

COUNCIL AGENDA

Date: Friday, March 1, 2019

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

Location: 375 University Avenue, Suite 803; Boardroom

Chair: Andrew Benedetto, President

#	Time	Item	Attachments	Action	Lead
1.	9:30	Welcome & Opening Remarks		INFORMATION	A. Benedetto
2.	9:35	Approval of Agenda & Minutes	1. November 29, 2018 Draft Minutes	MOTION	A. Benedetto
3.	9:40	Conflict of Interest Declarations			A. Benedetto
4.	9:45	President's Remarks		INFORMATION	A. Benedetto
5.	9:55	Registrar's Report	1. Registrar's Report	INFORMATION	D. Adams
6.	10:05	Committee Reports to Council <ul style="list-style-type: none"> • 6.1. Client Relations • 6.2. Discipline • 6.3. Examination • 6.4. Executive • 6.5. Inquiries, Complaints & Reports • 6.6. Nominations & Elections • 6.7. Registration 	1. Committee Reports	INFORMATION	Various presenters
7.	10:25	Governance Review	1. Briefing Note 2. CNO submission	DISCUSSION/ DIRECTION	A. Benedetto/ D. Adams
	11:00	BREAK			
8.	11:15	Self-assessment survey		PRESENTATION	D. Adams
9.	11:35	<u>Update:</u> Strategic Planning		INFORMATION	A. Benedetto
10.	11:45	<u>IN CAMERA:</u> 2019-20 Expense Budget		MOTION	A. Benedetto/ J. Falkenburger
	12:10	LUNCH			
11.	1:10	Council Committee Assignments	1. Briefing Note	DISCUSSION/ DIRECTION	A. Benedetto
12.	1:20	Committee Composition	1. Briefing Note	INFORMATION/ DISCUSSION	A. Benedetto
13.	1:40	<u>Draft Regulation: Defining Client for Sexual Abuse Provisions</u>	1. Briefing Note 2. Draft Regulation 3. Public Consultation Results	MOTION/ DEFERRAL	C. Cowan- Levine

			4. Letter from OACCPP		
14.	1:50	<u>Draft Policy</u> : Clinical Experience for Registration	1. Briefing Note 2. Draft policy	MOTION/ DIRECTION	M. MacFarlane
15.	2:05	<u>Draft Guideline</u> : Electronic Practice	1. Briefing Note 2. Draft Guideline 3. Draft Security Practices 4. Public Consultation Results	MOTION/ DIRECTION	M. Kardos Burton
	2:15	BREAK			
16.	2:30	<u>By-laws</u> : Registration History on Public Register	1. Briefing Note	MOTION/ DIRECTION	A. Benedetto/ M. Pioro
17.	2:45	<u>Update</u> : Education Program Meeting		INFORMATION/ DISCUSSION	
18.	2:55	Question Period			
19.	3:00	New Business & Call for Agenda Items			
	3:05	ADJOURNMENT		MOTION	
		Next Meetings: <ul style="list-style-type: none"> • June 20, 2019 • September 13, 2019 • November 21, 2019 			

COUNCIL MINUTES

Thursday, November 29, 2018

9:30 a.m. to 2:00 p.m.

375 University Avenue, Suite 803

Council Members:

Andrew Benedetto, RP (President & Chair)
Shelley Briscoe-Dimock, RP
Gary Cockman
Carol Cowan-Levine, RP
Miranda Monastero, RP
Pat Rayman, RP
Steven Stijacic
Kevin VanDerZwet Stafford, RP

Staff Members:

Deborah Adams, Registrar
Alexandra Brennan, Coordinator, Registration & Program Review (Recorder)
Jo Anne Falkenburger, Director of Operations & HR
Sabina Hikel, Manager, Communications
Andrew Laughton, Coordinator, Registration & QA
Lene Marttinen, Manager, Quality Assurance
Mark Piro, Director, Professional Conduct & Deputy Registrar
Kelly Roberts, Coordinator, Operations & Human Resources

Regrets:

Kenneth Lomp, RP
Malcolm MacFarlane, RP

1. Welcome and Opening Remarks

A. Benedetto, President & Chair, called the meeting to order at 9:30 a.m. and welcomed all present.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-29NOV2018 – M01: Moved by K. VanDerZwet Stafford, seconded by G. Cockman

That the agenda of the November 29, 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. Minor copyediting errors were noted.

MOTION C-29NOV2018 – M02: Moved by C. Cowan-Levine, seconded by S. Stijacic

That the draft minutes of the September 13, 2018, meeting of Council be approved as amended.

CARRIED

4. Conflict of Interest Declarations

None declared.

5. President's Remarks

A. Benedetto, President, addressed the implications of Council being unconstituted for the day's meeting. Council would be able to offer direction to staff and committees but there would be no motions to vote on. He also noted that the scheduled strategic planning session had been moved to the spring when hopefully Council would be constituted. He assured Council that the College's committees, panels, and staff will be able to continue their work despite the reduced number of public members.

A. Benedetto also reflected on the four CRPO member town halls that took place in Toronto, Ottawa, London and Sudbury throughout the month of October, stating that it was a pleasure to see how engaged members are and noting the increased sense of professional identity since the creation of the College.

6. Registrar's Report

D. Adams, Registrar, introduced her report to Council and provided an update on the reappointment of public members. Seven RHPA colleges are currently unconstituted. This number will rise to ten by the end of the year. It was noted that CRPO will be unable to constitute discipline panels if public members are not reappointed by February. D. Adams noted that the lack of appointments or reappointments is not limited to the Health Professions colleges. To date, no appointments have been made by the Public Appointments Secretariat since the new government took office in June 2018.

Before their appointments expired, the chairs of the Discipline and Quality Assurance committees were asked to delegate chair work for their committees. G. Cockman was delegated as Chair of the Discipline Committee and K. Lomp as Chair of the Quality Assurance Committee. Delegation is a finite appointment, typically lasting only one meeting. As it is unclear how long these delegates will need to serve as Chair, D. Adams will ask the Executive Committee to formalize their appointments as Interim Chairs.

Bill 30 passed in Alberta, creating the College of Counselling Therapy. The College will regulate Counselling Therapists, Addictions Counsellors, and Child and Youth Workers. The Federation of Associations for Counselling Therapists (FACT) is acting in a capacity similar to that of the Transitional Council to prepare for proclamation. The proclamation date has not yet been set. CRPO staff is working with FACT to share resources and information as needed. D. Adams noted that Alberta would be the fifth province to regulate the profession.

7. Committee Reports to Council

7.1. Client Relations

C. Cowan-Levine, Chair, presented the Client Relations Committee report to Council and thanked the Registrar and staff for their work in reviewing materials for the draft guideline and regulation.

7.2. Examination

A. Benedetto, President, presented the Examination Committee report to Council on behalf of the Chair. D. Adams noted that a sitting took place in October with the highest number of registrants to date. Ongoing work is focusing on improving preparation materials in advance of the Fall 2019 sitting.

7.3. Executive

A. Benedetto, Chair, presented the Executive Committee report to Council and highlighted the work of the Committee around public appointments and non-council Committee appointments.

7.4. Inquiries, Complaints & Reports Committee

K. VanDerZwet Stafford, Chair, presented the ICRC report to Council and noted that staff had reported an increase in the volume of complaints.

7.5. Quality Assurance

A. Benedetto, President, presented the Quality Assurance Committee report to Council on behalf of the Interim Chair.

7.6. Registration

A. Benedetto, President, presented the Registration Committee report to Council on behalf of the Chair. He drew Council's attention to the discussion of clinical supervision in relation to the controlled act.

8. Public Member Appointments

D. Adams provided an update on Public Member Appointments as part of the Registrar's Report.

9. Draft Guideline: *Sexual Contact with Former Clients beyond Five-Years Post Termination of Care*

C. Cowan-Levine, Chair, Client Relations Committee, presented the draft guideline for approval by Council. D. Adams shared the responses from the public consultation on the guideline. Council approved the guideline by consensus vote. The vote will be ratified once Council is properly constituted.

10. Draft Regulation: *Defining Client for Sexual Abuse Provisions*

C. Cowan-Levine, Chair, Client Relations Committee, asked Council to approve circulation of the draft regulation during the mandatory 60-day public consultation period. Council approved the draft regulation for public consultation by consensus vote. The regulation will be brought forward for ratification after the consultation period at the next constituted Council meeting.

11. Draft Guideline: *Electronic Practice*

A. Laughton, Coordinator, Registration & QA, introduced the revised guideline, which incorporates feedback offered at a previous Council meeting. Council approved the draft regulation for public consultation by consensus vote.

12. Access to Care Statement

D. Adams, Registrar, introduced the proposed Access to Care position statement. Council approved adoption of the position statement by consensus vote.

13. Controlled Act Task Group

D. Adams, Registrar, provided an update on the College's involvement with the Controlled Act Advisory Committee as the Ministries prepare for the act to go into full effect. She highlighted upcoming staff presentations on the controlled act to employers, educational programs, and associations. The

controlled act documents and self-assessment tool have been published and are already being used in Health Professions Appeal and Review Board (HPARB) appeals and the registration process. The controlled act task group will need to discuss what to do in the event that the prescribed categories do not become part of the regulation.

14. Member Town Halls

D. Adams, Registrar, discussed the top issues and participant feedback from the town halls. A. Benedetto, President, noted the wide range of attendees and that it was helpful for members to be able to hear what the college is working on.

15. Presentation: Social Media

S. Hikel, Acting Manager, Communications, presented on the pros and cons of health regulators having a social media presence. A public engagement plan will be presented at a future Council meeting.

16. Presentation: Conflict of Interest

M. Piro, Director, Professional Conduct & Deputy Registrar, presented on conflict of interest declarations, including how one would determine whether a conflict of interest exists.

17. Question Period

Questions included non-council member appointment process and clinical supervision.

18. Adjournment

MOTION C-NOV292018 – M03: Moved by C. Cowan-Levine, seconded by G. Cockman

That the meeting be adjourned at 1:15 p.m.

CARRIED

Registrar's Report to Council

March 1, 2019

Respectfully submitted by: Deborah Adams

Federation of Health Regulatory Colleges of Ontario

FHRCO has been engaged with government to anticipate the work that will be needed to address the Ministry of Health and Long-Term Care's (MOHLTC) expected regulatory modernization plans. Representatives from the Ministry were at the December FHRCO meeting to discuss developments since the June 2018 election and to provide initial information on their key priorities, including a plan to work with FHRCO to develop a performance framework for the regulatory system.

As part of FHRCO's efforts to support member colleges in preparing for transformation, they held event in December related to regulatory governance. The College of Nurses of Ontario presented their work on a governance review and overhaul; Andrew Benedetto and I attended and found it to be very useful.

CRPO will be hosting FHRCO's next meeting on February 21; a report on this will be provided at the next Council meeting.

Professional Self-regulation in Alberta

On December 11, 2018 the [Mental Health Services Protection Act](#) received royal assent in Alberta. This Act will see the creation of a new College of Counselling Therapy of Alberta under the *Health Professions Act* to regulate about 5,000 counselling therapists, addiction counsellors and child and youth care counsellors. It also protects the use of these professional titles and the title "psychotherapist."

CRPO staff have been in contact with FACT-ALBERTA, the alliance of professional associations that represent counsellors and therapists practicing in that province and who worked to establish the regulatory college. We have been providing information and resources to assist the group as they get ready for proclamation, which is expected this fall.

We have also started to discuss the possibility of holding a pan-Canadian meeting for regulated and will work toward hosting this once the Alberta college is online.

Office of the Fairness Commissioner

In winter 2018, all bodies regulating professions and compulsory trades responded to a 17-question survey sent by the OFC to determine the availability of French-language services in the registration process. CRPO was one of three health regulators who reported providing 100% French language registration practices.

Health Professionals Appeal and Review Board

Staff will be meeting with the Chair of HPARB on March 5. This is part of outreach that the Board is doing to discuss work with colleges to ensure efficiency of processes. Staff is looking forward to providing feedback on our experience with the Board and to hear about ways in which we can improve communications regarding both registration and complaints appeals.

Nominations and Elections

Under the direction of the Nominations and Elections Committee, staff has been planning several initiatives to increase member engagement with College elections, both through candidacy and voting.

An updated [Election Guide](#) has been posted to CRPO's website. Along with the more informative [district maps](#) that were provided earlier this year, this material is aimed at better informing members about the nominations and elections process.

A webinar is planned for March 14 that will see Council members M. Monastero and K. VanDerZwet Stafford speaking to registrants about the work of being a council member. We are keen to see this happen as a more effective way of conducting outreach. A copy of the webinar will also be archived on the website for later access.

Professional Development

I'm pleased to congratulate M. Piore and J. Smith who have had a presentation accepted to the Council on Licensure Enforcement and Regulation's (CLEAR) annual education conference, to be held in Minneapolis, Minnesota in October 2019. CLEAR's Annual Educational Conference is attended by more than 600 members of the regulatory community from across North America, Europe, Australia and New Zealand. Mark and Jenna will be presenting "Addressing Complaints in a Mental Health Profession: Lessons for All Regulators."

There are number of professional development initiatives happening over the coming months for both staff and Council:

- CLEAR board training for College president and vice-president in March
- CLEAR leadership training for three members of management team in March
- SOAR decision and reason writing training for staff in May
- FHRCO Discipline training for three Council members in May

A presentation by UK's Professional Standard's Authority Sir Harry Cayton attended by three members of Management team in January. This was a helpful addition to the work staff has been doing to understand the right-touch framework as it may apply to CRPO.

Education Program Meeting (further details to be provided as part of agenda)

On January 30, CRPO hosted a meeting with the education programs whose graduates routinely apply for registration. Thirty-two programs were represented by 30 people in attendance in person and 20 via webinar. Topics covered included:

- Registration Requirements and Membership Categories for Applicants
- Controlled Act of Psychotherapy and Supervision
- Review and Recognition
- *Private Career Colleges Act*

Aprio Implementation

Staff continues to work on the implementation of our new board platform software, Aprio. Initial plans included having all of Council receiving training by March 11; in order to allow all members of staff to complete comprehensive training and to begin to populate the platform with materials, this has been pushed back. A full update will be provided in person at the meeting.

Public Appointments

We received notice of the re-appointment of Mary Kardos Burton, Sheldon Kawarsky and Barbara Locke Billingsley on December 14, 2018. These public members were re-appointed to their previous committees by the Executive Committee on December 21, 2018, via email. At time of writing, Council is fully constituted with the minimum required five publicly appointed Council members on board. However, Steven Stijacic's terms ends on February 23 and the Public Appointment Secretariat (PAS) staff have indicated that they do not expect to see any appointments made to CRPO before this expiry. We expect to be unconstituted by the time of this meeting, making us one of three FHCRO colleges who do not have the numbers required by their legislation.

Staff will maintain contact with the PAS to try to see this resolved.

Updates

I wanted to draw Council's attention to the significant amount of work being done by committees and panels as well as by staff. As membership numbers continue to increase, workload is shifting and we are seeing each of the College's core functions up and running effectively, despite the growth.

Quality Assurance

Members who were registered between January 1, 2017 and August 31, 2018 were required to complete the new member QA requirements by November 30, 2018. The new member requirements involve completing a self-assessment that allows members to identify their own areas of competence and areas for potential development. The requirement also involves the creation of learning goals, which allow members to plan for their professional development activities for their first two-year professional development cycle.

The chart below represents the completion status of this cohort, at the time of writing:

Completion Status	Number of Members
Satisfactorily Completed Requirements	2551
Have Not Completed Requirements to Satisfaction	18
Requesting an Extension or Deferral of the Requirements	12
TOTAL	2581

Registration

At time of writing, membership numbers were as follows:

Status	Number of Members
RP(Q)	715
Inactive	145
Active	5848
TOTAL	6708

Renewal opened on February 1. Staff produced and posted a 'how-to' [video](#) to assist members in completing their renewal. As of February 15:

- 333 members completed renewed via fast track
- 263 members completed renewal with review by staff required
- 1509 members started renewal

Staff are currently able to complete reviews within 24 hours of submission; there will be a slower turnover once renewal numbers increase.

Regular route applications continue to be received in high numbers. In the first 15 days of February, 69 people started and application process and another 52 started JRP. Staff anticipates further increases as the academic year starts to end and students either move close to completion or actually complete their programs.

ICRC

The number of complaints and reports has been steadily increasing. The following summary provides a sense of the growth in complaints and reports relative to membership numbers:

Year	Complaints and Reports	Number of Members
2016	19	3162
2017	23	4004
2018	39	6044
2019 (estimated)	58	6679
2020 (projected)	73	7200

Social Media

At time of writing this report, the College's Twitter account (@crpontario) has 59 followers. Its Facebook account (@CofRPO) has 227 'likes.'

6.1. Client Relations Committee Report to Council

March 1, 2019

Committee Members

- Carol Cowan-Levine, RP (Chair)
- Shelley Briscoe-Dimock, RP
- Sue Lymburner, RP (Non-Council Committee Member)
- Pat Rayman, RP
- Steven Stijacic (term ending February 23, 2019)
- Mary Kardos Burton
- Barbara Locke Billingsley

Committee meetings:

- February 20, 2019

Panel meetings:

- January 21, 2019

Committee Meetings

At the November 2019 Council meeting, Council authorized a 60-day circulation of the **Draft Regulation Defining Client for Sexual Abuse Provisions**. The draft regulation was posted on the CRPO website for feedback from the public, members and stakeholders. At the time this report was written, the CRC planned to meet on February 20, 2019, to discuss the feedback.

Panel Meetings

At the January 21, 2019 panel meeting, the Client Relations reviewed an application for [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. The applicant requested funding for out of country services. The panel approved funding for direct services. The panel did not approve funding for accommodation, travel or medication.

Formal Motions to Council

- See agenda item #13.

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

6.2. Discipline Committee Report to Council

March 1, 2019

Committee Members

- Gary Cockman (Chair)
- Heidi Ahonen, RP (Non-Council Committee Member)
- Andrew Benedetto, RP
- Malcolm MacFarlane, RP
- Shelley Briscoe-Dimock, RP
- Carol Cowan-Levine, RP
- Mary Kardos Burton
- Sheldon Kawarsky
- Barbara Locke Billingsley
- Kenneth Lomp, RP
- Miranda Monastero, RP
- Pat Rayman, RP
- Len Rudner
- Steven Stijacic (term ending February 23, 2019)
- Kevin VanDerZwet Stafford, RP

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Since the last Council meeting, one hearing has been scheduled to take place on February 27, 2019, at Victory Verbatim. A verbal update will be provided at the March 1, 2019 Council meeting.

Training

G. Cockman, Chair, attended the FHRCO Advanced Discipline Training on November 3, 2018.

Formal Motions to Council

n/a

The Committee Recommends:

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

Respectfully submitted,

Gary Cockman
Chair, Discipline Committee

6.3. Examination Committee Report to Council

March 1, 2019

Committee Members

- Kenneth Lomp, RP (Chair)
- Andrew Benedetto, RP
- Barbara Locke Billingsley
- Gary Cockman
- Kevin VanDerZwet Stafford, RP
- Steven Stijacic (term ending February 23, 2019)

Committee meetings:

- February 14, 2019

Panel meetings:

- n/a

Examination Committee Meeting

Since the last Council meeting, one meeting has been scheduled to take place on February 14, 2019. At the time this report was written, the meeting had not yet occurred. A verbal update will be provided at the March 1, 2019 Council meeting.

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

6.4. Executive Committee Report to Council

March 1, 2019

Committee Members
<ul style="list-style-type: none">• Andrew Benedetto, RP (Chair)• Carol Cowan-Levine, RP• Sheldon Kawarsky (reappointed December 12, 2018)• Malcolm MacFarlane, RP• Steven Stijacic

Committee meetings:

- November 29, 2018 (in person)
- December 11, 2018 (teleconference)
- February 7, 2019 (in person)

At the November 28, December 11 and February 7 meetings, the Executive Committee considered the following matters:

Auditor Appointment

The Executive Committee accepted CRPO staff recommendation to appoint Welsh LLP as the organization's new auditors. The committee was informed that it is best practice to regularly review the organization's auditors, and four requests for proposal (RFP) were submitted for consideration. CRPO staff noted that the College currently uses a different arm of Welsh LLP to handle bookkeeping; however, staff is confident that appropriate safeguards are in place to ensure no conflict of interest exists. In addition, this existing relationship will increase efficiency in the transition.

Committee Appointments

S. Stijacic was appointed to the Nominations & Elections Committee. This committee was left without a public member when public appointments were not made to immediately replace or reappoint members whose terms had expired.

On December 14, 2018, CRPO staff received confirmation from the Public Appointments Secretariat (PAS) that Sheldon Kawarsky and Barbara Locke Billingsley were reappointed for 12-month terms; Mary Kardos Burton was reappointed for a six-month term. On December 21, 2018, via email, the Executive Committee approved the reappointment of these members to their previous committees. The Executive also addressed the low number of public member appointments on the Quality Assurance Committee. They agreed to reappoint Sheldon Kawarsky to the QAC and to remove him from the Examination Committee, where there is a sufficient number of public members.

The Executive is proposing to revisit committee appointments after the election results are known.

Non-Council Member Appointment to Registration Committee

The Executive approved the appointment of Muriel McMahon, RP, to the Registration Committee. M. McMahon will participate in a registration committee panel regarding an application received using the Indigenous Pathway registration application.

Election Timelines & Strategic Planning

The Executive Committee reviewed the election timelines and how the outcomes of the election may affect the strategic planning session taking place in June 2019. Ultimately, the committee recommended selecting an election date in June and left it to the Registrar and President to finalize the election timelines, as per established election processes. They also discussed the impact of the uncertainty surrounding public member appointments on the timing of the strategic planning. The committee discussed the implications of further delaying the strategic planning process to take place in the fall.

The Committee was informed that the election will close on June 21, 2019, at 5:00 p.m. and approved the proposed timeline for the strategic planning process. Strategic planning will take place in September 2019.

Governance

The Executive Committee was updated on the modernization of regulation that is being considered by the provincial government, the work of other Federation of Health Regulatory Colleges of Ontario (FHRCO) members, and in other jurisdictions. The committee was asked to consider how CRPO is positioned in terms of determining and adopting best practices in governance. The committee reviewed proposed timelines to review and consider these changes.

Q3 Statement of Operations

J. Falkenburger, Director of Operations & Human Resources, presented the Q3 financial statements to the Executive Committee for information, responding to requests for clarification where needed.

Annual Budget

J. Falkenburger, Director of Operations & Human Resources, presented the Annual Budget. This item will be reviewed by Council in-camera (see agenda item F€).

Registrar's Performance Evaluation

The Executive Committee received the President's report on the Registrar's annual performance evaluation.

Proposed By-law Change: Registration History on Public Register

See agenda item FÏ . This is being brought forward to this meeting for consideration and will be addressed as a discussion item in the event that Council is not properly constituted.

Controlled Act Regulation as Policy

The Executive Committee was informed of the status of the Controlled Act Regulation that was submitted to the Ministry of Health and Long-Term Care on July 1, 2018. If the regulation is not approved by government, the committee discussed adopting the intent of the controlled act regulation as policy. This would allow the College to use the authority of a policy to support registration related decisions. The item will be brought forward to the Controlled Act Task Group to determine how the documents will be framed and presented to the membership.

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

6.5. Inquiries, Complaints and Reports Committee Report to Council March 1, 2019

Committee Members
<ul style="list-style-type: none"> • Kevin VanDerZwet Stafford, RP (Chair) • Shelley Briscoe-Dimock, RP • Carol Cowan-Levine, RP • Miranda Goode Monastero, RP • Kathleen (Kali) Hewitt-Blackie, RP (Non-Council Committee Member) • Mary Kardos Burton (re-appointed December 12, 2018) • Sheldon Kawarsky (re-appointed December 12, 2018) • Kenneth Lomp, RP • Pat Rayman, RP • Steven Stijacic (term ending February 23, 2019)

Plenary meetings:

- N/A

Panel meetings:

- December 6, 2018
- January 8, 2019
- February 4, 2019

New Complaints & Reports Summary¹

Current fiscal (to date)	April 1, 2018-Present
Formal Complaints	47*
Registrar's Investigations	8

*includes two formal complaints that were subsequently withdrawn

Complaints and Reports

The College continues to receive formal complaints and reports at a steady pace. Since the previous Council meeting on November 29, 2018, the number of complaints increased from 31 to 47 and the reports received has doubled. Staff continue to rely on contract investigators to assist with investigations and the bulk of decision writing.

Recent Allegations

Recent allegations in ICRC matters include issues related to confidentiality, boundaries, record-keeping, competence, general conduct (e.g. professionalism, communication), discontinuing services, and sexual abuse, including comments of a sexual nature.

Formal Motions to Council:

n/a

¹ Doesn't include ongoing complaints and reports opened in previous fiscal years.

The Committee Recommends:

- That the Inquiries, Complaints and Reports Committee's Report to Council be accepted as presented.

Attachments:

n/a

Respectfully submitted,

ICRC Staff

6.6. Nominations & Elections Committee Report to Council

March 1, 2019

Committee Members
<ul style="list-style-type: none"> • Pat Rayman, RP (Chair) • Malcolm MacFarlane, RP • Steven Stijacic

Committee meetings:

- December 21, 2018 (teleconference)

At the December 21, 2018, meeting, the Nominations & Elections Committee considered the following matters:

Elections Communications Plan

CRPO staff shared the proposed elections communications plan with the Committee noting that one of the goals of the plan is to encourage members to nominate themselves and their colleagues and to increase the understanding around the role of Council members and Council as a whole. Leading up to the nomination and election period, CRPO staff will create video and webinar content to inform members about the role of the College and the part that Council members play – including details on time commitment, demands of committee and Council work, opportunities to contribute to ongoing work and how the CRPO governs. The Member Communiques will also play a role in informing members of deadlines and sending targeted communications to districts with low engagement and unique needs.

Election Timing

The Committee was informed of the following timeline for the 2019 District Elections:

March 22, 2019	Notice of elections
April 23, 2019	Nomination deadline
April 29, 2019	Nominations verified by Nominations & Elections Committee
May 22, 2019	Online election opens for voting
June 21, 2019	Last day of election Online ballots must be received by 5:00 p.m.

Competency Profile

The Committee was informed of the recent trends in governance and regulation moving towards a more modern approach that would include council and committee appointments based on member competencies as opposed to undergoing an election process. As such, the CRPO must ensure that effective onboarding and training is developed to facilitate this transition.

Formal Motions to Council

n/a

The Committee Recommends:

- That the Nominations and Elections Committee Report to Council be accepted as presented.

Respectfully submitted,

Pat Rayman
Chair, Nominations and Elections Committee

6.7. Registration Committee Report to Council

March 1, 2019

Committee Members

- Malcolm MacFarlane, RP (Chair)
- Heidi Ahonen, RP (Non-Council Committee Member)
- Andrew Benedetto, RP
- Barbara Locke Billingsley
- Gary Cockman
- Carol Cowan-Levine, RP
- Tamar Kakiashvili (Non-Council Committee Member) (term ended December 12, 2018)
- Sheldon Kawarsky

Committee meetings:

- January 31, 2019

Panel meetings:

- December 7, 2018
- December 14, 2018
- January 10, 2019
- January 25, 2019
- February 22, 2019

At the January 31, 2019 plenary meeting, Registration Committee considered the following matters:

Prior Learning Assessment and Recognition (PLAR)

The minimum admission requirement for programs registering as Private Career Colleges will be set at a bachelor's degree or equivalent. The Registration Committee directed staff to research recommendations for developing and strengthening PLAR processes to provide guidance for programs wishing to apply for recognition and currently recognized programs.

Bridge to Registration and Employment in Mental Health (BREM) Admissions Process

The Registration Committee considered a proposed admissions process and evaluation tool from the BREM program to streamline the CRPO application process for internationally-trained practitioners participating in the bridging program. The Registration Committee gave approval for staff to continue working with BREM and Word It Write to develop a process for the Committee's approval.

Review & Recognition

- P. Beggs of Word It Write gave a presentation to the Registration Committee on the program review process.
- A report from Word It Write (WIW) regarding the Toronto Institute for Contemporary Psychoanalysis Diploma in Psychoanalytic Psychotherapy program was reviewed. The

Registration Committee approved the recommendation that the program be recognized.

- The Registration Committee directed staff to consult with educational programs, Word It Write, and other stakeholders to develop the recognition renewal process.

Competency Evaluation Tool

The Registration Committee discussed developing a tool for students and supervisors to assess development of the entry-to-practice competencies in practicum and employment sites. The Registration Committee directed staff to conduct further research.

Registration Regulation Amendments and Policy

The Registration Committee considered possible regulation amendments and policies for regular route applicants. The Registration Committee directed staff to draft policies concerning the requirement to make a first attempt at the Registration Examination within 24 months of application submission and the requirement for Qualifying members to be actively pursuing the requirements to transfer to the full RP category.

The Registration Committee directed staff to draft a regulatory amendment requiring a minimum number of hours for registration as an RP in the Qualifying category. The Registration Committee also discussed the possibility of releasing a statement encouraging applicants to gain clinical experience before submitting their applications as an interim measure and directed staff to conduct further research.

Program Definition Policy

The Registration Committee reviewed and approved a policy defining the interpretation of “program” in the context of Section 6(1)(1)(iv) of the Registration Regulation. This policy will assist students in evaluating whether they have completed an acceptable program (or combination of programs) for the purposes of registration.

Clinical Experience Policy

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. The Registration Committee voted to recommend that Council circulate the policy for public consultation.

Credential Assessment Policy

The Registration Committee discussed creating a policy on acceptable assessment providers for internationally-trained applicants. The Registration Committee directed staff to conduct further research.

Panel Meetings

The November 13 meeting was one hour in length. Two one-hour meetings took place on December 14. The other listed meetings were full-day meetings. Below are the statistics for these meetings up to January 25. At the time this report was written, the February 22 meeting had not yet taken place.

Total applications reviewed between Nov. 13 and Jan. 25	87
Approved	9
Refused	69

Terms, Conditions & Limitations	5
Request for more information	4

Health Professions Appeal and Review Board Update

Since the November 29, 2018 Council meeting, the Health Professions Appeal and Review Board (HPARB) has returned two decisions. In the first decision, HPARB confirmed the decision of the Registration Committee panel to approve the applicant upon successful completion of two courses. In the second decision, HPARB confirmed the decision of the Registration Committee panel to refuse registration.

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

- [P.D. v College of Registered Psychotherapists](#)
- [L.H. v College of Registered Psychotherapists](#)

Committee Membership Changes

Shikha Kasal has left both Council and the Registration Committee. Tamar Kakiashvili (Non-Council Committee Member) has also left the Registration Committee. The Chair would like to express appreciation for their valuable contributions to the Committee and wish both of them the best in their future endeavours.

Sheldon Kawarsky's previous appointment term ended on October 27, 2018. Barbara Locke Billingsley's term ended on November 17, 2018. They were both reappointed to Council by the Public Appointment Secretariat on December 14, 2018 and resumed their membership on the Registration Committee at that time.

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:	March 1, 2019
Agenda Item #	7
Issue:	Governance Review
Attachment(s):	College of Nurses of Ontario: Governance Reform Legislative Submission summary
References:	See References (last page of this briefing note)
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams

Notes:

This briefing note is intended to inform initial discussion of a governance review for CRPO. It is also being used to support Council in developing an understanding of the work that is being done in the regulatory sector in Ontario and many other jurisdictions. As a result, it includes references to a considerable number of resources that staff have been reviewing. A brief annotation pertaining to the relevance of each of the references is provided in the body of this note.

A list of the formal resources (e.g., legislation, published reports, articles) that are referenced is appended at the end of the note. Links to these documents as well as other resources (e.g., web pages, presentations) are also embedded in the document (they appear as blue, underlined text). All of the background resources are offered only for Council members who wish to view source materials directly; they are not required for the purposes of the discussion at this meeting.

Background:

Through the work of the Transitional Council, CRPO's governance model was established to align with the requirements of the [Health Professions Procedural Code](#) (Code), which is attached as a schedule to the [Regulated Health Professions Act, 1991](#) (RHPA). In tandem with by-laws that govern specific operations, the Code prescribes in general terms how each college works. The Transitional Council was able to benefit from the knowledge and experience of established regulatory colleges while also drawing on the expertise of those who had been involved with the profession and with the provision of mental health services in Ontario. As a result, CRPO developed a governance model and approach that was well-suited to 'newly

regulating an old profession' and incorporated many best-practices. The planned governance review will build on this solid foundation to ensure that the College is in the best-possible position to respond to expected changes.

While there have been periodic revisions to the RHPA since its proclamation, there has never been any major overhaul to the legislation. Changes to the province's health care system as well as the public's expectations around transparency and accountability of the regulatory colleges has led many stakeholders to question whether the RHPA is still an appropriate framework. Increasingly, the consideration of emerging best-practices in other Canadian jurisdictions as well as in other countries suggests that there are, in fact, more effective ways to regulate professionals across and within many disciplines (e.g. healthcare, law, etc.).

Messaging from government indicates that they are moving quickly to ensure that Ontario's regulatory model is still fit for purpose. We have already seen this new government acting definitively on a policy agenda that includes significant changes to health, education and other areas. Senior Ministry of Health and Long-Term Care staff have noted that they have been given clear direction to modernize the RHPA and have advised that colleges can expect to see an increasing number of incremental changes to the regulatory framework as a way of moving steadily toward significant transformation. It is important to note that Assistant Deputy Minister Denise Cole was charged last year with leading "the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role" (October 18, 2018 memo from Helen Angus, Deputy Minister of Health and Long-Term Care).

The Ministry has also established a working group to lead the "development and implementation of a publicly reported measurement framework for college performance" as another initiative that will very likely inform RHPA changes. This framework is expected to:

- Increase transparency and accountability of how well each college is performing individually as well as a "system" of regulators.
- Provide benchmark information that will help the colleges identify opportunities for improvement and standardization where appropriate.
- Enable ministry collaboration at an early stage when required.
- Support system change by better engaging colleges in supporting changing government priorities, population health needs, and care delivery models.

The terms of reference give the Ministry's working group a mandate that runs until spring of 2019 to report back on their recommendations. It is expected that, once completed, the work of this group will form the basis for reporting and accountability requirements that will be expected of all health regulatory colleges. This is a departure from the past 25 years of practice and is very much in line with a provincial government that has suggested that the model of professional self-regulation needs to be updated.

In contemplating what may be required of colleges in response to government modernization efforts, there is a growing body of work that is available to CRPO to consider, particularly in thinking about governance. This includes:

- An Ontario government-funded report from the McMaster Forum entitled [Modernizing the Oversight of the Health Workforce in Ontario](#). The report's focus is to provide direction to Ontario's health-system leaders who, it notes, "are attempting to position the health system to respond to the evolving needs of Ontarians." This report concludes that "oversight mechanisms in place have not kept pace with the changing health system"

and proposes a three-element focus to modernization: i) use of a risk-of-harm approach to health-workforce oversight; ii) use of competencies as the focus of oversight; and iii) employment of a performance-measurement and -management system for the health workforce and its oversight bodies.

- An Ernst and Young report, [Managing Transformation: A Modernization Action Plan for Ontario](#) that comprises a line-by-line review of Ontario government expenditures for fiscal years 2002/03 through 2017/18. This report, commissioned by the government through the Ontario Treasury Board Secretariat, concluded that “Ontario is moving to outcome-and risk-based regulatory management frameworks.” Perhaps most significant for CRPO were two assertions made by the authors: i) “there must be assurance that policy, regulatory, funding, and delivery organizations are operating on a most efficient organizational basis, and that there is a clear understanding of results and how they are being improved continually”; and ii) in order to take up a modern role, government needs to “accelerate the simplicity of Ontario’s regulatory frameworks across all ministries.”
- [Fit for the Future: Report of the Independent Review of Legal Services Regulation in Scotland](#), which makes 40 recommendations to modernize the regulation of legal services, many of which are in line with the best-practices being proposed across the health regulatory sector in Canada (e.g., equal public and professional representation on Councils; a risk-based approach, etc.).
- The Professional Standards Authority [Report on Right-touch reform: A new framework for assurance of professions](#), which represents close to a decade of work that determined that “the current framework for the regulation of health and care professionals in the UK is outdated and needs to modernize [sic] to ensure it can protect the public today and in the future.” Council will remember that the Professional Standards Authority work was presented to them at the November 2018 meeting through a staff presentation on the topic entitled [Right Touch/Risk Based Regulation](#).
- Nova Scotia Barristers’ Society’s [Transforming Regulation and Governance in the Public Interest](#), which informed efforts to build a new approach to regulation that is “designed to be more responsive to a diverse and profoundly changing environment” and that formed the basis of the regulator’s [2013-2016 strategic plan](#).

Other health colleges that are part of the Federation of Health Regulatory Colleges of Ontario, most notably the College of Nurse of Ontario (CNO) and the College of Physicians and Surgeons of Ontario (CPSO), have also begun the work of governance reviews with a view to preparing for - or even driving - government modernization efforts.

Key Considerations:

At its December 2018 meeting, CPSO’s Council put forward a number of recommendations (summarized in an article in their monthly publication [Dialogue](#), entitled [Helping Shape Governance Reform](#)) related to governance. These changes include:

- reducing the size of Council
- establishing an equal split between public and professional members
- creating a separation between the Council and statutory committees
- increasing diversity of Council members
- adopting a hybrid model of appointments and election of professional members
- developing required competencies for Council members

- instituting equal remuneration for public and professional members

The CPSO Council has given themselves three years to see these changes implemented and a new model of governance fully in place.

Similarly, CNO has proposed fundamental changes to their Council structure and governance. [CNO's work began in 2014](#) and involved a thorough assessment of their own practices as well as an exhaustive review of regulatory practices around the world. A timeline is provided in their It took more than four years of engagement with council to complete and resulted in a report titled [Vision 2020](#). A summary of the changes (along with a comparison to the current state of governance and the rationale for the change) is contained in CNO's [legislative submission](#), which is attached to this briefing note. At a high level, these changes are very similar to those being considered by CPSO and include:

- reducing the number of council members
- splitting the council equally between public and professional members
- eliminating elections for professional members and moving to competency-based appointments
- establishing advisory groups (drawn from a broad range of stakeholders) to ensure that Council's decision making is informed by diverse perspectives
- implementing an external evaluation of the college's effectiveness that would be completed and shared publicly every three years

In December of 2018, CNO's Council approved a regulatory submission to government proposing the revisions to legislation that would allow the changes that have been identified as needed to ensure public protection and sustainability of professional-self regulation. They have explicitly stated that they are asking government to make these changes by 2020 and have identified the following potential approaches to revising the applicable legislation:

- i) enable CNO to pilot a new model of regulatory governance
- ii) enable any college to change its governance model (opt-in approach)
- iii) require all colleges to change their governance models (mandatory for all)

If the government accepts CNO's proposal, it will ultimately have implications for all health regulators, including CRPO. The possibility of a mandatory for all approach means that CRPO needs to be prepared to consider and implement governance model changes over what could be a fairly short horizon and to be able to do so in a way that accounts for the profession-specific needs of the College.

Given the Transitional Council's thoughtful approach, which considered the lessons learned by colleges that had been in operation since the 1991 proclamation of the RHPA, CRPO has already been using a number of best-practices (e.g., in being policy driven versus taking an operational role, investing in robust quality assurance programming, and considering the appropriate level of intervention to promote public protection without unnecessarily hampering professional autonomy).

Recommendations:

Given the approach that government has indicated they will be taking to modernizing the RHPA, which includes a focus on a shift in governance, there is a need for CRPO to prepare to respond to a changed, modernized RHPA, one that will likely result in college councils that look and behave quite differently than now. In order to prepare for this, staff and the Executive Committee are working to provide Council members with more information about the emerging

best practices that are informing Ministry decision-makers. The proposed education will build on current, overall knowledge of governance as well as previous presentations on risk-based/right-touch regulation. One of the goals of providing the education is to support each member in contributing to a strategic plan that will position CRPO for the anticipated shift in the province's regulatory scaffolding.

In view of the substantial information to be considered, there is a need to ensure that Council has time to incorporate any learning into their thinking and approach and to contemplate the specifics of CRPO's work. Given this, an iterative process is planned in order to:

- build on the lessons learned and conclusions drawn by other regulators who have already invested considerable time and resources into governance reviews;
- use an iterative approach in order to allow Council to apply new knowledge to assess the College's current approach and performance and to use this assessment to direct decision-making.

Ultimately, Council members will be asked to use this education to shape the development of a formal strategic plan. In short, the question to be understood is "what do we need to work toward?" in preparation for the anticipated changes to the regulatory framework.

Staff proposed that the education and assessments, starting with the March 2019 meeting, be broken down into sessions to happen at each council meeting, with oversight by the Executive Committee in between to ascertain that needed capacity for change is being developed. Through this, it is envisaged that Council will be best able to assess how CRPO measures up against identified best practices, and how well are we positioned to adopt any needed best practices.

Timeline:

March

- initial education and discussion of best practices building on the right-touch/risk-based framework already presented to Council, including summary of current status of existing projects (CNO's Vision 202, CPSO, other regulators, etc.)
- Council to provide input on self-assessment related to use of best-practices

April-May

- Council self-assessment survey circulated and results collected

June

- Review of self-assessment results
- Presentation of where CRPO is using or could use best practices and where we need to adopt new practices

September

- Update on government work as well as status of regulatory reform and governance initiatives

December

- Presentation on models to evaluate individual and collective knowledge and skills to monitor and improve governance performance

References

To access the report materials referenced in this briefing note, click on the links below.

***note that links to reports are provided in order in which the references appear in the briefing note.*

McMaster Health Forum (2017). *Modernizing the Oversight of the Health Workforce in Ontario*. [online] Available at: <https://www.mcmasterforum.org/docs/default-source/product-documents/evidence-briefs/workforce-oversight-eb.pdf?sfvrsn=4>

Ernst & Young (2018). *Managing Transformation: A Modernization Action Plan for Ontario Line-by-line Review of Ontario Government Expenditures 2002/03 - 2017/18*. [online] Available at: https://files.ontario.ca/ey_report_2018_en.pdf

Robertson, E. (2018). *Fit for the Future Report of the Independent Review of Legal Services Regulation in Scotland*. [online] Available at: <https://www2.gov.scot/Resource/0054/00542583.pdf>

Professional Standards Authority (2017). *Right-touch reform A new framework for assurance of professions*. [online] Available at: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_7

Nova Scotia Barristers' Society (2013). *Strategic Framework 2013 - 2016*. [online] Available at: https://nsbs.org/sites/default/files/ftp/2013-2016_strategicframework.pdf

College of Physicians and Surgeons of Ontario (2018). *Helping Shape Governance Reform. Dialogue*, [online] (4, 2018), pp.25-26. Available at: <https://view.joomag.com/dialogue-volume-14-issue-4-2018/0392819001547478882/p25?short>

College of Nurses of Ontario (2017). *Vision 2020*. [online] Available at: <http://www.cno.org/globalassets/1-whaticno/governance/final-report---leading-in-regulatory-governance-task-force.pdf>

Attachment 1

**College of Nurses of Ontario – Governance Reform
Legislative Submission**

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
Terminology			
Council of CNO	Board of Directors of CNO	Changing the titles of the people and groups who govern CNO makes their roles and responsibilities clearer to the public.	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i> • O. Reg. 275/94
Council member(s)	Director(s)		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
President of Council	Chair of the Board of Directors		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Vice-President of Council	Vice-Chair of the Board of Directors		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Executive Director of the College	Registrar & CEO of CNO		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i> • O. Reg. 275/94
Size, Composition, and Function of Board of Directors			
Size: 35 to 39 Council members	Size: 12 directors	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	<ul style="list-style-type: none"> • <i>Nursing Act, 1991</i>

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
<p>Council is composed of:</p> <ul style="list-style-type: none"> • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public 	<p>Board of Directors is composed of:</p> <ul style="list-style-type: none"> • 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus • 6 members of the public 	<p>Eliminating the professional majority on CNO's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in CNO. However, professional expertise in regulation is maintained.</p>	<ul style="list-style-type: none"> • <i>Nursing Act, 1991</i>
<p>Executive Committee exercises Council's powers in between Council meetings.</p>	<p>No Executive Committee necessary.</p>	<p>A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions.</p>	<ul style="list-style-type: none"> • RHPA
Procedures for Board of Directors			
<p>The 21 nurse Council members are elected by their peers in accordance with the College's by-laws.</p>	<p>All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors.</p> <p>Appointments are based on</p>	<p>Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the</p>	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>

<p>The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council.</p>	<p>the role.</p>	<p>Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.</p>	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
<p>Nurse Council members:</p> <ul style="list-style-type: none"> • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.^{iv} 	<p>All directors serve:</p> <ul style="list-style-type: none"> • 3-year terms of office; with a • maximum of 6 consecutive years of service. • a 1-year extension is provided for the Chair of the Board of Directors to serve a second term. 	<p>Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.</p>	<ul style="list-style-type: none"> • RHPA
<p>No term limits exist for public Council members.</p>			
<p>Expenses and remuneration of:</p> <ul style="list-style-type: none"> • nurse Council members are paid by the College in accordance with the by-laws, while • public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. <p>The amounts paid by the College and the Minister are unequal.</p>	<p>Expenses and remuneration of all directors are:</p> <ul style="list-style-type: none"> • equal; and • paid by CNO in accordance with the by-laws. 	<p>CNO is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.</p>	<ul style="list-style-type: none"> • RHPA

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
<p>Council is led by:</p> <ul style="list-style-type: none"> • The President; and • 2 Vice-Presidents (1 RN and 1 RPN) <p>They are elected annually by the Council from among the Council's members.</p>	<p>Board of Directors is led by:</p> <ul style="list-style-type: none"> • the Chair; and • the Vice-Chair. <p>They are appointed annually by the Board on the basis of competencies.</p>	<p>The selection of Board leadership is to be on the basis of competencies and not professional designation.</p>	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Composition of Statutory Committees			
<p>Panels of the following statutory committees currently must include Council members:</p> <ul style="list-style-type: none"> • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee <p>Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.</p>	<p>Directors on the Board do not sit on statutory committees.</p>	<p>Eliminating the overlap in membership between the Board of Directors and the statutory committees of CNO recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.</p>	<ul style="list-style-type: none"> • RHPA (with amended regulations) • O. Reg. 275/94

ⁱ This column describes the current state of CNO's governance as set out in relevant legislation.

ⁱⁱ Please refer to the following reports for the evidence underlying Vision 2020:

- Leading in Regulatory Governance Task Force. "Final Report: A vision for the future." Updated May 2017. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf>
- "Governance Literature Review." Updated November 28, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf>
- Governance Task Force. "Trends in Regulatory Governance." January 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf>
- "Jurisdictional Governance Review Survey Summary Report." January 16, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf>

ⁱⁱⁱ The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

^{iv} Please note that CNO's by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits CNO's nurse Council members to a maximum of 6 consecutive years of service.

Briefing Note for Council

Meeting Date:	March 1, 2019
Agenda Item #	11
Issue:	Council Committee Assignments
Attachment(s):	n/a
References:	n/a
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Background:

In Fall 2018, Council was asked by the Executive Committee to consider delaying the November review of committee appointments until April 2019. This delay would allow the Registration Committee to remain intact so that experienced members could complete the considerable work of grandparenting reviews, which were expected to be completed by March 2019. Individual members of Council were given the opportunity to make specific change requests but in general, committee appointments remained the same.

The Executive Committee has reviewed the timing for committee review and appointments. While the original intent of maintaining committee composition proved worthwhile, with the Registration Committee able to complete its review of grandparenting applications in February 2019, it was noted that there were factors that may warrant further consideration of committee assignment timing. The workload in the three statutory committees (Registration, Quality Assurance and ICRC) continues to shift with the ongoing growth in membership and commitment to development work and so evaluation what is needed in terms of experience and expertise remains critical for all three. Additionally, possible and anticipated changes to Council membership due to public appointments and Council elections are likely through June 2019. An outline of these changes is provided in the summary table below.

EVENT	AUTHORITY	2019 DATES	POTENTIAL POSITIONS AFFECTED
General Council elections (professional members)	By-law 10.02 – Election Date “Except for the first election ... an election of members to Council shall be held on a date determined by the Registrar between May and June, inclusive of each year, according to the following schedule...”	June 21, 2019	Elected terms of 4 of 9 professional members ending <ul style="list-style-type: none"> - District 6 (currently vacant) - District 7 (two positions) - District 8
Public appointments	Public Appointment Secretariat, through	Varied (see next column)	Public appointee terms ending for

	subsection 6(1)(b) of the Psychotherapy Act, 2007, individuals are appointed as part-time members of the Council “at the pleasure of the Lieutenant Governor in Council...”		4 of minimum 5 public appointees <ul style="list-style-type: none"> - 23-Feb-2019 (at time of writing, potentially a vacancy at meeting) - 11-Jun-2019 - 11-Dec-2019 (two positions)
Executive Committee Elections	By-law 6.02 – Election Procedure “At the first regular Council meeting after the elections for Council members, Council shall elect by secret ballot from among those members of Council eligible for election, the President, Vice-President and any other officer positions...”	September 13, 2019 (proposed)	All officer positions, with President at maximum term (i.e., definite changeover of President) <ul style="list-style-type: none"> - President - Vice-president - Public appointee - 2 members at large

Key considerations:

With changes to Council numbers (i.e., fewer public members) and the possibility of changes to professional members (through elections and term expiry) Council needs to determine how best to ensuring ongoing effectiveness of committees.

Adequate lead time for any changes needs to be ensured to allow transition (in particular, orientation and training); Council will need to consider what is an appropriate time frame for making decisions.

Recommendations:

The Executive Committee recommends maintaining current Committee Appointments recognizing the significant number of actual and potential changes to Council membership and is seeking direction from Council in this matter.



Briefing Note for Council

Meeting Date:	March 1, 2019
Agenda Item #	12
Issue:	Committee Composition
Attachment(s):	n/a
References:	n/a
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams

Background:

The Transitional Council of CRPO was responsible for establishing the statutory and standing committees as well as task and working groups in anticipation of the proclamation of the *Psychotherapy Act*. They did so in accordance with the requirements of the [Health Professions Procedural Code](#) (Code) as well as the [College's by-laws](#). The Transitional Council worked to appoint members to committees based on the expertise needed for each of the College's core functions, the expected workload of each committee and interest or preferences expressed by Council members. This approach served the Council well, allowing the College to undertake needed capacity development in its earliest days of operation and to be prepared for proclamation and the work that followed.

Since then, individual members have invested time and the College has invested resources in training and professional development to ensure that Council members were provided with the support needed to be effective in their roles. Council members have served on committees – particularly those committees with a significant amount of panel work – and developed expertise in the various regulatory authorities and processes related to the committee mandate.

The appointment of Council members to committees has typically taken place after the Executive Committee is formed. Since the Executive elections have been held in September (at the first meeting after general elections in May or June), this has meant that committee appointments historically took place in November.

Key Considerations:

- **Workload for the core statutory committees is shifting.**

Committee appointments must always consider the expertise needed for the College's core functions and the expected workload of each committee. Initially, Council members were assigned to either the Registration Committee (RC) or Inquiries, Complaints and Reports Committee (ICRC), since these were the committees that included the most panel work and so required the greatest time commitment.

With the end of grandparenting, there is a shift in workload expected of the RC as applicants will be entering only through the regular route. ICRC has seen a considerable increase over the last year in the number of matters it must review; this is linked to the rapid growth in membership and the increasing awareness on the part of the public of the College's role in complaints. The Quality Assurance Committee (QAC) has a growing amount of panel work related to member QA submissions and is also slated to undertake resource development over the coming year, adding to the time commitment that will be required of members.

The other standing committees and ad hoc working and task groups have and will continue to operate with varied time commitments required based on workload and established events (e.g., the Examination Committee will meet to review the results and appeals resulting from each of the spring and fall exam sittings; CRC will continue project work and will also be called upon to review funding requests as needed).

The process of committee appointments may be improved by considering changing workload and the anticipated requirements for all three statutory committees as well as other key areas.

- **Investments in orientation and professional development are considerable and benefits may be diminished by significant committee appointment changeover.**

As CRPO works to offer greater opportunities for orientation and training and to take advantage of available external professional development (e.g., through CLEAR, FHRCO, etc.) Council members have access to develop considerable expertise in relation to their work on committees as well as regulation in general.

Additionally, there is a growing move, identified in regulatory best practices, toward competency-based council appointments. This best practice proposes that each regulatory function have defined competencies for members involved in the execution of those functions – this suggests that each Council member would develop and maintain a particular skill set for the specific committees of which they are a member.

The process of committee appointments may be improved by considering more clearly articulated expectations related to competencies and skill/experience building.

- **Historical timing for committee changeovers can leave newly elected professional Council members without an assignment for as many as 5 months.**

The usual sequence of events for Council changeovers is as follows:

- June - General elections
- September - Executive elections
- November - Committee appointments

This timing was, in part, to defer to a newly elected Executive Committee to determine assignments. Given the systems through which professional members are elected and public members are appointed, there will always be transition in Council membership. However, the current system means that newly elected professional members and public appointees whose terms start before November may not receive their committee assignments for some months.

The process of committee appointments may be improved if appointments can be made as soon as a new member is elected or appointed rather than waiting until November each year.

- **Reducing the number of transitions and the dates on which they happen could allow CRPO to ensure more continuity of experience on committees as well as allow a consolidation of training.**

In any year, there will be changes to both public and professional members.

In 2019, for example, there are a significant number of potential and actual changes expected. The summary chart (included in the Briefing Note for agenda item 11) outlines these changes, the authority that dictates when they happen, and the number of council positions affected this year.

Where appointments can be made as soon as a new member is elected or appointed, then committees will benefit from the competencies and experience of existing members of committees.

- **There is an opportunity to consider the needs of committees and the appointment process as part of the upcoming work of Council, to be determined by strategic planning.**

Given that Council will be participating in strategic planning in the coming year, there may be an opportunity to consider the process as a whole (the timing, developing specific competencies, exploring a more proactive approach to non-elected appointments) to ensure that the evolution of the Council builds on the foundations established by the Transitional Council while taking into account the emerging best-practices related to regulatory governance.

Recommendations:

That Council considers what timing and processes related to committee assignments will best serve the College in carrying out its mandate of public protection by ensuring that committees have experienced and knowledgeable members who have received appropriate initial orientation and ongoing support to be effective. And, having deliberated on the issue, that Council directs the Executive Committee to work with staff to recommend and institute an appropriate process for committee appointments.

Briefing Note for Council

Meeting Date:	March 1, 2019
Agenda Item #	13
Issue:	Draft Regulation: <i>Draft Regulation Defining Client for Sexual Abuse Provisions</i>
Attachment(s):	<ul style="list-style-type: none"> • Draft Regulation: <i>Defining Client for Sexual Abuse Provisions Statutory Definition of Client</i> • Public Consultation results
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:

The *Protecting Patients Act, 2017* (Bill 87) made changes to the *Regulated Health Professions Act, 1991* (RHPA) and its Health Professions Procedural Code. For the purposes of the sexual abuse provisions, the definition of “patient” was expanded to include an individual who was a member’s client¹ within the last year. 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.

Bill 87 expanded the grounds for mandatory revocation of the certificate of registration of a member who has sexually abused a patient. Suspension was made mandatory in sexual abuse cases that do not involve conduct requiring mandatory revocation. These legislated changes apply to all Colleges under the RHPA.

Bill 87 also provided Colleges with the ability to develop a regulation to address the period of time an individual will be deemed to be a client for the purposes of the relevant sexual abuse provisions.

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. The final version of the policy was approved by Council on June 28, 2018. The policy was an interim measure while the CRPO waited for the government to proclaim into force the ability of the Colleges to pass a regulation extending the mandatory waiting period required in the RHPA.

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 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.

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.

On November 29, 2018, the CRC presented a draft regulation to extend the therapeutic relationship for a period of five years to Council. Council approved the draft regulation for 60-day public consultation. The consultation closed on February 8, 2018. Please see the attached feedback.

At the time of writing, a CRC meeting to review feedback from the public consultation was pending. The CRC also plan to decide whether to recommend Council approve for submission to the Ministry of Health and Long-Term Care.

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
- Once the College makes a regulation to this effect, the mandatory penalty required by the RHPA 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:

If Council is constituted on March 1, 2019:

It is recommended that the regulation is approved for submission to the Ministry of Health and Long-Term Care.

If Council is not constituted on March 1, 2019:

In this eventuality, no motion is required, and the regulation will be brought back once Council is properly constituted.

Proposed Motion:

[Be it moved] That Council approves the draft *Regulation Defining Client for Sexual Abuse Provisions* for submission to the Ministry of Health and Long-Term Care as presented [or amended].

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

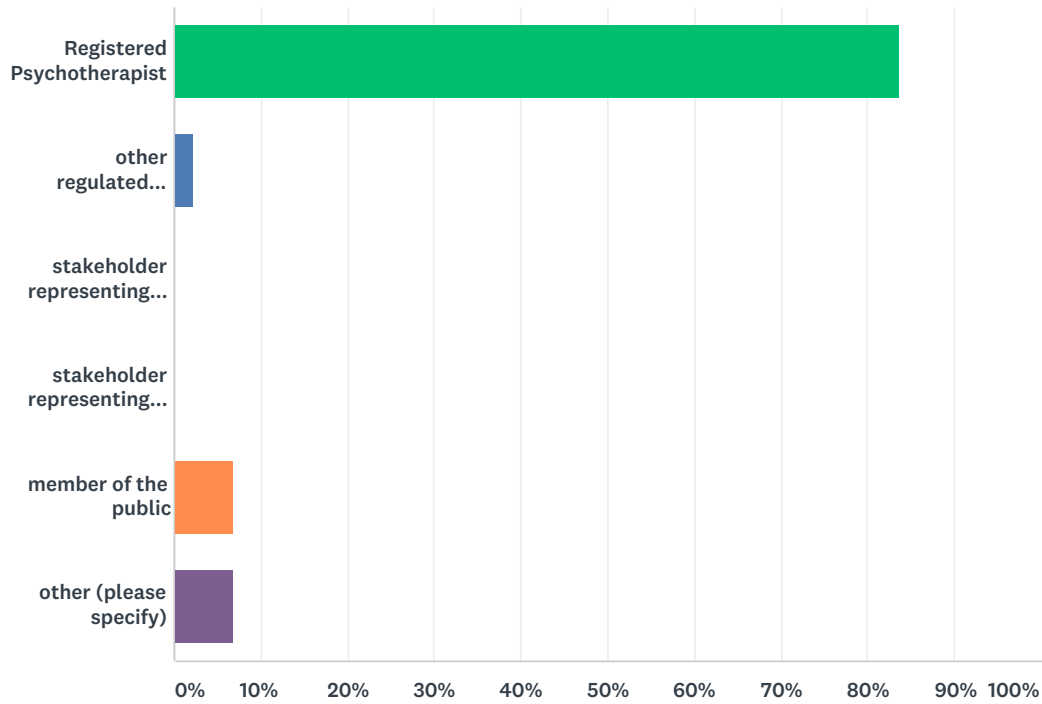
Draft Regulation Defining Client for Sexual Abuse Provisions

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.

Q1 Are you a:

Answered: 43 Skipped: 0

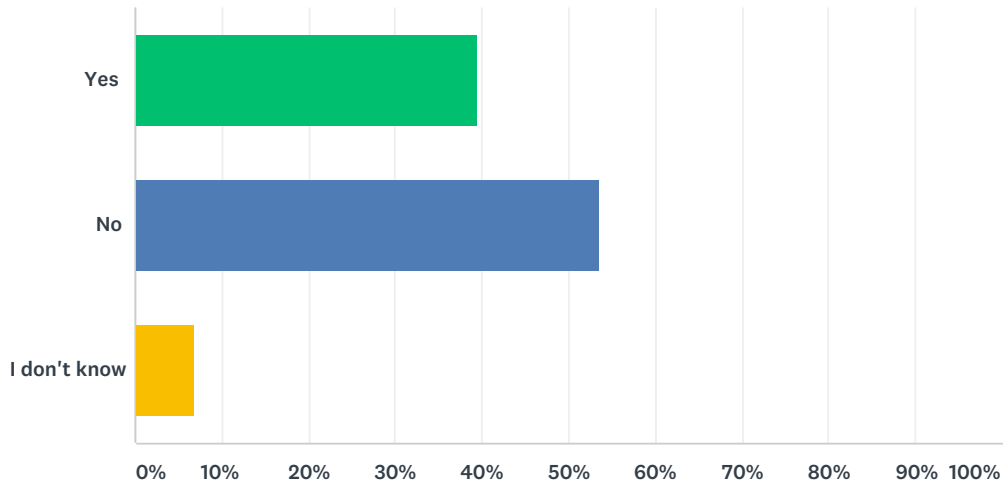


ANSWER CHOICES	RESPONSES	
Registered Psychotherapist	83.72%	36
other regulated professional	2.33%	1
stakeholder representing a professional organization	0.00%	0
stakeholder representing a service-providing organization	0.00%	0
member of the public	6.98%	3
other (please specify)	6.98%	3
TOTAL		43

#	OTHER (PLEASE SPECIFY)	DATE
1	MASTER STUDENT (FUTURE RP)	2/7/2019 12:45 AM
2	do not wish to disclose	1/3/2019 6:16 PM
3	Counsellor	12/15/2018 12:20 PM

Q3 Do you support the proposed regulation?

Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	39.53%	17
No	53.49%	23
I don't know	6.98%	3
TOTAL		43

Briefing Note for Council

Meeting Date:	March 1, 2019
Agenda Item #	14
Issue:	Clinical Experience for Registration Policy
Attachment(s):	DRAFT Clinical Experience for Registration Policy
References:	Definitions
For:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	S. Fraser
Submitted by:	Registration Committee

Background:

Regular route applicants and Qualifying members currently rely on the definitions for the scope of practice of psychotherapy, direct client contact, and clinical supervision as guidance regarding whether their clinical experience will fulfill registration requirements. Applicants and members may wrongly assume their hours will be counted, spend time in roles the College will not recognize, and necessitate Registration Committee panel and HPARB resources clarifying the acceptability of the experience after-the-fact. To address this issue, the policy on *Clinical Experience for Registration* has been drafted.

Key Considerations:

The Registration Committee and staff feel that this policy presents the minimum features of acceptable clinical experience to ensure competent practice, while providing sufficient flexibility to accommodate different modalities and practice contexts. The policy ties into other work being done by the College around the controlled act and entry-to-practice competency mapping.

The definition for direct client contact includes psychotherapy that occurs face-to-face, using telephone, Skype, video-link, and email. The proposed policy requires the majority of the direct client contact hours required to transfer from Qualifying to the full RP occur face-to-face. The purpose of this is to ensure competencies related to communication and the therapeutic process are sufficiently developed prior to a practitioner being able to practice independently.

According to the previous College policy, up to 20% of clinical supervision hours (i.e. a maximum of 30 hours) could occur in groups of 9-12 supervisees. The proposed policy limits the group size for all supervision hours to a maximum of eight supervisees. Academic research suggests that four to eight supervisees is the ideal number of participants in group supervision¹.

¹ Grigg, G. (2006). Designs and Discriminations for Clinical Group Supervision in Counselling Psychology: An Analysis. *Canadian Journal of Counselling/Revue Canadienne de Counseling*, 40(2).

Proactive communication with stakeholders will be required around these changes to make sure that the College is being transparent and fair.

Recommendations:

Given the significant implications for CRPO stakeholders, the Registration Committee recommends circulation of the policy *Clinical Experience for Registration* for a 60-day public consultation.

Implementation date:

TBD

Proposed Motion:

If Council is constituted on March 1, 2019:

That Council approve the 60-day circulation of the policy *Clinical Experience for Registration* as presented.

If Council is not constituted on March 1, 2019:

That Council, by consensus, supports staff in circulating the *Clinical Experience for Registration* policy for 60-day public consultation.

Jacobs, E. E., Masson, R. L., & Harville, R. L. (2002). *Group counseling: Strategies and skills*. Pacific Grove, CA: Brooks/Cole

Ray, D., & Altekruise, M. (2000). Effectiveness of group supervision versus combined group and individual supervision. *Counsellor Education and Supervision*, 40, 19–31.

Approved by:

Date:

DRAFT Clinical Experience for Registration Policy

Purpose

To protect the public, the College needs to ensure that Registered Psychotherapists have gained entry-to-practice competencies through supervised practice of psychotherapy. This policy clarifies what clinical experience the College considers adequate for acquiring and refining these competencies. Clinical experience refers to direct client contact (DCC) and clinical supervision. This policy should enable applicants and members to determine whether their clinical experience will be accepted for registration purposes.

Sources of Authority

RHPA Code

Objects of College

3 (1) The College has the following objects:

2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.

Registration Regulation

Registered Psychotherapist class, registration requirements

6. (1) Subject to section 7 and subsection 13 (2), the following are non-exemptible registration requirements for a Registered Psychotherapist certificate of registration:

3. The applicant must have successfully completed clinical experience in psychotherapy that includes at least 450 hours of direct patient [client] contact and at least 100 hours of clinical supervision where that clinical supervision relates to those hours of direct patient [client] contact.

Policy

To become a full Registered Psychotherapist, clinical experience in psychotherapy must meet the following criteria:

- The *primary* component of DCC hours must be the practice of psychotherapy. See the document “Modalities of Psychotherapy” under Related Policies (below) for a list of prescribed therapies and modalities the College considers to be within the practice of psychotherapy.
- Hours consisting primarily of non-psychotherapy activities will not be counted as DCC hours for registration. See the document “Activities Outside the Controlled Act of Psychotherapy” under Related Policies (below) for a list of activities the College

considers as outside the controlled act of psychotherapy (e.g. crisis intervention, counselling, case management).

- A majority of the 450 DCC hours (that is, 226 or more DCC hours) shall be completed in person, face-to-face with the client.
- The applicant/member shall receive clinical supervision regarding all practice and employment roles. That is, none of the practice or employment roles shall be unsupervised. Clinical supervision shall be spread evenly at an approximate ratio of 1 clinical supervision hour for every 4.5 DCC hours.
- At least 50 out of 100 clinical supervision hours shall be in individual/dyadic format. Group supervision shall not include more than 8 supervisees.
- There must be reasonable grounds that the applicant will practise in a safe and professional manner.

Related Policies

[Modalities of Psychotherapy](#)

[Activities Outside the Controlled Act of Psychotherapy](#)

Briefing Note for Council

Meeting Date:	March 1, 2019
Agenda Item #	15
Issue:	Electronic Practice Guideline – Proposed Approval and Publication
Attachment(s):	<ul style="list-style-type: none"> • Draft Electronic Practice Guideline • Draft Security Practices Checklist • Public Consultation results
References:	Practice Standard 3.4 – Electronic Practice
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	A. Laughton
Submitted by:	Quality Assurance Committee

Background:

At the November 29, 2018 Council meeting, Council approved the draft Electronic Practice Guideline for public consultation. The consultation period was active from December 10, 2018 to February 8, 2019. On February 1, 2019, the Quality Assurance (QA) Committee reviewed the consultation responses that were available at the time of the meeting and revised the guideline accordingly. The QA Committee moved to conditionally¹ approve the guideline and recommend that Council issue a final approval for its adoption.

Responses to Consultation:

The College received 54 responses. The respondents included 51 CRPO members and 3 non-members (2 unregulated practitioners and 1 respondent who was seeking registration with the College of Psychologists).

Respondents were asked if they supported the proposed guideline. 41 (75.9%) supported the guideline, 3 (5.6%) did not support the guideline, and 10 (18.5%) were unsure.

Respondents were also asked if they believed that the guideline would be useful to members in their practice. 47 (87%) thought that the guideline would be useful, 3 (5.6%) thought that it would not, and 4 (7.4%) were unsure.

Please see the link to the results of the public consultation, which appears in the References section of the table above.

¹ At the time of this writing, the Quality Assurance Committee has yet to review feedback received between January 25, 2019 and February 8, 2019. However, the responses received during this period were not substantially different from the feedback that had already been reviewed by the Committee. Before Council meets on March 1, QA Committee is expected to confirm its approval of the guideline and recommendation that Council adopts it.

Feedback and Implementation:

A few common themes were observed in the written feedback:

Theme	Considerations	Action
<p>Recommending and discouraging specific platforms</p> <p>Several respondents recommended that the guideline include a list of communication platforms that are or are not acceptable according to legislation, regulation, and practice standards.</p>	<p>The rapidly changing communications technology landscape makes specific platform evaluations difficult to implement.</p>	<p>The College has created a Security Practices Checklist as a resource that members can use to evaluate electronic communications services, but the development of platform-specific advice and suggestions may be better suited for professional associations. The College will contact professional associations to notify them of the guideline's publication and suggest the development of such resources.</p>
<p>Comments about prescriptiveness/vagueness:</p> <p><i>"I like that the guideline addresses a tremendous range of issues but is not overly prescriptive. It leaves room for the extreme pace of technology to continue to evolve and to have space for this framework to apply. I like that the risk/benefit to client of the communication is paramount [...]"</i></p> <p><i>"What has been stated is vague at best and doesn't particularly address the needs of protecting the public and the RP's engaging in electronic therapy or communication via text messages."</i></p>	<p>The two comments above illustrate the tension between a resource that is overly prescriptive and a resource that is vague. The objective of a College guideline is to frame legislation, regulation, and the Professional Practice Standards from the perspective of a specific topic. A guideline cannot, however, create new standards out of whole-cloth. This can affect the perceived specificity of a guideline.</p>	<p>In the course of developing the guideline, staff had researched the practices of other organizations and reviewed the guidance provided in academic and legal literature. At each stage of review, Committee paid attention to the level of detail of each section in an effort to provide worthwhile information without becoming overly prescriptive.</p>
<p>Administrative communications:</p> <p>A few respondents asked whether it is permissible to book and reschedule appointments via text and/or email.</p>	<p>These questions are related to the topic of the guideline but are not specifically focused on the provision of psychotherapy services via electronic communication.</p>	<p>Staff will address this frequently asked question in a Practice Matters post, which will be linked to the guideline after it has been published.</p>

Recommendations and Motions:

If Council is constituted on March 1, 2019

It is recommended that the guideline is approved for adoption by Council.

[Be it moved] that Council approve the adoption of the Electronic Practice Guideline.

Implementation:

If the guideline is approved, it would be published and available to the public immediately.

If Council is not constituted on March 1, 2019:

In this eventuality no motion is required, however, consensus of those in attendance will be sought. When reconstituted, Council will issue a formal motion to approve the guideline for publication.

Recording the decision:

The minutes can reflect that those in attendance agreed that the guideline would be provisionally adopted, until such time that the adoption could be ratified by the Council.

Implementation:

In the event the guideline is provisionally adopted, it is recommended that the guideline is published immediately given the level of demand for this information. This approach may be reasonable and appropriate given that the guideline is a clarification of an existing standard, and care was taken to avoid establishing a higher or different standard than is set out in Standard 3.4: Electronic Practice.

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 or clinical supervision 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, and members' use of communications technology must comply with PHIPA. 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

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.

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

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.

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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.

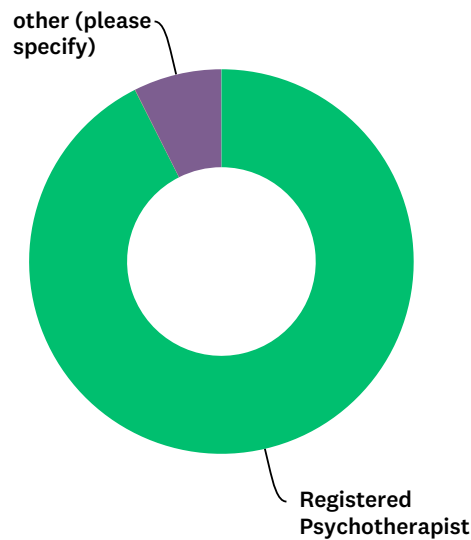
Those seeking additional resources regarding security practices in the health care sector may find it helpful to review information published by the [Information and Privacy Commissioner of Ontario](#), along with the eHealth Ontario guides to information security. This guide applies to [small offices](#).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

Q1 Are you a:

Answered: 54 Skipped: 0

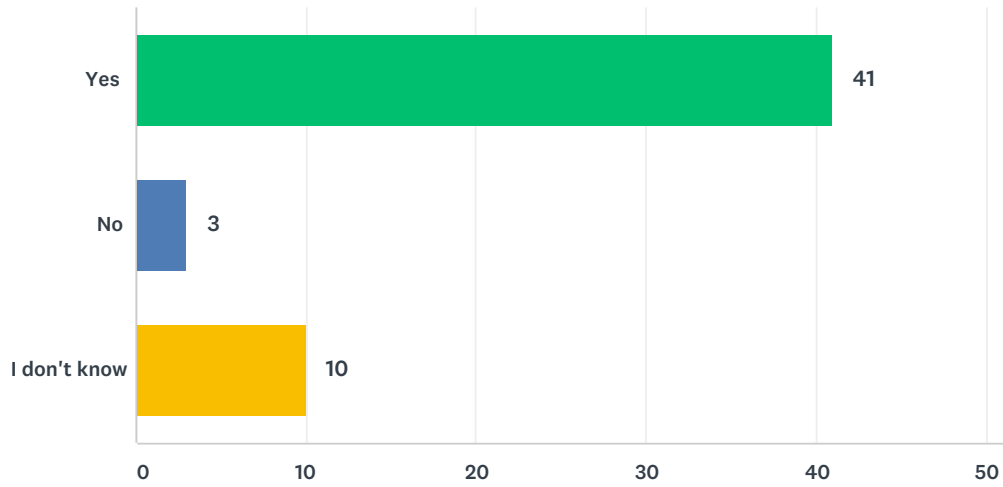


ANSWER CHOICES	RESPONSES	
Registered Psychotherapist	92.59%	50
other regulated professional	0.00%	0
stakeholder representing a professional organization	0.00%	0
stakeholder representing a service-providing organization	0.00%	0
member of the public	0.00%	0
other (please specify)	7.41%	4
TOTAL		54

#	OTHER (PLEASE SPECIFY)	DATE
1	counsellor	1/14/2019 12:14 PM
2	[REDACTED]. We are an online mental health clinic and have a large number of RPs. I am a registered Psychotherapist with CRPO as well.	1/11/2019 12:13 PM
3	pursuing registration through the college of psychologists	1/2/2019 6:32 PM
4	Counsellor	12/15/2018 12:21 PM

Q3 Do you support the proposed guideline?

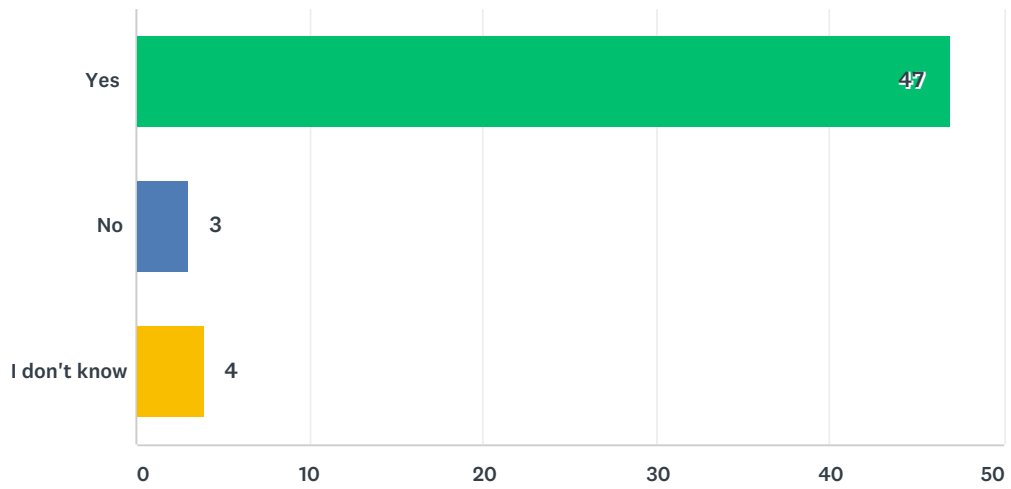
Answered: 54 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	75.93%	41
No	5.56%	3
I don't know	18.52%	10
TOTAL		54

Q4 Do you think the proposed guideline will be useful to members in their practice?

Answered: 54 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	87.04% 47
No	5.56% 3
I don't know	7.41% 4
TOTAL	54

Briefing Note for Council

Meeting Date:	March 1, 2019
Agenda Item #	16
Issue:	Registration History on Public Register
Attachment(s):	n/a
References:	CRPO by-laws, article 21.08(vi)
For:	Information <input type="checkbox"/> Discussion <input type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams, M. Pioro
Submitted by:	Executive Committee

Background:

With time, more members have changed registration categories, for example:

Qualifying → Registered Psychotherapist
Registered Psychotherapist ↔ Inactive

Presently only one's *current* registration category and one's *initial* date of registration are published on the public register. In contrast, past registration categories and the date of transfers are *not* retained on the public register.

Related, a growing number of members have been suspended and then had those suspensions lifted:

Registered Psychotherapist ↔ Suspended
Qualifying ↔ Suspended
Inactive ↔ Suspended

If the suspension was due to non-payment of fees, then once the suspension has been lifted, there is no public record retained. In other words, a member of the public cannot tell from the public register if a member had been suspended for non-payment of fees in the past. In contrast, past suspensions for other reasons, such as for discipline, are publicly recorded indefinitely.

Staff and Executive Committee believe transparency favours making registration history available on the public register. In particular, members of the public, including clients, employers and insurance companies, have an interest in knowing if there was a period of time in the past during which a member was not entitled to practise, e.g. whether they were Inactive or suspended for non-payment of fees. Providing this information to the public can assist the College in receiving reports about non-compliance and risk of harm, e.g. an insurance company notifies CRPO a member may have been practising during suspension, a client informs CRPO a Qualifying member was practising without supervision.

As a self-funded organization, the College depends on members to contribute collectively to the work of the College. The College depends on membership fees for the vast majority of its revenue and cannot regulate effectively if members practise while suspended or inactive. In addition, suspended and inactive members are not subject to the same quality assurance and oversight as active members.

Other colleges, for example the College of Physicians and Surgeons of Ontario, and the Ontario College of Social Workers and Social Service Workers, post registration history on the public register.

The following proposed changes to the CRPO by-laws would post registration history on the public register, including past suspensions for non-payment (proposed changes shown in tracking):

21.08 – Additional Register Information

In addition to the information set out in subsection 23(2) of the Code, the register shall contain the following information with respect to each Member:

...

(vi) if the Member ceased to be a Member, a notation specifying the reason for the termination of membership and the date upon which the Member ceased to be a Member except that such a notation shall be removed upon reinstatement of the Member's membership if the suspension was only for non-payment of fees and membership was terminated on or before [Date of Enactment of By-law];

...

(xxiii) the classes of certificate of registration held by the member and the date on which each certificate was issued.

Key Considerations:

Balancing transparency and fairness to members

It is unlikely members hold an expectation of privacy in their past registration categories in that the information is not sensitive. In contrast, until now a member suspended for non-payment may expect CRPO to remove the notation upon lifting the suspension. Thus, there is an argument that registration category transfers be published retroactively, but that past suspensions for non-payment only be published after the by-law comes into effect. In other words:

Past transfers between Qualifying, Inactive and RP: **Published retroactively**

Past suspensions for non-payment: **Published only after by-law enactment date**

Council is invited to consider this balancing of transparency and fairness to members.

Recommendations:

Staff and Executive Committee recommends Council to approve the following proposed by-law amendments for the legally required 60-day consultation.

Implementation date:

Staff anticipates the proposed by-law changes can be presented for final approval by Council in June 2019.

Proposed Motion:

If Council is constituted on March 1, 2019:

That Council approve circulating the following proposed by-law amendments for public consultation:

Amending article 21.08(vi) by adding “and membership was terminated on or before [Date of Enactment of By-law]” after “non-payment of fees”; and

Enacting as article 21.08(xxiii), “the classes of certificate of registration held by the member and the date on which each certificate was issued.”

If Council is not constituted on March 1, 2019:

That Council, by consensus, supports staff in circulating the following proposed by-law amendments for public consultation:

Amending article 21.08(vi) by adding “and membership was terminated on or before [Date of Enactment of By-law]” after “non-payment of fees”; and

Enacting as article 21.08(xxiii), “the classes of certificate of registration held by the member and the date on which each certificate was issued.”

If a subsequently constituted Council expresses reservations about the process followed in supporting circulation of the proposed by-law changes, it can direct that they be amended and recirculated.