, 2018
- October 26, 2018

At the October 26, 2018 plenary meeting, the Quality Assurance Committee (QAC) considered the following matters:

Panel Meeting Restructure

Due to the increasing volume of cases and panel work, beginning in 2019, QA panel meetings will be held separately from plenary meetings, and panels will be comprised of four members, instead of all committee members. Previously, the committee would reserve a portion of its plenary meetings for panel work to consider cases.

Electronic Practice Guideline Revisions

See agenda item 11.

Prescribed Regulatory Education

In May 2018, Committee approved a policy that would enable the implementation of prescribed regulatory education (PRE). PRE is a form of professional development that, when implemented, would require completion by all members. At the October 26 plenary meeting, Committee discussed the criteria for the selection of PRE topics and determined that member education on sexual abuse would be suitable as a first PRE module.

Peer & Practice Review Tool Modifications

The Committee discussed ongoing additions and modifications to the Peer and Practice Review (PPR) tool. These tools are used to assess members' knowledge, skill and judgment in the practice of the profession. The purpose of these modifications is to improve the quality of the questions that are asked by the assessors, and obtain clearer information about supervisory relationships.

Panel Meetings:

Below is a summary of decisions issued by the Quality Assurance Committee since the start of the calendar year.

Case Type	Number Reviewed	Outcomes
Failure to complete PD tool	4	3 – Completion of modified PPR required 1 – Referred to ICRC
PPR – Review of ambiguous Step 1 results	5	4 – Participation in Step 2 required 1 – Recommendation issued
PPR – Review of Step 2 results	14	3 – More information requested 2 – No action 2 – Recommendations issued 7 – Remediation required

Message from QAC Chair regarding the Reappointment of Public Members

As a public appointee and Chair of the Quality Assurance Committee, unless the reappointment of public members occurs very soon, it may be necessary for the duties of the QA Chair to be delegated to a professional member. In this eventuality, I have every confidence that my delegate will be able to carry out these duties with prudence and integrity.

I would like to thank my counterparts on the Committee for their dedication and I would like to thank staff for their hard work. We are diverse in our backgrounds and experience, and this has helped the committee to make decisions that are both supportive to the needs of members and in the interest of the public.

I would like to thank both my colleagues on the Committee and CRPO staff for their time and dedication in pursuit of public protection.

Formal Motions to Council

See agenda item 11.

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

7.6. Registration Committee Report to Council November 29, 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 (term ending November 17, 2018) • Sheldon Kawarsky (term ended October 27, 2018) • Barbara Locke Billingsley (term ending November 17, 2018)

Committee meetings:

- October 11, 2018

Panel meetings:

- September 21, 2018
- October 1, 2018
- October 5, 2018
- October 19, 2018
- October 22, 2018
- November 2, 2018
- November 16, 2018

At the October 11, 2018 plenary meeting, Registration Committee considered the following matters:

Clinical Supervision of the Controlled Act

The Registration Committee discussed proclamation of the controlled act and the impacts on clinical supervision of RPs. The Committee decided that after December 31, 2019, supervision of the controlled act for students fulfilling requirements to join CRPO can only be supervised by RPs that meet the clinical supervisor definition. This is consistent with the RHPA Controlled Act language. This may necessitate changes by training programs to ensure students are supervised by RPs who meet the clinical supervisor definition. Supervision not involving the controlled act for students fulfilling requirements to join CRPO can be provided by anyone who is a member of one of the six colleges who meets the clinical supervisor definition. Qualifying members and RPs who do not have independent practice can receive clinical supervision from anyone who is a member of one of the six colleges who meets the clinical supervisor definition for category transfer purposes.

The Committee also discussed whether hours of clinical supervision, consultation, training, or mentorship by a member of the College of Psychologists of Ontario (CPO) would be accepted for registration or category transfer purposes. The Committee decided that hours that meet

CRPO's definition of clinical supervision will continue to be accepted as long as the supervising CPO member is prepared to attest to having provided clinical supervision.

Registration Committee Procedures Manual

The Registration Committee reviewed and approved a procedures manual for panel work. The manual should formalize Registration Committee procedures and aim to improve consistency, continuity and fairness.

Regular Route Category Transfers

The Registration Committee reviewed a draft policy that states what will or will not be acceptable for direct client contact (DCC) and clinical supervision hours. The policy should clarify what clinical experience is acceptable for registration to reduce uncertainty and lessen the number of panel meetings required.

Program Definition

Different interpretations of the word "program" were discussed. The Registration Committee directed staff to draft a policy to define the interpretation of "program".

Review & Recognition

- A report from Word It Write (WIW) regarding Saint Paul University's Master of Arts in Counselling and Spirituality program was reviewed. The Registration Committee approved the recommendation that the program be recognized.
- The Registration Committee directed staff to develop and implement a renewal process for recognized programs.
- The Registration Committee also directed staff to communicate with the current recognized programs (and any programs that are recognized moving forward) that they will be expected to revise their Prior Learning Assessment and Recognition (PLAR) process to ensure that the process is formal, standardized and objective. Development of specific PLAR guidelines were discussed.

Panel Meetings

The October 1 and 22 meetings were one hour in length. The other listed meetings were full-day meetings. Below are the statistics for these meetings up to November 2. At the time this report was written, the November 16 meeting had not yet taken place.

Total applications reviewed between Sep. 21 and Nov. 2	76
Approved	7
Refused	64
Terms, Conditions & Limitations	3
Request for more information	2

Health Professions Appeal and Review Board Update

Since the September 13, 2018 Council meeting, the Health Professions Appeal and Review Board (HPARB) has returned five decisions. In the first through third decisions (decision 1-3), HPARB confirmed the decision of the Registration Committee panel refusing registration. In the fourth decision, HPARB returned the matter back to the Registration Committee panel for reconsideration with a recommendation that the applicant be registered. The applicant was subsequently registered following reconsideration. In the fifth decision, the matter was returned back to the Registration Committee panel for reconsideration. Staff is in the process

of confirming whether the applicant wishes to make further submissions before scheduling the reconsideration.

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

- [R.F. v. College of Registered Psychotherapists of Ontario](#)
- [D.A. v. College of Registered Psychotherapists of Ontario](#)
- [S.B. v. College of Registered Psychotherapists of Ontario](#)
- [J.E.A. v. College of Registered Psychotherapists of Ontario](#)
- [D.E.S. v. College of Registered Psychotherapists of Ontario](#)

Expert Opinion on Recreation Therapy and Single-Session Therapy (SST)

The Registration Committee reviewed expert opinions regarding recreation therapy and SST that were included in HPARB submissions. A recent HPARB decision suggested that an expert opinion should be written by a practitioner who has experience or expertise specifically in the modality that is being reviewed.

Formal Motions to Council

n/a

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:	November 29, 2018
Agenda Item #	9
Issue:	Draft Guideline: <i>Sexual Contact with Former Clients beyond Five-Years Post Termination of Care</i>
Attachment(s):	Draft Guideline: <i>Sexual Contact with Former Clients beyond Five-Years Post Termination of Care</i>
References:	CRPO public consultations
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Client Relations Committee

Background:

On March 29, 2018, the draft guideline *Sexual Contact with Former Clients beyond Five-Years Post Termination of Care* was presented to Council. Council members reviewed the draft guideline and recommended the Client Relations Committee provide more examples, scenarios, and information about power imbalances. Feedback included concerns that the guideline was focused on the consequences of sexual contact with former clients, rather than practical direction related to the issue.

On June 28, 2018, Council approved the draft guideline *Sexual Contact with Former Clients beyond Five-Years Post Termination of Care* for 60-day public consultation.

The consultation was completed on September 13, 2018 and received five responses. The feedback received can be found [here](#).

Key Considerations:

- The guideline will be linked to the policy on *Sexual Contact with Former Clients within 5-Years Post Termination of Care*
- The guideline will provide screening and discipline committees with a framework in which to evaluate complaints and reports related to sexual contact beyond 5-years post termination of care.

Recommendations:

Where Council remains constituted

It is recommended that the guideline *Sexual Contact with Former Clients beyond Five-Years Post Termination of Care* be approved as presented.

Where Council is unconstituted:

In this eventuality, direction from Council members in attendance will be sought. Council may consider the following:

Option A

That Council approve the adoption of the guideline as presented. The Council has had the opportunity to review and provide input on this document at their September 2018 meeting. In addition, the guideline has undergone the public consultation process and the feedback received has been taken into account.

Option B

That Council defer the approval of the guideline to a future meeting date when Council is fully constituted. In this circumstance, the guideline can be disseminated to members via the Member Communique with a note stating that ratification of the guideline is pending.

Proposed Motion:

[Be it moved] That Council approve the adoption of the guideline *Sexual Contact with Former Clients beyond Five-Years Post Termination of Care* as presented [or amended].

Sexual Contact with Former Clients beyond Five-Years Post Termination of Care

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 judgement to determine when it is appropriate to apply a particular guideline, being mindful that ultimately, members are responsible for their own actions.

College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Introduction

The College of Registered Psychotherapists of Ontario (CRPO) has a duty to protect the public interest. This mandate drives the College's work to prevent and address sexual abuse of clients by members. As regulated health professionals, Registered Psychotherapists (RPs) owe a duty of care to their clients and the general public to safeguard client well-being, including clients' physical and emotional safety. When an RP sexually abuses a client, they betray that duty of care, causing harm not only to the person they abuse, but to all Ontarians. Abuse erodes the public's trust in the profession and undermines the skill and credibility of all RPs who provide safe, effective and ethical care.

Given the harmful impacts of abuse, the College must impose penalties that will deter abuse, ensuring that individual clients and the broader public are better protected.

The Sexual Contact with Former Clients Beyond the Five-Years Post Terminations Guideline provides additional information that may be helpful to members in: recognizing the power imbalance that is inherent in the psychotherapeutic relationship; assessing if an imbalance continues to exist that then places a former client at risk of undue influence, harm, or exploitation; and understanding, their obligations as an RP as dictated by CRPO's Regulations, Code of Ethics and Professional Practice Standards.

Guideline

Even if more than five years has passed since the last day of treatment, RPs must refrain from sexual conduct toward a former client where a power imbalance continues to exist and that places the former client at risk of undue influence, harm, or exploitation. Where there is a risk of undue influence, harm or exploitation, CRPO takes the position that the RP is guilty of professional misconduct, and may recommend that the member's certificate of registration be suspended or revoked by the Discipline Committee.

Applicable Standards and Entry-to-Practice Competencies

This guideline complements Professional Practice Standards and Entry-to-Practice Competencies:

Standards	Professional Practice Standards For Registered Psychotherapists	<p>Section 1: Professional Conduct</p> <p>1.3 – Reporting Unsafe Practices</p> <ul style="list-style-type: none"> ○ Members have a legal obligation to report to the College of another Member’s unsafe practice or behaviour <p>1.5 – General Conduct</p> <ul style="list-style-type: none"> ○ The standard states that members should refrain from illegal conduct related to the practice of the profession <p>1.7 – Dual or Multiple Relationships</p> <ul style="list-style-type: none"> ○ Members should avoid dual or multiple relationships with clients in addition to their professional one <p>1.8 – Undue Influence and Abuse</p> <ul style="list-style-type: none"> ○ The College’s Professional Misconduct Regulation requires that members not inflict any form of verbal, physical, psychological and/or emotional abuse on client. ○ RHPA prescribes penalties – sexual intercourse with a client carries a mandatory revocation of registration for a minimum of five years
Competencies	Entry-to-Practice Competency Profile for Registered Psychotherapists	<ul style="list-style-type: none"> ○ The competency profile lists the competencies that must be possessed by individuals entering the profession for the first time, in order for them to practice safely, effectively and ethically across a variety of practice settings ○ A Member must: <ul style="list-style-type: none"> 2.2 Maintain effective relationships 3.1 Comply with legal and professional obligation 3.2 Apply an ethical decision making process 4.2 Establish and maintain core conditions for therapy 4.3 Ensure safe and effective use of self in the therapeutic relationship 4.5 Structure and facilitate the therapeutic process

Regulatory Context

Sexual abuse of a client is defined in the *Health Professions Procedural Code (HPPC)*, which is Schedule 2 to the *Regulated Health Professions Act, 1991(RHPA)*, as:

- a) *sexual intercourse or other forms of physical sexual relations between the member*

- and the patient¹,*
- b) touching, of a sexual nature, of the patient by the member, or*
 - c) behaviour or remarks of a sexual nature by the member towards the patient.*

Once proclaimed, a recent change to the RHPA will establish a mandatory period under which there may be no sexual conduct toward a former client for at least one year. The RHPA will allow individual colleges to extend this period. CRPO's Council has determined that a five-year period is appropriate for its members and will be using its regulation-making authority to make this period mandatory.

This guideline is intended to address how, in some cases, sexual conduct with a former client will never be appropriate. In these cases, the Discipline Committee may make a finding of professional misconduct in the event a complaint or report is referred for a hearing.

Guiding Principles

Principle 1:

CRPO's Professional Practice Standard on the Client-Therapist Relationship (section 3) identifies that the client-therapist relationship itself is the foundation of psychotherapy. RPs are expected to place client well-being at the forefront of this relationship, relying on their knowledge, skill and judgement to do so safely, ethically and effectively.

Principle 2:

Because RPs possess and use professional knowledge, skill and judgement to establish and maintain the therapeutic relationship, an inherent power imbalance exists between RPs and their clients. As a result, it is not possible for an RP to have a sexual relationship with a client where the balance of power can be considered equal.

In light of the principles described above, the College believes sexual contact between an RP and their client (including with an individual who received therapy or other services from the RP within the past five years) must be strictly prohibited.

Members should understand that it may never be appropriate to enter into a romantic or sexual relationship with a former client, specifically where a power imbalance continues to exist between the member and the former client, which places the former client at risk of undue influence, harm or exploitation.

Assessment Framework

In assessing the risk of exploitation or harm that sexual contact with a former client may carry, members should consider if a reasonable RP would determine that:

- the contact would likely demonstrate an impairment in objectivity, competence or effectiveness of the psychotherapist; or
- the dual relationship would likely cause impairment to the former client.

Members should consider the following factors when determining whether there is the risk of undue influence, harm, or exploitation:

¹ The Regulated Health Professions Act uses the term "patient." In keeping with the terms common to the profession of psychotherapy, CRPO uses the term "client" instead of "patient."

How could the future client-therapist relationship be impacted by:

- **The nature and length of the former client-therapist relationship**
 - Was the therapy individual, couple, family and/or group?
 - Was the therapeutic relationship brief or long term (consider the length of the relationship, number of sessions attended and the depth of the clinical work)?
 - Did the therapist's use of self primarily inform the therapeutic approach?
 - What are the indicators that sufficient time has elapsed?

- **The issues presented over the course of therapy**
 - What was the severity of issues addressed (e.g. trauma, addiction, major mental illness, infidelity, therapy considered within the controlled act)?
 - What was the focus of issues addressed (e.g. relational, boundary struggles, sexual intimacy, self-worth, parenting)?
 - Was the presenting problem or focus of therapy on difficulties in intimate relationships or failed relationships, which might re-traumatize the client if the sexual relationship with the RP then fails?

- **The power differential**
 - What is the former client's vulnerability?
 - Does the former client experience ongoing distressing symptoms?
 - Does the former client have unresolved issues addressed in therapy or that were present when therapy was engaged?
 - When did you begin to consider or think about the possibility of having a relationship with the former client? Before therapy terminated, during the five-year cooling off period; after the five-year cooling off period?

- **Perception**
 - How might your decision to enter into a relationship with a former client be viewed by a panel of peers?
 - Would a panel of peers agree with the decision you are making?
 - Would they see your arguments in favour of having the relationship as reasonable and considered?
 - What would it be like for you to be open with peers about the fact you are considering having a relationship with a former client?

Briefing Note for Council

Meeting Date:	November 29, 2018
Agenda Item #	10
Issue:	Draft Regulation: <i>Draft Regulation Defining Client for Sexual Abuse Provisions</i>
Attachment(s):	Draft Regulation: <i>Defining Client for Sexual Abuse Provisions Statutory Definition of Client</i>
References:	CRPO public consultations Protecting Patients Act, 2017
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Client Relations Committee

Background:

Bill 87, *Protecting Patients Act, 2017*, provides Colleges with the ability to develop a regulation to address the period of time an individual will be deemed to be a client¹ for the purposes of sexual abuse.

The statutory definition of a client states that an individual will be a client for one year after the termination of the therapeutic relationship. Thus, a psychotherapist who engages in a sexual relationship with a former client within one year of terminating the relationship will be considered to have engaged in sexual abuse and will be subject to mandatory revocation.

Soon after Bill 87 came into force (June 2017), the Client Relations Committee (CRC) began work on the *Sexual Contact with Former Clients Within Five Years Post-Termination of Care* policy. This policy was approved for public consultation on March 29, 2018, and the final version of the policy was approved by Council on June 28, 2018. The policy was an interim solution while the CRPO waited for the government to proclaim into force the ability of the Colleges to pass a regulation extending the “cooling-off” period in the RHPA.

The College now has the ability pass the Regulation Defining Client for Sexual Abuse Provisions. The *Sexual Contact with Former Clients Within Five Years Post-Termination of Care* policy will continue to be posted on the CRPO website and enforced alongside the proposed regulation.

¹ The Regulated Health Professions Act uses the term “patient.” In keeping with the terms common to the profession of psychotherapy, CRPO uses the term “client” instead of “patient.”

The CRC has drafted a regulation to extend the therapeutic relationship for a period of five years. A five-year ban on sexual relationships would allow a significant amount of time to elapse following the termination of the therapeutic relationship, during which the power imbalance between the psychotherapist and former client could resolve. A proposed draft regulation has been developed for Council's consideration.

Key Considerations:

- A limited ban on sexual relationships with former clients as opposed to an indefinite ban recognizes the wide range of circumstances in which a psychotherapist could practice with a client, including on a short-term and limited basis.
- Once the College makes a regulation to this effect, the mandatory penalty for having a sexual relationship with a client within the five-year post termination period will be a reprimand and revocation of the member's certificate of registration for five years, regardless of the circumstances.
- The Discipline Committee would retain discretion to determine the appropriate penalty in cases beyond the five-year period.

Recommendations:

Where Council remains constituted

It is recommended that the regulation is approved for public consultation. When the public consultation is concluded, the regulation will undergo further review by the CRC based on feedback that was provided during the consultation and any additional feedback that is provided by Council. Subsequent to this, a final draft of the regulation would be presented for Council consideration, at which time Council would be asked to provide approval.

Where Council is unconstituted:

In this eventuality, no motion is required, however consensus of the Council members in attendance will be sought.

It is recommended that the regulation be circulated for public consultation in order that the development process for this regulation can continue. Circulating the regulation for public consultation at this point in time in no way indicates or implies that the regulation has been finalized or approved to come into effect.

When the public consultation is concluded, and when the Council is reconstituted, the regulation will undergo further review by the CRC based on feedback that was provided by during the consultation and any additional feedback that is provided by Council members. Subsequent to this, a final draft of the regulation would be presented for Council consideration, at which time Council would be asked to provide final approval.

Proposed Motion:

[Be it moved] That Council approves the draft *Regulation Defining Client for Sexual Abuse Provisions* for public consultation.

Statutory Definition of Client

ONTARIO REGULATION 260/18

made under the

REGULATED HEALTH PROFESSIONS ACT, 1991

Made: April 10, 2018

Approved: April 18, 2018

Filed: April 20, 2018

Published on e-Laws: April 20, 2018

Printed in The Ontario Gazette: May 5, 2018

PATIENT CRITERIA UNDER SUBSECTION 1 (6) OF THE HEALTH PROFESSIONS PROCEDURAL CODE

1. The following criteria are prescribed criteria for the purposes of determining whether an individual is a patient of a member for the purposes of subsection 1 (6) of the Health Professions Procedural Code in Schedule 2 to the Act:

1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:
 - i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.
 - ii. The member has contributed to a health record or file for the individual.
 - iii. The individual has consented to the health care service recommended by the member.
 - iv. The member prescribed a drug for which a prescription is needed to the individual.

2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:

- i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.
- ii. The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.
- iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

Commencement

2. This Regulation comes into force on the latest of,

- (a) the day section 6 of Schedule 5 to the *Protecting Patients Act, 2017* comes into force;**
- (b) May 1, 2018; and**
- (c) the day this Regulation is filed.**

Made by:
Pris par :

La ministre de la Santé et des Soins de longue durée,

HELENA JACZEK

Minister of Health and Long-Term Care

Date made: April 10, 2018
Pris le : 10 avril 2018

Draft Regulation Defining Client for Sexual Abuse Provisions

Ontario Regulation XX/XX

1. For the purposes of subsection 1 (6) of the Health Professions Procedural Code in Schedule 2 of the *Regulated Health Professions Act, 1991*, “patient”, without restricting the ordinary meaning of the term, includes an individual who was a member’s patient within five years from the date on which the individual ceased to be the member’s patient.

Briefing Note for Council

Meeting Date:	November 29, 2018
Agenda Item #	11
Issue:	Electronic Practice
Attachment(s):	Draft <i>Electronic Practice Guideline</i> Draft <i>Security Practices Self-Assessment</i>
References:	Professional Practice Standard 3.4: Electronic Practice
For:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	L. Marttinen
Submitted by:	Quality Assurance Committee

Background:

Electronic practice is the second-most frequent topic of practice inquiries received by the College. Issues related to electronic practice are also commonly seen in the Peer & Practice Review component of the Quality Assurance Program. As such, the Quality Assurance Committee identified the need for a guideline on the topic to assist members in their practice. To assist with the initial draft, a focus group was convened, consisting of seven individuals who provide psychotherapy services primarily via electronic practice. The experience with electronic practice within the focus group ranged from one year to several decades.

The QA Committee reviewed focus group feedback and further revised the guideline, presenting the draft to Council on September 13, 2018, recommending that Council approve the draft guideline for public consultation. At this meeting, Council determined that the document required further revisions and sent the draft back to the QA Committee for review (a summary of Council feedback is noted under 'key considerations').

The Committee convened in October 2018 to review Council feedback and this feedback was implemented where possible. The QA Committee is now seeking Council approval of the guideline for public consultation.

Key Considerations:

Summary of Council Feedback

Council provided feedback on the guideline at the September 13, 2018 meeting. The chart below summarizes this feedback and explains how the feedback was implemented into the current draft of the guideline.

Feedback	Implementation
Improving the information regarding circumstances in which electronic practice may be inappropriate, and the actions a therapist could take in those circumstances.	This section has been rewritten extensively to improve clarity. Information on the ongoing assessment of treatment appropriateness has been added.

Provide more information about security practices.	Due to the evolving nature of technology and the practical reality that guidelines require a lengthy approvals process, only “high-level” information is provided in the guideline regarding security practices. A security practices self-assessment, which can be amended at any time, has been developed, and it is proposed that it would be released in conjunction with the guideline and that these would appear together in website and Communiqué content.
Increased clarity in “Contract” section.	Language now encourages members to establish a written contract, while clarifying that this is not specifically required by the Practice Standards.
More thorough information regarding the implications of providing services to clients located in another jurisdiction.	This feedback was considered carefully. The provision of psychotherapy to clients in other jurisdictions is a complex issue that often requires case-by-case examination or even legal advice. It is difficult to provide specific information on the topic. A change was implemented however, as the guideline now states that members “should become familiar with the laws of the jurisdiction(s) in which services are provided.”
Additional links/resources/reference list.	The guideline now has a bibliography that identifies the resources that were consulted in the development of the guideline. More links have been added as well, including one to the Security Practices Self-Assessment.
Specific terminology changes	The committee reviewed terminology on a section-by-section basis (e.g. “chat” changed to “direct messaging”).
Providing direction to members to review the Guideline in tandem with the Standard of Electronic Practice.	This suggestion has been implemented.

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.

Recommendations:

Where Council remains constituted

It is recommended that the guideline is approved for public consultation. When the public consultation is concluded, the guideline will undergo further review by the QA Committee based on feedback that was provided by during the consultation and any additional feedback that is provided by Council. Subsequent to this, a final draft of the guideline would be presented for Council consideration, at which time Council would be asked to provide approval. See the motion in a section below.

Where Council is not constituted:

In this eventuality, no motion is required, however consensus of the Council members in attendance will be sought.

It is recommended that the guideline be circulated for public consultation in order that the development process for this guideline can continue. Circulating the guideline for public consultation at this point in time in no way indicates or implies that the guideline has been finalized or approved to come into effect.

When the public consultation is concluded, and when the Council is reconstituted, the Guideline will undergo further review by the QA Committee based on feedback that was provided by during the consultation and any additional feedback that is provided by Council members. Subsequent to this, a final draft of the guideline would be presented for Council consideration, at which time Council would be asked to provide final approval.

Implementation date:

Public consultation period will likely begin in late 2018 or early 2019 and 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. Members are encouraged to review the guideline and Standard together.

As the [Personal Health Information Protection Act](#) (PHIPA) sets health care providers' obligations for the collection, use and disclosure of client personal health information, CRPO urges members to become familiar with the Act. This can be accomplished by reviewing the Act itself, or by accessing one of the many resources available, including those developed by [the Information and Privacy Commissioner of Ontario](#).

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.

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 direct messaging
- Videoconference
- Other formats which may be variations of the above, or entirely novel

2 Acceptable Communications Technologies

Members may use communications technologies provided 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 PHIPA, 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. For more specific examples, please see the Electronic Security Practices Self-Assessment [\[insert link when it is available\]](#).

4 Competence

In consideration of the distinct therapeutic milieu that electronic practice presents, members 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; and
- troubleshoot common issues that might arise.

Before engaging clients in therapy via communications technology, members should consider receiving training and/or clinical supervision in this area of practice. Refer to Standard: 2.1 Competence for more information about when clinical supervision should be sought.

5 Appropriateness

Therapy must have a reasonable prospect of benefit to the client, according to Standard 3.5: Unnecessary Treatment. Situations to consider when evaluating appropriateness may include:

- A client is showing severe cognitive symptoms, such as loss of contact with reality (psychosis)
- Where there is a risk of adverse reaction during treatment, such as a panic attack
- Where there is a risk of harm to self or others
- Impacts of trauma the client has experienced

In such situations, 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.

In light of this, before commencing therapy, a member's initial assessment should also consider whether it is appropriate to engage the client in a form of therapy that would be conducted primarily through communications technology. Factors that may be relevant to this assessment process include:

- The nature of the therapeutic relationship.
- The nature of the client's concerns.
- Anticipated shifts in the depth or focus of the therapy.
- 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.

Throughout the therapeutic process, members should continue to evaluate the effectiveness of the therapy, taking into consideration the impact of the technology on the therapeutic process and the client's progress. The factors listed above may be relevant to this evaluation process. If there is reason to believe that the use of communications technology is no longer effective or appropriate, it will be important to understand why and what actions would be appropriate given the circumstances. Such actions could include, engaging in clinical supervision, linking the client to local resources, encouraging the client to attend a face-to-face session (if possible), referring the client to another therapist, among other things.

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.

Below are examples of potential risks associated with use of electronic communications technology:

- Failure to meet professional obligations with respect to confidentiality in situations where the therapist knows or ought to know that the client would be unable to secure a sufficiently private location in which to engage in therapy.
- Inadvertent disclosure of client personal health information due to errors in the recipient's email address/phone number.
- Recording of sessions without consent of the therapist or the client.
- Improper storage and destruction of session recordings.

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

Recording sessions

A recording would serve as a complete transcript of a session, and may contain substantially more information than would be captured in clinical notes. Therapists are encouraged to take extra care in their informed consent processes if it is proposed by the client or the therapist that a session be recorded.

Where sessions are recorded, be mindful that special consideration must be taken in their storage, transmission and destruction.

7 Contract

According to Standard 3.4: Electronic Practice, members are required to enter into a contract with a client before providing services via communications technology. While the standard does not specify that this contract must be in writing, members are encouraged to establish a written contract with the client. Where no written contract exists, communications with the client regarding terms for services provided via electronic communications technology must be documented in the clinical record. In addition to information ordinarily provided to clients, members should also address:

- The particular technology or platform that will be used.
- Risks or benefits associated with the technology, including the limitations of the technology.
- 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 is located 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 should become familiar with the laws of the jurisdiction(s) in which the services are provided.

10 Operating within an ethical framework

While developments in technology create new opportunities for practice, they also bring a host of new clinical, legal, and practical challenges. Members who engage in electronic practice should be aware that they may face situations where there is no clear course of action. When faced with such situations, members are advised to operate within an ethical decision-making framework, relying on their professional judgment to identify reliable sources of information and an appropriate course of action.

Bibliography

- Association of Canadian Psychology Regulatory Organizations. (2011). *Model Standards for Telepsychology Service Delivery*. Toronto: Association of Canadian Psychology Regulatory Organizations.
- Australian Counsellors Association. (n.d.) *Guidelines for online counselling and psychotherapy*. Newmarket: Australian Counsellors Association.
- Canadian Counselling and Psychotherapy Association. (2015). *Standards of Practice*. Ottawa: Canadian Counselling and Psychotherapy Association.
- Canadian Medical Protective Association. (2013, October). *Protecting patient health information in electronic records*. <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/protecting-patient-health-information-in-electronic-records>
- Christina Van Sickle. (n.d.). *Practice Notes: Communication technology practices and policies for a digital world*. Toronto: College of Social Workers and Social Service Workers of Ontario
- College of Physicians and Surgeons of Ontario. (Dec 2014). *Telemedicine*. Retrieved from <https://www.cpso.on.ca/Policies-Publications/Policy/Telemedicine>.
- College of Psychologists of Ontario. (2011). *Model Standards to Telepsychology Service: An Advisory for Psychological Practice*. Toronto: College of Psychologists of Ontario.
- Drum, K. B., & Littleton, H. L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional Psychology, Research and Practice*, 45(5), 309–315. doi:10.1037/a0036127
- Hassan, W. (2014, August 07). *American cloud services for Canadian healthcare organizations*. <https://www.marsdd.com/systems-change/data-catalyst/news/cloud-services-healthcare-organizations/>
- Hassan, W. (2017, January 11). *How to protect Canadian health data*. <https://waelhassan.com/from-hipaa-to-phipa-baa/>
- Luxton, D. D., O'Brien, K., McCann, R. A., & Mishkind, M. C. (2012). Home-based telemental healthcare safety planning: What you need to know. *Telemedicine and e-Health*, 18(8), 629-633. doi:10.1089/tmj.2012.0004
- Luxton, D. D., Pruitt, L. D., & Osenbach, J. E. (2014). Best practices for remote psychological assessment via telehealth technologies. *Professional Psychology: Research and Practice*, 45(1), 27-35. doi:10.1037/a0034547
- Sansom-Daly, U. M., Wakefield, C. E., McGill, B. C., Wilson, H. L., & Patterson, P. (2016). Consensus among international ethical guidelines for the provision of videoconferencing-based mental health treatments. *JMIR Mental Health*, 3(2), doi:10.2196/mental.5481
- National Board for Certified Counsellors. (2015). *Policy regarding the provision of distance professional services*. Greensboro: National Board for Certified Counsellors.

Electronic Practice

Protecting Confidentiality Self-Assessment

Members are required to take reasonable measures to safeguard a client’s personal health information. Completing this exercise can help you assess your current practices when using electronic communications technologies.

NB: Members who rely on technology in their practice, whether for administrative purposes (e.g. booking appointments) or for engaging in electronic practice, must possess the knowledge, skill and judgment that is necessary to use the technologies in a manner that safeguards client confidentiality. Completing this exercise is not a substitute for adequate education or training in the use of technology for practice-related purposes. For more information, please see Professional Practice Standard 3.4: Electronic Practice as well as the Electronic Practice Guideline.

Those seeking additional resources regarding security practices in the health care sector may find it helpful to review information published by the [Information and Privacy Commissioner of Ontario](#), along with the eHealth Ontario guides to information security. This guide applies to [small offices](#). This guide applies to [complex organizations](#).

Yes	No	Instructions
		Below is a list of measures you can take to preserve confidentiality. If a measure is in place in your practice, check the box in the corresponding “Yes” column. If a measure is not in place, check corresponding box in the “No” column. Reflect on your “No” responses by considering the implications of a no response for that particular security practice and whether any improvements should be made.
		Internet Connection
		The internet connection is private and trusted.
		Wireless internet connections are private and password-protected.
		Member’s Devices
		Devices (computers, smartphones, laptops, tablets, etc.) are password protected.
		Administrator passwords are required before any installation can occur.
		Software security updates are performed regularly.
		Security scans are performed routinely to identify and eliminate viruses, malware, spyware, etc.
		Client Considerations
		Client is able to reliably access technology in a safe, private location
		You and the client explore measures the client can employ to protect their privacy (e.g. password protecting devices, refraining from sharing passwords, whether client’s email account is shared).
		Where it is appropriate to do so, you take measures to verify the identity of the client.
		You engage the client in an appropriate informed consent process.
		Sessions are recorded only if the client has provided express consent.
		Transmit encryption keys or other passwords by phone or in-person.
		Clients are informed that you are a member of a regulated health profession, and are provided the College’s contact information if this is requested.
		Voice or Video Communications
		Use platforms that encrypt transmitted information.
		Use platforms that provide unique access codes for each client and, as appropriate, each session.

		Written Communications
		Only communicate as much information as is appropriate or required considering the circumstances.
		Encourage clients to communicate only as much information as is appropriate or necessary.
		Transmit information using secure methods (e.g. password protected or encrypted).
		Records Management
		You are aware that written communications and recordings could be considered a form of transcript
		You have devised a method to store your clinical records and communications with clients in a manner that safeguards them against theft, loss and unauthorized access, use and disclosure.
		Your clinical record contains notations of your communications with the client.
		In consideration of electronic practice, consent processes are appropriately documented.
		General
		Establish a policy that describes your communications practices.
		Routinely change access and administrator passwords for devices, accounts, software and hardware such as modems or routers.

Briefing Note for Council

Meeting Date:	November 29, 2018
Agenda Item #	12
Issue:	CRPO Position Statement: Access to Care
Attachment(s):	DRAFT CRPO Position Statement on Access to Care
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Background:

The College is aware that barriers to access to care with RPs exist across the province for a variety of reasons. If considered in relation to ability to receive needed mental health services, the importance of the psychotherapeutic relationship and the benefits of continuity of care, these barriers constitute a risk of harm to the public.

For context, specific barriers include that RPs: are not on the approved list of providers to complete referral letters for gender affirmation surgery; cannot sign Ontario Disability Support Program applications; are not included in the list of regulated providers in the Financial Services Commission of Ontario's Professional Services Guideline for care related to motor vehicle accidents; are required to bill HST on their services. Additional barriers include the limitations on or absence of coverage for RP services in third party insurance coverage available to many individuals.

CRPO has been asked to engage in these issues – including those that relate to fees and compensation - through requests from associations and from individual members. Members attending the town halls in October repeatedly expressed concern about their ability to provide care in the face of these barriers. However, as a regulatory college, it would not be appropriate for CRPO to take a position supporting how much or how members are compensated and so staff has been cautious in their responses.

Nevertheless, as the body charged with the public protection, it may be appropriate for the College to take a position with regards to barriers to access to care provided by RPs. Therefore, with due consideration given to the limits of the regulatory mandate, the Council is being asked to consider adopting a position statement on access to care that would support the recognition of the RP title, affirm CRPO's efficacy in protecting the public and acknowledge the role that members play in the provision of mental health services in Ontario.

Key Considerations:

- There are a number of areas or instances where government still does not fully recognize RPs (e.g., to provide letters of referral for gender affirmation surgery) and so CRPO will have ongoing work to do in terms of ensuring that the regulated status of members is acknowledged.

- A position statement could be used to provide information to support individual members and their professional associations in advocating for changes that could improve access to needed mental health care provided by RPs.

Recommendations:

That the Council adopt the position statement and that staff be authorized to share the statement as needed.

DRAFT Position Statement on Access to Care

The College of Registered Psychotherapists of Ontario (CRPO) supports measures to remove barriers that are challenging equitable access for Ontarians to the care that Registered Psychotherapists (RPs) are well-positioned to provide.

A strong regulatory environment means that all stakeholders in the health care system can be confident in the quality of care provided by RPs. The College of Registered Psychotherapists of Ontario is committed to establishing and maintaining the standards for qualified and accountable psychotherapy services in Ontario. As the provincial regulator of Ontario's more than 6,500 RPs, protecting the public is our primary mandate. Since 2015, CRPO has established and implemented regulatory mechanisms that provide accountability for safe, ethical and competent psychotherapy practice, including:

- ensuring anyone applying for registration with CRPO meets rigorous educational standards before they can practise as an RP or use the protected title
- establishing and enforcing standards and guidelines for the practise and conduct of members
- upholding the quality of care by developing a robust quality assurance program to ensure members continually improve their skills and knowledge
- responding to complaints and reports about the care provided by members

The public has grown to expect that RPs will be accessible members of their care teams in both private practice and in health care organizations in the community as well as in hospitals. However, some challenges in the delivery system remain, impeding access to care that RPs are well-positioned to provide. By leveraging the growing number of RPs within the system broadly, the province's mental health care services could be better optimized, resulting in improved access to appropriate continuity of care with providers and in the setting of choice.