

Town Hall Q&A

Members who attended our four town halls in Sudbury, London, Ottawa and Toronto shared their questions and insights during the discussion. Here are some questions members posed that all members may be interested in.

Health Systems Issues

Q: What is CRPO doing about barriers such as a lack of third party insurance coverage for psychotherapy and the requirement for psychotherapists to charge HST?

A: The College is concerned about challenges like these that the public may face in accessing psychotherapy services. We support measures to remove barriers that undermine equitable access for Ontarians to the care that 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. As the provincial regulator of Ontario's more than 6,400 RPs, protecting the public is CRPO's primary mandate. Since 2015, CRPO has established and implemented regulatory mechanisms that provide accountability for safe, ethical and competent psychotherapy practice.

CRPO has published a [position statement](#) on access to care that can be used by professional associations, members and mental health advocates. Our position is that the province's mental health care services can be better optimized, resulting in improved access to appropriate continuity of care with providers and in the setting of choice. Members who wish to participate in advocacy efforts are encouraged to contact their professional associations. We will continue to advance our role as the regulator as the regulatory counterpoint to these efforts, and continue to ensure that RPs are accountable, safe, competent practitioners.

Q: Why doesn't CRPO lobby for changes to third party insurance coverage?

A: The role of regulatory colleges is set out in provincial law: CRPO exists to protect the public interest. Because of this, CRPO can't engage in advocacy on behalf of members while still maintaining the public's trust. This is why the College does not lobby for changes to how or how much RPs are remunerated,

Instead, our role in this equation is to support the interests of clients/the public by ensuring RPs continue to provide effective, safe care. We do this by:

- 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 robust quality assurance programs to ensure members continually improve their skills and knowledge
- responding to complaints and reports about the care provided by members

Clinical Supervision

Q: The College of Psychologists of Ontario (CPO) says that their members cannot supervise for the sole purpose of third party billing. What is CRPO's position on this?

A: CPO and CRPO's position are not different on this front. Supervision that is only in place in order to allow a member to bill under the psychologist and that does not meet CRPO's standards is not acceptable. For it to be legitimate, supervision means a [contractual relationship](#) in which a clinical supervisor engages with a supervisee to:

- promote the professional growth of the supervisee;
- enhance the supervisee's safe and effective use of self in the therapeutic relationship;
- discuss the direction of therapy; or
- safeguard the welfare of the client.

This supervision must meet all of the [relevant CRPO standards](#) related to clinical supervision, informed consent, record keeping, billing practices etc.

Q: What are the clinical supervision requirements for current students who plan to register with CRPO?

A: Students and graduates who are intending to register with CRPO must have an RP as a supervisor in order to perform the controlled act of psychotherapy. This is especially important as we approach the January 1, 2020 implementation of the controlled act legislation. Students may receive clinical supervision from a member of another psychotherapy-practising profession for the purposes of registering with CRPO. A non-RP supervisor is free to discuss the controlled act with the student, as long as the supervision of the controlled act is provided by an RP.

This shifts the clinical supervision needs of current and future students in education programs. Education providers will need to adjust to this shift. CRPO recognizes there may be challenges associated with this change, particularly because there is significant cross-professional supervision in the mental health professions, and this structure developed in an environment where the controlled act of psychotherapy did not exist.

CRPO will be encouraging education programs to begin communicating with students about the change in requirements, and to ensure that current and future students have access to clinical supervision provided by RPs.

Service provider organizations that offer practicums to students may need to be aware of the impact of the controlled act on supervisory relationships. They may need to be aware of the standards of other Colleges, and the impact of these on supervisory relationships.

If your agency employs RPs who routinely provide clinical supervision to students who expect to become members of another profession, you may wish to connect with the regulators of those professions to understand whether supervision provided by an RP would be considered acceptable, and whether or not this supervision may involve the controlled act.

Q: What are the clinical supervision requirements for RP (Qualifying) members working towards full RP status?

A: RP (Qualifying) members of CRPO can receive supervision from anyone who is a member of a psychotherapy-practising profession who meets CRPO's clinical supervisor [definition](#). Details of the RP (Qualifying) category are [available here](#). RP(Qualifying) members who are receiving supervision or contemplating a supervisory relationship across two professions should ensure that they and the clinical supervisor understand the implications of operating within the regulatory frameworks of two distinct professions.

Q: What are the clinical supervision requirements for RP members who do not have independent practice status?

A: RP (does not qualify for independent practice) members must receive ongoing clinical supervision until they have completed a total of 1,000 direct client contact hours and 150 hours of clinical supervision. These members can receive supervision from anyone who is a member of a psychotherapy-practising profession who meets CRPO's clinical supervisor [definition](#).

Q: So does this mean that, as a member of CRPO (that is, someone who is already registered with the College), am I allowed to be supervised by a psychologist?

From CRPO's perspective, the answer is yes – see here for more information about [who can supervise who](#). However, you or your supervisor will need to consult with CPO regarding that College's expectations of its members in providing supervision, particularly with regards to the controlled act. CPO's *Standards of Professional Conduct* and a related FAQ can be found [here](#) and a Q&A document relating to the controlled act of psychotherapy can be found [here](#).

As a member of CRPO, if you are required to receive clinical supervision for registration purposes, you must assure that your clinical supervisor meets the criteria set out in

the [definition of clinical supervisor](#). In addition, your relationship with any clinical supervisor must not interfere with your ability to abide by the [Professional Practice Standards for RPs](#).

Understand that you and your clinical supervisor would be operating within the regulatory frameworks of two distinct professions. Members of the College of Psychologists of Ontario (CPO) have a duty to maintain the standards of the psychology profession, just as members of CRPO must uphold the standards of the psychotherapy profession.

It is important to note that RPs can perform the controlled act of psychotherapy on their own authority, i.e. as members of CRPO. They do not require supervision to perform the controlled act of psychotherapy.

Finally, CPO has standards related to supervision which prohibit supervision for the sole purpose of third party billing. Likewise, CRPO requires RPs to participate meaningfully in clinical supervision. If meaningful supervision does not take place, and the arrangement is merely a guise to access third party billing, a member may be liable to investigation or discipline by CRPO.

Q: What are the clinical supervision requirements for RP members who do have independent practice status, but wish to engage in voluntary supervision (to develop competence in a particular area, for example)?

A: These members may engage in voluntary clinical supervision or may find it is necessary to do so in order to meet [Professional Practice Standard 2.0: Competence](#). Members in this category who obtain clinical supervision for professional growth or due to self-identified needs do *not* need to receive the supervision from someone who meets the criteria set out in CRPO's [definition](#) of clinical supervisor.

Members who rely on such supervision to meet QA or currency requirements must ensure the supervisory relationship aligns with the Professional Practices Standards, particularly those set out in Section 4: Clinical Supervision. CRPO recommends that members in this registration category take a commonsense approach to clinical supervision, ensuring that the clinical supervisor has the knowledge, skill and judgment necessary to meet the needs/goals of the supervision.

Q: What if I need supervision because I'm involved in a proceeding before a panel of a committee?

A: A member who is involved in a proceeding before a panel of a committee may be required to engage in clinical supervision as part of an undertaking, a specified continuing education and remediation program (SCERP), or as a term, condition or limitation placed on the member's certificate of registration. In such cases, the panel would have the authority to determine the requirements for the clinical supervisor and the parameters of the clinical supervision.

Q: I am an RP (Qualifying) member. I've joined a peer supervision group, including one peer who is an RP. Do the hours I spend receiving peer supervision from this group count towards my RP registration?

A: Yes, clinical supervision can be individual, dyadic or group. However, applicants must complete at least 50 per cent of their clinical supervision hours in an individual or dyadic format. The remaining 50 per cent may be group supervision, including structured peer group supervision. Structured peer group supervision differs from group clinical supervision in that the latter is led by a clinical supervisor, whereas the former includes at least one member who would qualify as a clinical supervisor but is an equal participant (not the leader). Structured peer group supervision often occurs in an institutional setting but may be formalized outside such settings.

Group supervision may include **structured peer group supervision** if it is formal and structured, and includes at least one group member who meets [CRPO's definition of a clinical supervisor](#).

Applicants can receive group clinical supervision that includes up to eight supervisees. Up to 20 per cent of the clinical supervision hours required for the Registered Psychotherapist category can be completed in groups of nine to 12 supervisees, provided the clinical supervisor attests that learning is promoted for all supervisees in the group for the hours submitted.

Controlled Act of Psychotherapy

Q: Are all unregulated psychotherapy providers required to register with CRPO? Does the controlled act change anything for them?

A: CRPO acknowledges the value and importance of the array of work done by unregulated providers who often establish genuine therapeutic relationships with their clients to improve health outcomes and well-being. The providers may use psychotherapy techniques as an ancillary part of their duties.

However, the College does not consider these providers (many of whom work with vulnerable populations in the education, social services, victim services, corrections and community services sectors) to be providing the controlled act of psychotherapy. Examples of the kind of interventions provided by unregulated providers include, but are not limited to, activities such as those that help to foster life skills, teach techniques for coping with acute situations, crisis intervention and de-escalation, and service coordination.

The College has created a [self-assessment tool](#) posted on the CRPO website that will help anyone wondering whether they should register with CRPO to reflect on their therapeutic practice and understand whether it would fall under the provisions of the controlled act

of psychotherapy. Unregulated providers who believe that they are performing the controlled act may need to restrict their practice in order to ensure that they are not engaged in unauthorized practice.

Q: The controlled act definition includes the terms “serious disorder” and “serious impairment.” Does this mean RPs will be expected to diagnose clients? And who determines what is “serious”?

RPs do not have the authority to communicate a diagnosis, but they are expected to be competent at making clinical assessments and forming a clinical opinion about the client’s condition or a case conceptualization. In the practice of psychotherapy, RPs use their knowledge, skill and judgement to determine whether their client’s condition is serious, having considered the information provided by the client, the RP’s own clinical assessment, and/or any assessments conducted by another care provider.

CRPO Membership

Q: Why are CRPO fees higher than social workers’ fees? Why do I have to pay full fees if I only work part time?

CRPO has among the lowest fees of all the health regulatory colleges. In the case of social workers, they have many more members than CRPO does, so there are more people among whom the cost of running the college can be spread. At the same time, all health regulatory colleges need to undertake the same functions, regardless of their size. These functions include:

- completing thorough investigations into all complaints
- dispensing with every complaint and report made to the college, including those that proceed to discipline
- having funds of \$16,000 per individual who makes an allegation of sexual abuse against a member and requests funding for therapy or counselling
- funding a rigorous quality assurance program

This is why even those who work part-time must pay the same fee as a full-time worker: the cost of, for example, investigating a complaint into a member’s practise is the same, regardless of how many clients per month that member sees.

Q: What does CRPO do to ensure members are culturally competent?

A: Cultural competence is a requirement for all members at entry to practice. When members register with CRPO, they agree to abide by the [Code of Ethics](#), which calls upon them to respect

the diversity of all persons and to challenge personal biases. The [Professional Practice Standards](#) specifically require that members do not discriminate when providing (or refusing to provide) services to clients. The Quality Assurance Program also assesses members with respect to their cultural competence, and requires participation in learning exercises or other forms of remediation for any members who demonstrates a competency gap in this area of practice. If a complaint around a lack of cultural competence came up in a complaint, it could be addressed in prescribed education.

Q: What should I do if I need an accommodation in my dealings with CRPO?

A: CRPO complies with AODA requirements, and our accessibility [customer service standard](#) is posted online. Any applicant or member who requires an accessibility accommodation is encouraged to contact us to discuss how CRPO can meet their needs.

Q: I need help with sorting out my QA requirements and the IT involved.

A: Detailed instructions are available on the [website](#), including videos around how to use the [PD tools](#) and how to sort out your [deadlines](#). For further support, please email qa@crpo.ca.

Q: Why isn't the CRPO website in French and English?

A: At this time, translating our website and all of our resources into French is cost-prohibitive. However, we do track and monitor the frequency with which our French documents are accessed. Staff also identify key resources and these are translated as a matter of course. If a member would like something in particular translated, members can make that request.

Public Engagement

Q: Is there anything being done about making the public aware CRPO exists?

A: Regulatory colleges have had an ongoing struggle with getting the message out that we exist to protect the public and can provide reliable information about our competent, accountable members. CRPO works in partnership with the Federation of Health Regulatory Colleges of Ontario who have launched a [website](#) providing definitive information about all 26 health regulatory colleges in the province. CRPO also takes the information needs of the public into account in everything that we develop and post to our site. That said, we are aware that there is more to do and so the College is developing a public engagement/education plan, with a modest budget set aside for this, including a social media campaign.

Q: I work in northern Ontario. What can I tell people who find the title confusing? They are used to counsellor or therapist, but not registered psychotherapist.

A: It may be challenging to introduce the Registered Psychotherapist title into a community that isn't used to it. In rural or northern communities, where scopes of practice may be highly elastic, people may be used to receiving care from providers they are familiar with, such as local counsellors, nurse practitioners or physicians.

RPs are encouraged to promote their protected title as a sign of the skills, training and quality of care they provide. Speaking with health care patients and prospective clients about your expertise and the fact that you're regulated can help frame the value-add that you bring to the community. It may also be helpful to distinguish your practice from counselling, where the focus is on providing information, giving advice, encouragement or instruction.