

COUNCIL AGENDA

Date: Thursday, November 21, 2019
Time: 9:30 a.m. to 3:30 p.m.
Location: 375 University Avenue, Suite 803; Boardroom
Chair: Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
WELCOME & INTRODUCTIONS						
1.	9:30	Welcome and Opening Remarks			Information	S. Briscoe-Dimock
2.	9:40	Approval of Agenda	1. Draft Agenda	1-4	Decision & Motion	S. Briscoe-Dimock
3.	9:45	Conflict of interest declarations				S. Briscoe-Dimock
DISCUSSION & DECISIONS						
4.	9:47	Conflict of Interest Worksheet and Process <i>Council will receive a brief introduction to an enhanced conflict of interest worksheet that has been developed to respond to expected accountability measures.</i>	1. COI Worksheet	5-7	Education	M. Piro
5.	10:05	Competency Framework <i>Council is being provided with an initial competency framework and asked to consider its application going forward.</i>	1. Briefing Note 2. Draft Competency Framework	8-15	Discussion	S. Briscoe-Dimock
6.	10:25	Non-Council Member Appointments Policy <i>Council is being asked to review the draft policy and the key considerations from the Professional Standards Authority (see briefing note) which provides information on how non-elected appointments could be managed.</i>	1. Briefing Note 2. Draft Non-Council Member Appointments Policy	16-19	Information	S. Briscoe-Dimock

7.	10:45	Governance Reform Initiative <i>Council is being asked to review the proposed governance reform initiative terms of reference and determine the next steps for this work.</i>	1. Briefing Note 2. GRI terms of reference	20-23	Discussion, decision	S. Briscoe-Dimock
BREAK (11:00-11:15)						
8.	11:15	Key Performance Indicators <i>Council is being provided with an update on the development and proposed implementation of a College Performance Management Framework from the Ministry of Health.</i>	1. Briefing Note 2. KPI summary (embargoed)	24-31	Information, discussion	D. Adams
9.	11:45	Strategic Planning Report <i>Council is being asked to review the draft strategic planning report and approve its use as the basis for work plan development.</i>	1. Briefing Note 2. Strategic Planning Report	32-38	Information, discussion, decision	S. Briscoe-Dimock
10.	12:05	Work Planning <i>Council will be provided with an overview of the development of Council and committee workplans.</i>			Information, Discussion	D. Adams
LUNCH (12:15-1:15)						
11.	1:15	Reappointment of current Non-Council committee members <i>Council is being asked to ratify a decision brought forward by the Executive Committee to reappoint three non-council members for one-year terms.</i>	1. Briefing note	39-40	Decision ratification & motion	S. Briscoe-Dimock
12.	1:25	Committee Composition & Council Slate Recommendations	1. Briefing Note	41-42	Decision	S. Briscoe-Dimock

		<i>Council is being presented with the recommended committee composition for the 2019-2020 period. The proposed composition considers capacity building to improve and retain knowledge and skills required for work on committees.</i>	2. Proposed Committee Composition			
13.	1:45	Controlled Act Standard <i>Council is being asked to review and approve the attached draft of the revised Controlled Act standard, which includes details about exceptions to the restriction on performing controlled acts and addresses delegation more clearly.</i>	1. Briefing Note 2. Revised Controlled Act Standard	43-48	Decision & motion	S. Briscoe-Dimock, D. Adams
14.	2:15	Public Consultation: By-law Redundancies <i>Council is being asked to approve the recommended by-law changes for adoption.</i>	1. Briefing note 2. Public Consultation Summary Feedback 3. Draft Suitability to Practise policy 4. Posting non-College conduct on the public register	49-59	Decision & motion	M. Piro
15.	2:25	Criminal Record Checks for Applicants <i>Council is being asked to review the briefing note, which includes recommendations from the Registration Committee.</i>	1. Briefing Note	60-62	Discussion, decision & motion	M. Piro
INFORMATION ITEMS						
16.	2:35	Registrar's Report		63-65	Information	D. Adams
17.	2:45	French Language Services Policy		See link	Information	

18.	2:50	Questions About Your Care		See link	Information	
19.	2:55	Inactive Policy (updated)		See link	Information	
<p>Consent Agenda: Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items must be directed to the President prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The Consent agenda will be approved under one motion.</p>						
20.	3:00	Draft Council Minutes September 13, 2019	1. Draft Council Minutes September 13, 2019	66-73		
21.		Committee Reports	1. Client Relations 2. Discipline 3. Examination 4. Executive 5. Fitness to Practise 6. Inquiries, Complaints & Reports 7. Quality Assurance 8. Registration	74-86		
22.	3:15	Council Question Period				
	3:30	ADJOURNMENT			MOTION	
		Next Meetings: <ul style="list-style-type: none"> • January 24, 2020 • March 27, 2020 • May 28, 2020 • August 20, 2020 • October 1, 2020 • November 20, 2020 				

DRAFT Conflict of Interest Worksheet

Definition

A conflict of interest may be defined as any financial, personal, professional or emotional interest that could reasonably be perceived as interfering with the exercise of a person's public duties, for example as a CRPO Council, committee or panel member.

Self-screening Questions

Answer the following questions to help determine whether you may be in a conflict of interest respecting Council, committee or panel business. This questionnaire and the examples given are not exhaustive. In assessing for conflicts of interest, know that each situation will vary and have its own specific context.

1. Financial interest. Do you stand to be affected financially by the outcome of this decision?

Example: The College is considering mandating all registrants to complete a course on the safe and effective use of self (SEUS). One Council member runs a business offering SEUS workshops. They declare a conflict of interest.

Example: The Council is discussing whether they would find College-provided iPads mounted in the meeting room for each Council member to be helpful. One Council member owns a small number of shares of Apple, Inc. Since the financial implication for the Council member is negligible or non-existent, they do not declare a conflict of interest.

2. Personal or professional relationship. Have you had a personal or professional relationship, e.g. friend, family, instructor, student, supervisor, supervisee, employer, employee, colleague, with any of the individuals involved in the matter?

Example: A Registration Committee panel member taught at the education program from which an applicant obtained some of their education. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member attended a two-day workshop seven years ago with the respondent's clinical supervisor. Since the contact was brief and occurred long ago, they do not declare a conflict of interest.

3. Professional bias. Do you have a private or publicly stated opinion that could reasonably be perceived as interfering with my ability to consider one or more of the issues with an open mind?

Example: There are two well-known camps regarding how best to conduct a particular model of psychotherapy. A Quality Assurance Committee member who falls firmly into Camp A is reviewing the peer and practice assessment report of a registrant who falls into Camp B. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member has published work about the harms of breaching therapist-client boundaries. They are reviewing a complaint involving an alleged breach of boundaries. Since there is no reasonable disagreement within the profession, and assuming they are not emotionally biased, they do not declare a conflict of interest.

4. Emotional bias. For whatever reason, do your ideas or emotions prevent you from considering one or more of the issues with an open mind?

Example: Based on personal experience, an Examination Committee member has an emotional reaction to a candidate's rationale for needing to extend the normal timeframe within which to write the exam. They declare a conflict of interest.

Example: A panel of the Inquiries, Complaints and Reports Committee is dealing with serious allegations of misconduct. After discussing and processing the emotional impact of reviewing the materials, they all reassure themselves that they can consider the situation with an open mind.

5. Interests of Related Persons. Are you aware that your parent, child, spouse or sibling has any of the above interests respecting Council, committee or panel business?

Example: A Registration Committee member's child is attending a program coming before the Committee to seek Recognition. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member's spouse is a police officer. The panel is considering a complaint by a police officer about a registered psychotherapist. Assuming the absence of personal connection and emotional bias, the spouse's profession would not reasonably interfere with the panel member's duties. They do not declare a conflict of interest.

6. Threshold analysis. Would a reasonably well-informed person perceive that the above interest could interfere with the exercise of your public duties?

Example: A Discipline Committee panel member was employed at the same large agency at the time the alleged misconduct occurred. While the panel member had no prior knowledge of the alleged events, the panel member is close colleagues with a key witness in the case. There was a reasonable apprehension of bias on the part of the panel member.

Example: A complainant appeals a decision of the Inquiries, Complaints and Reports Committee taking no action against a registrant. Through Google, the complainant discovered that a panel member was a LinkedIn contact of the respondent. The panel member clarified they only met once briefly three years ago. Even though it may have been preferable for that panel member not to participate, this was not found to be a conflict of interest.

Process for Considering and Declaring Conflicts of Interest

The following are steps the College follows in addressing conflicts of interest.

1. Staff pre-screening.
 - a. Staff will pre-screen agenda items for obvious conflicts of interest on the part of Council, committee or panel members.
 - b. If a conflict is identified staff will alert the Chair and materials will not be sent to the conflicted member.
 - c. The matter will either be assigned to a different panel, or the conflicted member will be alerted in advance that they will not be present for the entire meeting.
2. Council, committee or panel member self-screening.
 - a. Go through the above self-screening.
 - b. If a concern is identified that does not rise to the threshold of a conflict of interest, consider making a courtesy declaration at the meeting to reassure the Council, committee or panel that you have considered the issue.
 - c. If unsure, consult with staff, legal counsel or the Chair. It is preferable to consult with staff or legal counsel before the Chair to avoid the risk of tainting the Chair.
 - d. In close cases, consider the potential benefit of declaring a conflict to avoid later disputes about whether or not there was a conflict of interest.
 - e. If you identify a conflict of interest, do not review the meeting materials further and securely delete them. Alert the Chair and support staff in advance of the meeting. Always declare in a general manner so as not to cause emotional bias on the listener's part.
 - f. Subsequently, declare the conflict at the meeting itself. Do not take part in or attempt to influence the deliberation and leave the room while deliberation is taking place. The general nature of conflict will be recorded in the minutes.
3. Council, committee or panel discussion of possible conflicts of interest
 - a. If a possible conflict becomes apparent at a meeting and the member is unsure or has not recused themselves, those present discuss whether the concern constitutes a conflict of interest.
 - b. In rare cases of disagreement, a majority of those present can vote to find there is a conflict of interest and exclude the conflicted member from considering the matter.

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	5
Issue:	Competency Framework
Attachment(s):	<ul style="list-style-type: none"> • UK Department of Education - A Competency Framework for Governance • AGRE - Eligibility and Competency-based Appointment Framework • FHRCO - Governance Workgroup Competency Comparison
References:	CNO - Attributes and Competencies Framework and Profile
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

As the body charged with ensuring that Registered Psychotherapists provide safe, ethical and competent care to Ontarians, individuals serving on Council and committees must possess the knowledge, skills and experience to discharge their duties effectively. Emerging best practices in regulation suggest that developing and adopting a competency framework, which sets out the required individual and board level competencies, allows Colleges to be most effective and efficient by directing that qualified individuals are elected, appointed and recruited and that appropriate training and professional development is provided to ensure continued competence across all regulatory and governance functions.

Background:

Many regulatory bodies across Ontario and the rest of Canada and in other jurisdictions (particularly the United Kingdom) have started to consider or to introduce comprehensive competency frameworks to direct how Councils and Committees will be comprised. Staff have reviewed many of these and drawn from the various frameworks to propose an approach for Executive to consider.

In Ontario, the most well-developed framework is likely the one developed by the College of Nurses of Ontario, who introduced an [Attributes and Competencies Framework and Profile](#). This work is under review by government as part of CNO's Vision 2020 legislative submission.

Earlier work by the Advisory Group for Regulatory Excellence (AGRE) lays out a general set of eligibility criteria and competency requirements (attached Eligibility and Competency-based Appointment Framework) that have also been submitted to government and may inform their deliberations related to council composition.

The Federation for Health Regulatory Colleges of Ontario (FHRCO) has a competency working group – of which D. Adams, Registrar, is a member – that is reviewing various options with a view to eventually developing a general competency matrix that will be shared with all member colleges. The working group has compared existing examples of required competencies (attached Governance Workgroup Competency Comparison) to determine common elements. This comparison will inform the development of the general competency matrix.

In addition to ensuring the right mix of skills, knowledge and experience to fulfill the regulatory mandate, the adoption of a competency framework could have the following applications for councils:

- informing how they carry out a skills audit
- in individual performance review discussions, identifying training needs and/or developing a training and development programme
- putting together a role specification and determining interview questions for recruiting to the board and/or in selecting or recruiting a chair
- planning induction for people new to the board
- supporting a review of the board's effectiveness and identifying strengths and areas for development
- demonstrating the key characteristics and expectations of their role to others
- ensuring the expected behaviours are included in the board's code of conduct.

[UK Department of Education, A Competence Framework for Governance](#)

Next Steps:

Executive Committee reviewed the attached competency framework and directed staff to begin using it over the coming months before a final version will be brought forward to be reviewed and adopted by Council (likely in March 2020).

Council members will be asked to complete an anonymous self-assessment in the coming weeks (a survey monkey link will be provided by email). The results of this assessment will inform professional development planning to be done in the new year.

Council Competency Matrix

Council Attributes

Committed	Devoting the required time and energy to the role and ambitious to achieve best possible outcomes for the public. Prepared to give time, skills and knowledge to developing themselves and others in order to create highly effective governance.
Confident	Of an independent mind, able to lead and contribute to courageous conversations, to express their opinion and to play an active role on Council.
Curious	Possessing an enquiring mind and an analytical approach and understanding the value of meaningful questioning.
Challenging	Providing appropriate challenge to the status quo, not taking information or data at face value and always driving for improvement.
Collaborative	Prepared to listen to and work in partnership with others and understanding the importance of building strong working relationships within Council and with executive leaders, staff, and stakeholders.
Critical	Understanding the value of critical friendship which enables both challenge and support, and self-reflective, pursuing learning and development opportunities to improve their own and whole Council effectiveness.

Council Competencies

Area of Competency	Core Understanding	Entry	Excelling	How the competency is gained Examples provided for reference
Governance <i>Governance competence supports the provision of strategic direction and oversight for Colleges. It allows members to able to carry out the stewardship responsibilities, creates robust accountability for</i>	Knows where the governance principles, the sources of law and regulation relating to the organization come from, what they require and what impact they have Where authority & accountability lies in the organization	Knows where to obtain further guidance Can explain governance concepts to colleagues Can identify potential issues & escalate where appropriate Can contribute to group discussions	Source of further guidance for peers Identifies and explains governance concepts to Council Can challenge colleagues where appropriate Contributes to technical discussions on governance issues	Substantive prior experience with a governance board in the private, public, and/or voluntary/non-profit sector, acquired through board or committee service or reporting to/or working with a board as an employee. Completion of governance specific training or professional development.

Area of Competency	Core Understanding	Entry	Excelling	How the competency is gained Examples provided for reference
<i>regulatory and financial performance, and enables Council to set and achieve strategic goals.</i>	<p>The processes and practices that are crucial to the smooth operation of the organization</p> <p>The purpose and requirements of reporting obligations of the organization</p>	Understands the distinction between the role of the board versus the role of management	<p>Identifies relevant legislation and how it relates to Council decision-making</p> <p>Thinks strategically, ensures risks are assessed and monitored</p> <p>Identifies viable options and puts aside vested interests to make decisions that are most likely to achieve the organization's mandate</p> <p>Thinks about future direction of organization and how to achieve strategic goals</p>	
<p>Finance <i>Financial competence supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.</i></p>	<p>Basic financial literacy, including financial concepts and how they relate to the organization and how they should inform Council's decision-making</p> <p>Financial controls and how to read and interpret financial statements</p> <p>Basic understanding of financial management</p>	<p>Knows where to obtain further guidance</p> <p>Can explain basic finance concepts to colleagues</p> <p>Can identify potential issues & escalate where appropriate</p> <p>Can contribute to group discussions</p>	<p>Has a basic understanding of financial management in order to ensure the integrity of financial information received by Council</p> <p>Ability to read and understand financial statements</p> <p>Distinguishes between the role of Council as an oversight body and the role of staff in day-to-day operations</p>	<p>Completion of finance specific training or professional development</p> <p>Prior employment experience in business or finance</p>
<p>Risk Management <i>Risk management competence supports Council in identifying, evaluating and prioritising organisational and</i></p>	<p>Understands issues surrounding the identification, management and reporting of risks</p> <p>Understands the principles of risk management</p>	<p>Knows where to obtain further guidance</p> <p>Can explain basic risk management concepts to colleagues</p>	<p>Identifies and prioritizes risk</p> <p>Can articulate how risk should be managed and how to achieve the right balance of risk</p>	<p>Completion of risk management specific training or professional development.</p> <p>Prior employment experience in business, finance, communications or public administration</p>

Area of Competency	Core Understanding	Entry	Excelling	How the competency is gained Examples provided for reference
<i>regulatory risks and ensuring appropriate action is taken to mitigate them.</i>	Can identify organizational risks and its impact on the public	Can identify potential issues & escalate where appropriate Can contribute to group discussions		
Strategy <i>Strategy competence allows the Council to set vision and direction for the College through planning and prioritising, monitoring progress and managing change.</i>	Understands the process of strategic change and the obstacles and enablers to implement it	Knows where to obtain further guidance Can explain basic strategic planning concepts to colleagues Can identify potential issues & escalate where appropriate Can contribute to group discussions	Can distinguish between strategic and operational decisions Demonstrated ability to think critically about systemic issues and the role of the organization in the healthcare system in Ontario	Substantive prior experience serving on a governing board and participating in a strategic planning process Prior employment experience in business, finance, communications or public administration
Leadership / Change Management <i>Leadership competence enables Council to effectively mobilize to further the mandate of the organization, adapt to changing circumstances, respond to crisis, identify opportunities for change and growth, and create future leaders.</i>	Ability to manage and adapt to change and innovation Ability to address and respond to stakeholder scrutiny Understands organizational and boardroom dynamics	Knows where to obtain further guidance Embraces change and innovation Demonstrates a commitment to learning and seeks out opportunities to improve Can identify potential issues & escalate where appropriate Can contribute to group discussions	Provides leadership and support through organizational change Identifies reasons for and benefits of change to stakeholders Ensures change contributes to strategic priorities Supports strategic change and ensures change is in public interest Is inclusive and respectful	Substantive prior experience serving in a leadership role
Diversity & Inclusion <i>Diversity and inclusion competence supports</i>	Understanding and valuing differences in the values and norms of other cultural frameworks.	Valuing and actively advocating for diverse perspectives.	Conducting self-assessment to understand how one's own attitudes and values may create bias.	Commitment to and participation in continuous learning / professional

Area of Competency	Core Understanding	Entry	Excelling	How the competency is gained Examples provided for reference
<p><i>the ability to shift cultural perspective and adapt one's behavior to function effectively across attributes that include, but are not limited to, gender, ethnicity, religion, sexual orientation, disability, and socio-economic class. Profession specific diversity may include attributes such as region of practice, practice setting and context, specialization or modality.</i></p>	<p>Ability to apply this knowledge of the experience of diversity to deliberations and decision-making.</p>	<p>Holding criticisms and comments to hear different views before making decisions</p>	<p>Adjusting and adapting communication styles to be effective across diverse contexts (e.g., does not use ethnophaulisms or outdated terms, does use preferred terms).</p> <p>Responding to inappropriate and non-inclusive behavior to re-direct and to build awareness.</p>	<p>development in diversity, inclusion and cultural competence.</p> <p>Seeking and utilizing feedback from diverse sources.</p>
<p>Stakeholder Relations / Communications <i>Stakeholder relations and communications competence supports the Council in being well-informed about the views and needs of key stakeholders, enabling productive relationships.</i></p>	<p>Well-informed on views and needs of key stakeholders</p> <p>Works in partnership with stakeholders in ways that contribute to achieving the goals of the organization</p> <p>Identifies links that the organization needs to make with larger community</p> <p>Clearly and effectively communicates with stakeholders</p>	<p>Identifies key stakeholders and their relationship with the organization</p>	<p>Identifies the needs of key stakeholders and their relationship with the organization</p> <p>Articulates techniques to better engage with stakeholders</p> <p>Considers the impact of Council's decisions and the effect they will have on the key stakeholder groups</p> <p>Demonstrated ability to communicate a position to the intended audience</p>	

Area of Competency	Core Understanding	Entry	Excelling	How the competency is gained Examples provided for reference
Critical Thinking <i>Critical thinking skills enable the Council to know that the information that they are receiving about the College's performance is accurate, to challenge appropriately where necessary and to hold the College accountable for regulatory outcomes.</i>	Skills in locating, critically assessing and evaluating information	Demonstrated ability to analyse and interpret data	Appropriately questions whether the College is collecting the right data to inform regulatory work Challenges appropriately when data collection is not adding value Reviews and analyses a broad range of information and data in order to spot trends and patterns	Prior experience conducting research in public or private sector
Technology Skills <i>Technology skills allow Council members to participate effectively in committee and panel work through efficient use of information and communication technology.</i>	Possesses basic computer skills, including daily word processing tasks – editing, printing, formatting Possesses basic internet skills – navigate using links; compose, send, open, read, reply to, and forward messages; attach a file and open an attachment; complete an online form	Knows where to obtain further guidance Understands how to keep information secure and confidential in an electronic or online environment Basic internet skills, including email, downloading and uploading, using secured Wi-Fi connection Experience downloading, installing and using videoconference software	Experience using presentation slides, including graphics and multimedia components Can identify how technology impacts risk and strategy Ability to troubleshoot and resolve issues	Prior experience working in administrative field Prior experience in digital technology
Regulatory Knowledge <i>Regulatory knowledge allows Council clarity</i>	Awareness or knowledge of regulatory climate and evolving regulatory issues, regulated	Is aware of legislation, regulations, standards and by-laws the govern health care professionals	Knowledge of College functions and issues facing Council	Prior experience working within a regulatory framework

Area of Competency	Core Understanding	Entry	Excelling	How the competency is gained Examples provided for reference
<i>about the function and purpose of the RHPA and the College's mandate, and how the Act and Regulations should be interpreted and applied.</i>	industries and their oversight systems	Aware of the College's role in the health care system	Awareness and knowledge of regulatory trends Identifies when to seek legal advice on statutory and legal responsibilities and ethical aspects of Council's decision-making	Prior employment experience in legal field
Health System Knowledge <i>Health system knowledge allows Council to understand the opportunities, challenges and external forces affecting the provision of mental health services.</i>	Understanding of how health care is delivered in Ontario	Knows where to obtain further guidance Can contribute to group discussions	Understanding of the workings of government and ability to access government officials	Prior employment experience in health care administration Experience working in the health care system in Ontario Experience collaborating as part of an interprofessional group

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	6
Issue:	Non-Council Committee Appointment Policy
Attachment(s):	Draft Non-Council Committee Appointment Policy
References:	CRPO by-laws Professional Standards Authority - Good practice in making council appointments
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Having a substantive pool of non-Council committee appointments can support effective and efficient completion of committee business, particularly in ensuring required panel composition. Non-council appointments are mindfully selected registrants who contribute to panel and committee discussions and decisions. In addition, having a selection of well-oriented, skilled registrants available means that there is less likelihood of conflict of interest and panel issues can be resolved in a more timely manner.

Background:

There is an increasing understanding among regulators around the issues with the election of professional members to regulatory councils. These issues include lack of representation of diversity of practitioners, election of individuals without the required competencies related to governance and regulation and concerns that individuals who are elected by peers will not be able to adequately and impartially discharge their fiduciary duty. Several Ontario regulators who are further ahead in governance reform have already either proposed appointments versus election as a change to their approach or have begun to use non-elected appointments to comprise committees.

In addition to considering these emerging changes to best-practice, staff has identified the need for more non-council committee appointments to properly compose panels as case workload increases. They proposed that a more concerted approach be taken to non-elected appointments and were directed by the Executive Committee to research current approaches and draft a policy and process that would work for CRPO. The attached draft policy was reviewed by the Executive Committee in August and October 2019.

In the United Kingdom, reform of professional regulation led to a process where the Privy Council of government takes recommendations from regulatory colleges through the Professional Standards Authority (PSA) as to who should be appointed to the various regulatory

councils. Accordingly, the PSA has published a guidance document for the colleges to direct colleges so that their review process and subsequent recommendations to the PSA meet the established standards of merit, fairness, transparency and openness, and inspiring confidence. ([Good Practice in Making Council Appointments](#))

While the guidance is quite prescriptive and aligned with the requirements of UK legislation, there is much to be gleaned from the document in terms of considering how CRPO might shape the work of appointing professional members to its committees. Staff have reviewed [Good Practice in Making Council Appointments](#) and incorporated the learning from it into the proposed appointment process. Section 11 of the document – Selection Criteria and Competencies – is reproduced below as it includes some key considerations in contemplating how non-elected appointments should be managed.

11.1 The selection criteria and competencies used to select chairs and council members should reflect the current and expected future needs of the council. As these needs are likely to change over time, it is good practice to review them regularly, for example by conducting an assessment of the future needs of the council and taking into account stakeholders' views. Regulators should think about regularly reviewing the person specification, especially if they need to fill several vacancies or when the regulator is undergoing significant change.

11.2 It is good practice when reviewing criteria and competencies ahead of an appointments process to consider the council's current mix of skills and expertise, with a view to filling any gaps. Essential criteria should be common to all council members, while skills that are not essential for them all may be included as 'desirable' criteria.

11.3 Regulators should also consider the diversity of the current council at this point and decide whether it may be desirable actively to seek applications from particular under-represented groups. While positive discrimination, whereby an individual is chosen purely because they fall within a particular group, is illegal, positive action is now permitted under the Equality Act 2010. This process applies in a situation where two or more candidates are regarded as being of equal merit and enables the appointing body to appoint the candidate who has a protected characteristic that is under-represented.

11.4 It should be stressed that regulators are under no obligation to apply positive action and the Authority has taken no view on whether it is desirable or not. If a regulator does decide to take this action, then it needs to decide to do so in the planning stages and ensure that this is stated in the documentation.

11.5 When developing selection criteria, it is important to bear in mind that council members are not 'representatives' of any organisation, or profession, or viewpoint. As we have stated elsewhere, councils need to be credible through their performance and the mix of background, knowledge and skills of their members, not because members individually are representatives of particular interests or constituencies.⁴

11.6 It is important that the difference between essential and desirable criteria is clear, as well as how each will be assessed. Making criteria, especially essential criteria, too wide can lead to a high volume of applicants and make it difficult to distinguish between them. Alternatively, restricting the criteria unnecessarily (such as specifying a qualification which may not be essential) may unhelpfully restrict the number of applications or cause otherwise suitable individuals to be ruled out. Setting too many criteria is likely to make assessment difficult and may put candidates off.

11.7 Criteria must not directly or indirectly discriminate against, or deter applications from, any group in society. For example, requiring 10 years' experience would discriminate against those who are not old enough to have worked for 10 years, as would using language which would imply a bias, for example, 'chairman' (gender) or 'mature' (age).

11.8 Once published, criteria must remain unchanged throughout the process.

Next Steps:

The Executive Committee reviewed the draft Non-Council Committee Appointment policy and approach at its October 31 meeting. Staff suggested the use of the draft policy (along with the draft Competency Framework, see agenda item 5) for the purposes recruiting non-Council appointees to be considered and presented to Council at a subsequent meeting.

Council is being provided with the draft policy for information. Staff will report back on the use of the policy at a subsequent meeting.

Type: Governance Policy
Title: Non-Council Member Appointments
Date Approved: TBD
Date Revised:

In accordance with the College's by-laws (13.11), Council may appoint Registered Psychotherapists who are not elected members of Council to any committee at their discretion.

Eligibility

Eligibility for appointment to a committee is outlined in the College's by-laws (13.15).

Selection Criteria

In addition to the eligibility requirements and decisions regarding appointments (13.14) specified in the by-laws, Council may take the following into consideration when making non-council member appointments:

- Professional competencies & committee-specific competencies (e.g., modality of practice, adjudicatory experience, mediation, etc.)
- Practice setting (e.g., hospital, rehab hospital/centre, community, private practice, etc.)
- Practice demographics (e.g., geographic location in the province, clients served, rural or urban, French-speaking, etc.)
- Previous years on Council as an elected professional member

Term of Office and Removal

The Term of Office of a non-council appointment is approximately one year (13.12, 13.16).

Maximum Term

A non-council member appointment may serve a maximum of nine (9) consecutive terms.

Application Process for Non-Council Member Appointments

Registrants will be notified of non-council appointment vacancies when they are available, following a needs assessment. Availability of non-council positions is assessed at committee level with input from committee chairs and staff based on the needs of the College.

A list of applicants and any accompanying documents (e.g., curriculum vitae, competency screening) will be reviewed by the Executive Committee. The Executive Committee will select registrants for appointment based on the selection criteria, identified areas of expertise, and defined committee competencies. This list will then be submitted to Council for approval.

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	7
Issue:	Governance Reform Initiative
Attachment(s):	Governance Reform Initiative terms of Reference
References:	-
Action:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

Effective governance is a pre-requisite for effective regulatory outcomes. It creates robust accountability and oversight of an organization's strategic direction and – for CRPO – regulatory mandate. The governance review by Darrell Pink that was commissioned by CRPO made a number of specific recommendations around needed governance reform. It was previously agreed that Governance Reform work would need to be undertaken by a group tasked with working with staff to address identified areas of development or deficit. This work will be presented to Council to provide direction and make decisions about any proposed changes to CRPO's structure or approach.

Background:

Effective terms of reference documents outline and guide the ways in which a group will work together to accomplish established goals. The terms of reference should create a shared set of expectations, build accountabilities for members as well as for the group as a whole and tie the work that is to be done to the larger mandate of the organization. Based on this understanding and using D. Pink's report and a review of governance resources, staff have developed a draft terms of reference for the proposed Governance Reform initiative.

In its role of stewarding governance reform work since D. Pink's report was tabled, the Executive Committee laid out timing for the establishment of the structured reform initiative work as follows:

- November 2019 Council meeting: presentation of terms of reference for work
- December 2019: GRI work plan developed
- January 2019: GRI begins work

Recommendation:

In reviewing the proposed terms of reference for the work, the Executive Committee determined that much of what needs to be done will be tied to the oversight role that they have. Given this, it was felt that the most efficient approach would be to propose that Council task the sitting Executive Committee with the GRI work with a clear understanding that any proposal regarding

changes to structure or approach would be coming to the full Council for its direction, review and approval.

Governance Reform Initiative Terms of Reference

Name and type	Governance Reform Initiative of the Executive Committee
Purpose	<p>Through the governance reform initiative (GRI), the Executive Committee makes recommendations to Council regarding governance reform, having considered the College's and other available models of governance with a view to recommending arrangements that are aligned with right touch regulation, the modernization of the regulatory framework and best practices.</p> <p>The GRI's mandate may be expanded with Council's approval to address implementation of recommendations.</p>
Specific Areas of Responsibility	<p>The GRI will: provide recommendations to Council on potential changes to the Council's governance and decision-making arrangements.</p> <p>The review should consider such evidence as:</p> <ul style="list-style-type: none"> ○ the views of Council members ○ the views of senior staff ○ the strengths and weaknesses of the options ○ benchmarked information e.g. from other regulators ○ findings of research of regulatory and governance best-practices <ul style="list-style-type: none"> - develop a work plan, using CRPO's recent Governance Review Situation Analysis Report, the strategic plan (to be developed by Council), and necessary engagement of stakeholders and consultation with any needed experts - propose recommended terms of reference for a standing Governance Committee
Composition	<p>The GRI is composed of the sitting Executive Committee.</p> <p>The GRI may recommend the appointment of additional members as needed.</p> <p>The GRI may request the Registrar retain subject matter experts to assist with their work.</p>
Task Group Timeframe	The GRI will meet as needed, based on the workload assigned to it, either by the Council or the Registrar.
Decision-Making Process	Wherever possible, decisions will be made by consensus.
Delegated Authority	The GRI shall make recommendations to Council on governance reform matters.

Reporting	The GRI will provide ongoing reports to the Council at some though not necessarily all scheduled meetings.
Appointment of Chair	The GRI shall select a Chair from among its members. If the Chair is unable or unwilling to preside at a meeting, the Chair must designate an acting Chair from among the GRI members to preside at the meeting, and, if the Chair cannot delegate their chairing duties, the GRI shall then select an acting Chair to preside at the meeting from among its members.
Quorum	The quorum is three (3) members. Despite anything in the By-laws, the GRI is properly constituted despite any vacancy if there are enough members to form a quorum of the Task Group.
Meetings	The GRI shall adopt a meeting schedule, which may include meetings held by teleconference or video conference. These meetings may also be outside the CRPO and include consultation with stakeholders.
Staff Support	The GRI will receive the resources and administrative support from staff to fulfill their mandate. The Registrar acts as a professional resource and in a non-voting capacity. Other staff members provide support to the GRI.
Communication with Council	The GRI Chair will report to Council as needed, depending on the work undertaken by the GRI.
Task Group Records	The Chair of the GRI shall ensure that accurate minutes of all GRI meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All GRI members must carry out their responsibilities so it serves and protects the interest of the public. They must not engage in any activities or where they have a direct or indirect personal or financial interest. All GRI members must uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession and practice of psychotherapy in Ontario in the public interest.
Inquiries	Inquiries relating to the work of the GRI should be forwarded to the Registrar or staff member providing support to the Task Group.
Public Communications	Media inquiries regarding activities of the Working Group, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the By-laws outlines the Rules of Order of Council.

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	8
Issue:	Key Performance Indicators
Attachment(s):	KPI summary (embargoed)
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

A key performance indicator (KPI) is a quantifiable value that demonstrates if and how well an organization is achieving its objectives. KPIs support day-to-day effectiveness by keeping objectives in front of everyone involved in planning and executing work and provide accountability to invested stakeholders. For a regulatory college, KPIs would provide a meaningful measurement framework to assess how effective the college is in protecting the public.

Background:

The Ministry of Health has undertaken a collaborative project to “[d]evelop a framework that will further strengthen accountability and oversight of Colleges by providing transparent and consistent information that is aligned across all Colleges about a College’s performance in acting the public interest. The framework will also support improvement of Colleges’ performance through the identification of benchmarks and best practices.”

Doug Ross, Senior Policy Analyst with the Regulatory Oversight and Performance Unit Of the Health Workforce Regulatory Oversight Branch, presented at the June 2019 Council meeting to provide CRPO with an introduction to the proposed KPIs. Since then, more work has been done to develop the measurement domains, standards, measures and defining evidence that will presumably be implemented as required reporting for all health colleges.

D. Adams attended a full day workshop on the KPIs and is working with staff to determine what is needed to be able to report on the identified indicators. She will provide Council with an update on the work and outline plans for staff and committee work.

Next steps:

The work to prepare to report on the KPIs falls into three categories:

- Reporting existing initiatives / work in the required format

- Developing means to extract data to report on existing initiatives / work in the required format
- Undertaking new work in order to be able to demonstrate accountability in various areas

Staff will be using the proposed KPIs to guide work plan development (along with the results of the governance review and strategic planning session) leading into the next fiscal year.

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	9
Issue:	Strategic Planning Report
Attachment(s):	<i>Fostering Excellence, Trustworthiness and Accessibility: 2020–2023 Strategy for the College of Registered Psychotherapists of Ontario</i>
References:	-
Action:	Information <input type="checkbox"/> Discussion <input type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Strategic planning and the articulation of priority areas and goals are key to organizational success because they provide a direction and outline measurable goals. A clearly articulated plan is a tool that can support effective day-to-day decision-making and evaluating progress and changing approaches. In fulfilling its mandate of public protection, CRPO is at a stage – with increasing registrant numbers, a changing regulatory landscape and ongoing pressures on the mental health system - where a strategic plan is crucial.

Background:

Council and senior staff attended a one-day, facilitated strategic planning session in September 2019. The facilitator, Cate Creede of The Potential Group provided comprehensive notes taken throughout the day and a draft report. This report was revised by the Registrar and the drafts were reviewed by the Executive Committee.

Once adopted, the plan will be used to inform Council, committee and staff workplans for the coming year. These will be finalized before the March 2020 Council meeting, when they will be brought forward for approval.

It is important to note that the work plans will also need to incorporate the tasks and initiatives identified by the governance review that was completed in March 2019. In addition, a set of key performance indicators, expected to be finalized by the Ministry of Health and enacted as a requirement of all health regulatory colleges in 2020, will need to be considered to ensure that CRPO is best-positioned to report on the metrics that will be required of us. Staff will bring these together with the specific tasks identified at the strategic planning session to ensure that all are appropriately prioritized.

Recommendation:

Council is being asked to review the draft strategic planning report and approve its use as the basis for work plan development.

Next Steps:

Once the strategic planning report is approved by Council, it will be disseminated to stakeholders and posted to the CRPO website.

Fostering excellence, trustworthiness and accessibility: 2020 – 2023 Strategy for the College of Registered Psychotherapists of Ontario

Context

Leading up to and in the four years following proclamation, the College of Registered Psychotherapists of Ontario (CRPO) has focused on developing infrastructure, processes, foundational standards and relationships with the public, registrants and key stakeholders such as government and other regulatory colleges. Over that time, CRPO has experienced unanticipated growth, now comprising more than 7000 registrants.

Working to meet its mandate of public protection as defined by the *Regulated Health Professions Act, 1991* (RHPA), while fostering accountability and quality among the diverse clinicians registering as psychotherapists, CRPO is at a point where the key foundations are firmly in place. In this context, Council came together in September 2019 to craft a strategy for the next three years.

The purpose of the retreat was to create a vision and plan that would allow CRPO to solidify its accomplishments and identify and focus on key priorities. In preparation, the Council reflected on the needs of registrants and the public, statutory requirements, insights from its recent governance review, and the provincial environment for mental health, psychotherapy and regulatory colleges.

Some of the most significant environmental conditions and needs include:

- Ongoing pressures in the mental health system related to access, affordability, timeliness, regional and cultural inequities
- Registrant need for support and education on professional standards and requirements for registration
- Upcoming possible shifts to the legislative scaffolding and the introduction of mandatory performance frameworks as part of the government’s modernizing of the health workforce/regulation (i.e., a shift to outcome and risk-based expectations)
- CRPO’s adoption of a right touch, risk-based approach to regulation
- A desire to ensure excellence in the work of standards development and enforcement

With consideration of this context, Council members explored the overarching question: “how do we best fulfill our role as a regulator with continued attention to serving the public interest?”

Excellence, trustworthiness and accessibility: High-Level Three-Year Strategy

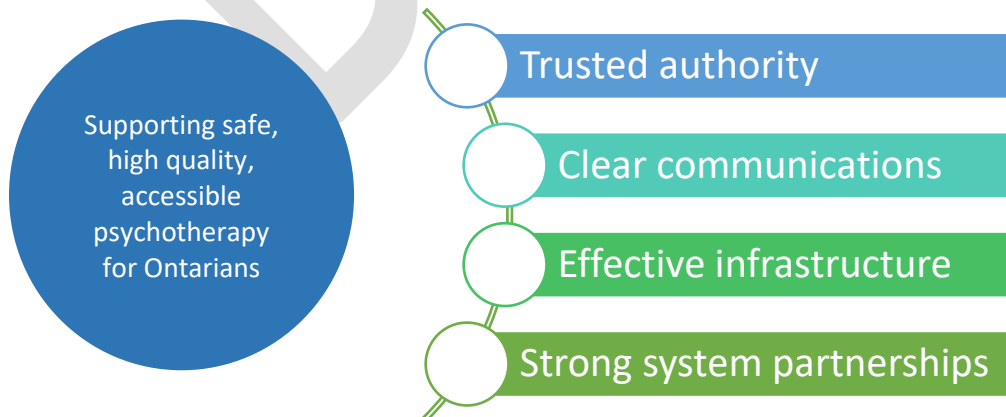
As the backdrop for its work, the Council created a description of its ultimate vision:

Through our work, people across Ontario will understand that Registered Psychotherapists are regulated, trustworthy mental health professionals who can assess, treat and support cognitive, emotional, behavioural, interpersonal and situational issues and challenges. They will recognize that there are multiple modalities, but that all are aimed at promoting mental health and well-being. Registered Psychotherapists will have a strong professional identity, and as a profession, will be working to provide competent, safe and ethical services to meet the expanding mental health needs of Ontarians.

CRPO will be recognized as a trusted, accessible source for public and professional guidance about, and resolution of, issues related to psychotherapy. CRPO will work with the public, registrants, other regulators, government and other stakeholders to support both the sustainability and accountability of the profession. Because of CRPO's work, it will be widely understood that anyone who is a Registered Psychotherapist in Ontario adheres to a standard of excellence, characterized by safe, ethical and competent practice. Everyone connected with CRPO will feel heard when expressing matters of concern and as stakeholders in developing and maintaining a system where mental health is valued and supported.

To work toward this vision, CRPO will take on four primary priorities over the next three years:

1. build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care
2. further develop communications to support clear, transparent and dynamic interaction with stakeholders
3. strengthen operational and governance infrastructure
4. collaborate with other system partners to contribute to better access to mental health services



Priority: Build CRPO's presence as a trusted authority for psychotherapy

Goal: CRPO will be recognized as a leader in ensuring the value of psychotherapy, its role in the mental health system, and what constitutes safety, competence and quality in psychotherapeutic practice and excellence in regulatory oversight. CRPO will be the first source for all issues related to Registered Psychotherapists among health professions, the public, government, the media and other stakeholders, and will be recognized as an exemplar of fostering professional competency and standards of practice.

Objectives:

- **Continue to strengthen the practice of psychotherapy through clearly defined standards, continuing competence requirements and support for excellence in practice**
- **Create public outreach to build understanding about psychotherapy and make CRPO more visible and accessible**
- **Cooperate with other stakeholders to build knowledge about and access to psychotherapy as a regulated profession**

Priority: Further develop communications to support clear, transparent and dynamic interaction with stakeholders

Goal: CRPO will be in active dialogue and communication with the public, registrants, government and other stakeholders. A focus on ensuring communications with the public and registrants will support their experience of CRPO as open, transparent and accessible. The public will know where to locate information about Regulated Psychotherapists and how to access CRPO to respond to questions and address concerns about care. Registrants will report clarity about the role and purpose of CRPO, will feel their modality of work is respected and valued, and will recognize CRPO as a supportive resource for good practice. CRPO and registrants will both recognize their shared goal of maintaining excellent practice to build public trust.

Objectives:

- **Develop effective communication initiatives based on assessment of public need for information**
- **Strengthen communications with registrants to ensure clarity and transparency to build trust and a better understanding of regulatory requirements**
- **Actively participate in efforts to create useful dialogue with stakeholders across Ontario's mental health sector**

Priority: Strengthen operational and governance infrastructure

Goal: CRPO will have governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements.

Objectives:

- **Continue to cultivate excellence, accountability and responsiveness among Council and committee members through professional development and policy guidance**
- **Foster diversity and inclusion among staff, Council and registered psychotherapists**
- **Implement effective governance and risk-management frameworks across all operational and regulatory functions**
- **Measure progress through strategic planning, risk assessment and key performance indicators**

Priority: Collaborate with other system partners to contribute to better access to mental health services

Goal: Through collaboration with other system partners, we will build collective best practices, and advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services.

Objectives:

- **Build on existing relationships among the Colleges whose members have the authority to perform the controlled act of psychotherapy, the Health Professions Regulators of Ontario network and other Canadian psychotherapy regulators to:**
 - **define and foster leadership in regulatory excellence**
 - **create collective solutions to allow alignment in addressing concerns with mental health service provision**
- **Engage with the Ministry of Health to provide useful and timely information and advice about Registered Psychotherapy and the mental health system**
- **Formalize work of recognizing, reporting on and adapting to changes in the practice environment to support health system improvement**

Implementation

Regulatory Objectives:

Regulatory objectives are specific and measurable efforts needed to achieve the goal of public protection dictated by the RHPA. Establishing and communicating regulatory objectives allows a regulator to demonstrate how the work they do is in the public interest. Stated objectives also support accountability within a right-touch approach: if an initiative cannot be measured against one of the objectives, it likely should not be undertaken.

Recognizing the importance of articulating these objectives in plain language and then using them to determine what work will be undertaken, CRPO's Council agreed that a first step in implementing any strategic plan would be to agree upon and adopt clear regulatory objectives. Accordingly, Council agreed that these objectives would be developed as a preliminary step in the work to be completed under the 'operational effectiveness' priority.

Next Steps:

Measured against regulatory objectives and working within the focus of the four priority areas identified at the retreat, CRPO Council and staff will develop targeted work plans, with specific tasks mapped to the core operational, governance, communications and regulatory functions. Work plans will be tied to fiscal years and progress will be reviewed by Council at each meeting. Performance results related to the strategic objectives will be used to develop performance improvement plans and to adjust and develop regulatory activities to protect and serve the public interest. These results and any resulting plans will be shared with stakeholders.

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	11
Issue:	Reappointment of current non-Council committee members
Attachment(s):	-
References:	CRPO by-laws
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Having a substantive pool of non-Council committee appointments can support effective and efficient completion of committee business, particularly in ensuring required panel composition. By reappointing the proposed non-council members for an additional term helps to ensure continuity and capacity building.

Background:

The non-Council committee appointments have terms expiring in November 2019:

- Kayleen Edwards (Quality Assurance) – appointed November 2018
- Sue Lymburner (Client Relations) – appointed June 2017
- Kali Hewitt-Blackie (Inquiries, Complaints and Reports) – appointed June 2015

Executive directed that K. Edwards, S. Lymburner and K. Hewitt-Blackie be reappointed in November 2018. In accordance with the draft policy and CRPO by-laws, non-council members must be reappointed annually.

To address the gap in reappointing non-council members, staff will develop an internal procedure to ensure consistency in the reappointment process.

Recommendation:

After discussion with staff, committee chairs and the above noted non-Council appointments, we are recommending that Council ratify the direction provided by the Executive Committee to reappoint K. Edwards, S. Lymburner and K. Hewitt-Blackie to their positions non-council positions for a one-year term (November 2019-November 2020).

Proposed Motion:

1. **[Be it moved]** that Council ratify the decision to reappoint

- **K. Edwards to the Quality Assurance Committee;**
- **S. Lymburner to the Client Relations Committee; and**
- **K. Hewitt-Blackie to the Inquiries, Complaints & Reports Committee as non-council committee appointments for one-year terms.**

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	12
Issue:	Committee Composition – Council Slate Recommendations
Attachment(s):	Proposed Committee Composition
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

When considering appointing council members to committees, staff considers the needs of the College and committees to ensure that meetings and panels are properly constituted in order to carry out their statutory mandates. Currently, this is accomplished by consulting committee chairs and staff leads and considering the noted expertise of individual Council members.

Background:

The Executive Committee reviewed the proposed committee composition put forward by staff and is recommending the attached slate of Council members for 2019-2020. The proposed committee composition considers capacity building to improve and retain knowledge and skills required for work on committees.

Note that all Council members sit on the Discipline and Fitness to Practise Committees.

Recommendation:

As the proposed composition considers capacity building to improve and retain knowledge and skills required for work on committees, the Executive Committee recommends approving the proposed committee composition as presented.

Implementation:

The proposed committee composition will take effect immediately.

Proposed Motion:

[Be it moved] that Council approve the Council committee composition for 2019-2020 period as presented.

Council Members 2019-2020	Executive	Client Relations	Discipline	Examination
<p>Professional</p> <ol style="list-style-type: none"> Andrew Benedetto Heidi Ahonen Shelley Briscoe-Dimock (President) Kenneth Lomp (VP) Michael Machan Miranda Monastero Radhika Sundar District 2 – North (by appointment) District 7 – Central (by-election) <p>Public</p> <ol style="list-style-type: none"> Steven Boychyn Gary Cockman Sheldon Kawarsky David Keast Barbara Locke Billingsley Keri Selkirk Jane Snyder 	<p>Professional</p> <p>Andrew Benedetto Shelley Briscoe-Dimock © Kenneth Lomp</p> <p>Public</p> <p>Gary Cockman Sheldon Kawarsky</p>	<p>Professional</p> <p>Shelley Briscoe-Dimock Radhika Sundar District 2 – North</p> <p>Public</p> <p>Steven Boychyn Barbara Locke Billingsley Keri Selkirk Jane Snyder</p> <p>Non-Council</p> <p>Sue Lymburner ©</p>	<p>Public</p> <p>Steven Boychyn Gary Cockman © Sheldon Kawarsky David Keast Barbara Locke Billingsley Keri Selkirk Jane Snyder</p> <p>Professional</p> <p>Heidi Ahonen Andrew Benedetto Shelley Briscoe-Dimock Kenneth Lomp Miranda Monastero Radhika Sundar District 2 – North District 7 – Central</p>	<p>Professional</p> <p>Heidi Ahonen © Andrew Benedetto Michael Machan Miranda Monastero</p> <p>Public</p> <p>Steven Boychyn Gary Cockman Barbara Locke Billingsley Keri Selkirk</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p>Professional</p> <p>Heidi Ahonen Andrew Benedetto © Michael Machan Radhika Sundar</p> <p>Public</p> <p>Gary Cockman Sheldon Kawarsky David Keast Barbara Locke Billingsley</p> <p>Non-Council</p> <p>Muriel McMahon Carol Cowan-Levine Malcolm MacFarlane</p>	<p>Public</p> <p>Steven Boychyn Gary Cockman Sheldon Kawarsky David Keast Barbara Locke Billingsley © Keri Selkirk Jane Snyder</p> <p>Professional</p> <p>Andrew Benedetto Shelley Briscoe-Dimock Kenneth Lomp Michael Machan Miranda Monastero Radhika Sundar District 2 – North District 7 – Central</p>	<p>Professional</p> <p>Shelley Briscoe-Dimock © Kenneth Lomp Miranda Monastero District 2 – North District 7 – Central</p> <p>Public</p> <p>Steven Boychyn Sheldon Kawarsky Keri Selkirk Jane Snyder</p> <p>Non-Council</p> <p>Kali Hewitt-Blackie Kevin VanDerZwet Stafford</p>	<p>Professional</p> <p>Michael Machan Radhika Sundar District 2 – North</p> <p>Public</p> <p>Jane Snyder David Keast</p>	<p>Public</p> <p>Sheldon Kawarsky David Keast Jane Snyder</p> <p>Professional</p> <p>Heidi Ahonen Andrew Benedetto Kenneth Lomp © Miranda Monastero</p> <p>Non-Council</p> <p>Kayleen Edwards</p>

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	13
Issue:	Controlled Act Standard
Attachment(s):	Draft Controlled Act Standard (October 2019 revision)
References:	<ul style="list-style-type: none"> • Professional Practice Standards, standard 1.4 <i>Controlled Acts</i> • CRPO Controlled Act Consultation Documents • Understanding When Psychotherapy is a Controlled Act (YouTube video)
Action:	Information <input type="checkbox"/> Discussion <input type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

The [Professional Practice Standards for Registered Psychotherapists](#) deal with issues of general professionalism and conduct. They describe the minimum acceptable professional standards expected of registrants. Registrants are expected to practise in a manner that meets or exceeds the Standards, applying them consistently in their practice environments. Updating the Controlled Act Standard will ensure that registrants have clear guidance on issues related to the performance of the act as a way of supporting safe and effective practice.

Background:

[Professional Practice Standard 1.4: *Controlled Acts*](#) was written prior to the proclamation of section 27(2)14 of the [Regulated Health Professions Act](#) and section 4 of the [Psychotherapy Act](#), which confer on Registered Psychotherapists the authority to perform the controlled act of psychotherapy. The standard says that RPs do not have access to a controlled act. As of January 1, 2020, with the end of the government authorized two-year transition period, registrants will have the authority to perform the controlled act.

At its September 13, 2019 meeting, Council discussed the need to update the Controlled Act Standard to address the controlled act of psychotherapy as defined in statute and as clarified by the [Controlled Act Consultation Documents](#) developed by CRPO. Executive was given direction to work with staff to rewrite the Standard for review at the November 2019 meeting.

The draft of the standard, which is being recommended by Executive is attached.

Next Steps:

The attached draft of the revised standard includes details about exceptions to the restriction on performing controlled acts and addresses delegation more clearly.

Staff will present the draft at the meeting and respond to any questions or concerns about how the standard supports safe and effective practice.

Council will also be informed of the result of consultations with registrants and programs related to the controlled act. These consultations are suggesting that some of the projected problems related to the proclamation may be occurring e.g., interruption in continuity of care, use of unregulated providers in organizations where RPs work and the potential for inappropriate classifying of psychotherapy scope of practice as counselling and crisis intervention.

Recommendations:

Council is being asked to review and approve the revised Standard 1.4 *Controlled Acts* at this meeting.

Proposed Motion:

[Be it moved] that the Council approve the revised Standard 1.4 *Controlled Acts* for adoption and dissemination to registrants.

DRAFT Standard Revision

1.4 Controlled Acts

BACKGROUND

The *Regulated Health Professions Act, 1991* (RHPA) restricts certain activities, called controlled acts, due to the risk they carry if performed by an unqualified person. For example, performing a procedure on tissue below the dermis is an activity that can mainly be performed by regulated professionals who are authorized to do so, such as nurses or doctors.¹ These authorizations are set out in the legislation that governs each profession.

CRPO registrants are authorized to perform the controlled act of psychotherapy, which is defined as follows:

*To treat, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual's judgment, insight, behavior, communication, or social functioning.*²

Five other professions are authorized to perform the controlled act of psychotherapy, including: nurses, occupational therapists, physicians, psychologists and/or psychological associates, and social workers and/or social service workers. These professionals perform the controlled act of psychotherapy in accordance with the regulations, requirements and/or standards established by their respective regulatory bodies.

The controlled act of psychotherapy, which is comprised of five elements, is only a component of the broader scopes of practice that respectively apply to CRPO registrants and the other regulated professions listed above. Each of the five elements must be present for a particular activity to be considered the controlled act of psychotherapy. You can read more about the five elements of the controlled act of psychotherapy in in the [Controlled Act Task Group documents](#) available on the Colleg website.

Competence

Registrants may perform the controlled act of psychotherapy providing they possess the knowledge, skill and judgment to do so safely and effectively. Refer to the Professional Practice Standards, Section 2: Competence.

Registrants who are not sufficiently competent in performing the controlled act of psychotherapy may only do so if additional study, training, consultation or clinical supervision would allow them to gain the appropriate level of competence.

Exceptions

While the RHPA restricts controlled acts mainly to regulated health professionals, it enables others to perform them when specific circumstances apply. For example, anyone can perform any controlled act providing they are³:

¹ Nursing Act, 1991, s. 4.1; Medicine Act, 1991, s. 4.2

² Psychotherapy Act, 2007, s. 4

³ Regulated Health Professions Act, 1991 (RHPA), s. 29(1)(a, c-e)

- helping someone in an emergency;
- helping someone with activities of daily living;
- treating by prayer or spiritual means according to the tenets of one's religion; and
- when administering a substance or communicating a diagnosis to a member of one's household (e.g. telling your child that she has a cold).

Exceptions for Students

Students who intend to register with CRPO may perform the controlled act of psychotherapy as long as they⁴:

1. are in the process of fulfilling the requirements to become registered with CRPO; and
2. are receiving clinical supervision from a qualified RP for the aspects of their practice that involve the controlled act.

Exemption for Addictions Treatment

Ordinarily, CRPO registrants are restricted from performing any procedure below the dermis. However, an exemption applies for those who provide acupuncture as part of an addiction treatment program within a “health facility”.⁵ Health facility is defined by legislation, and includes, for example, facilities that are governed or funded by the⁶:

- *Public Hospitals Act*
- *Independent Health Facilities Act*
- *Alcoholism and Drug Addiction Research Act*

Registrants who perform acupuncture in accordance with the exemption may only do so if they possess the knowledge, skill and judgment necessary to do so safely and effectively. Refer to the Professional Practice Standards, Section 2: Competence.

Delegation

Delegation is a mechanism that enables a regulated health professional to grant another person the authority to carry out a professional activity that the person would otherwise be restricted from doing.

Making a Delegation

CRPO registrants are restricted from delegating the controlled act of psychotherapy, except in the following circumstances⁷:

1. with prior approval of Council
2. in an emergency, providing Council is informed after the fact

Receiving a Delegation

Registrants may only accept and carry out a delegation if:

1. the regulated health professional who made the delegation is working within their scope of practice, following the requirements and standards established by their regulatory college, and

⁴ RHPA, s. 29(1)(b)

⁵ Controlled Acts Regulation under the RHPA, s. 8.(5)

⁶ Controlled Acts Regulation under the RHPA, s. 8.(6)

⁷ Professional Misconduct Regulation, under the Psychotherapy Act, s. 12

- will take responsibility for the actions of the registrant receiving the delegation;
2. the act being delegated to the registrant falls within the scope of practice of the psychotherapy profession; and
 3. the registrant has the competence necessary to carry out the delegation in a manner that is safe and effective. Refer to the Professional Practice Standards, Section 2: Competence.

STANDARD: Controlled Acts

Providing they have the competence to do so in a manner that is safe and effective, registrants are authorized to perform the controlled act of psychotherapy. Registrants refrain from delegating the controlled act of psychotherapy, unless an exception applies.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example:

- declining to perform a controlled act if it is beyond the registrant's competence, or when doing so would, in his/her professional judgment, be counter-therapeutic;
- declining to perform a controlled act under delegation if the delegating professional is not providing supervision and/or will not take responsibility for the actions of the registrant receiving the delegation.

See also:

- Standards, Section 4: Clinical Supervision
- Standard, Section 2: Competence
- [Understanding When Psychotherapy is a Controlled Act](#)
- [Controlled Act Task Group Consultation Documents](#)
- [Psychotherapy Act](#)
- [Professional Misconduct Regulation, provisions 10, 12](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all members in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional

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

DRAFT

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	14
Issue:	Public Register By-law Redundancy Review
Attachment(s):	<ul style="list-style-type: none"> • Public Consultation Feedback Summary • <i>Suitability to Practise</i> Policy, revised • <i>Posting Non-College Conduct on the Public Register</i> process
References:	CRPO By-laws
Action:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	M. Piro
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

There are several sources of legal authority that determine what information goes onto the public register. Section 23(2) of the Health Professions Procedural Code (“Code”) sets out a list of items to be posted on the public register. Paragraph 19 of subsection 23(2) allows the government to make regulations stipulating additional information to be posted on the public register. Paragraph 20 of subsection 23(2) allows colleges to make by-laws requiring information to be kept on the public register. It is possible for redundancy or inconsistency to result from these multiple sources of authority.

CRPO’s Council previously amended the by-laws to promote transparency regarding:

- Criminal findings of guilt
- Current bail and similar conditions
- Undertakings to the College
- In-person cautions
- Specified education and remediation programs
- Criminal charges
- Etc.

More recently, the Code was amended, and a regulation was created, requiring the posting of some of the same items already required by the by-laws. There is currently some duplication between the by-laws and the Code/regulation. It is in the best interest of the public to eliminate these redundancies to ensure that CRPO by-laws are clear.

Background:

Staff conducted a comparison of by-laws and Code/regulation provisions dealing with the public register. In some cases, it was found that the by-laws offered greater transparency than the Code/regulation. In such cases it is recommended that the by-laws remain as-is. An example is regarding referrals to the Discipline Committee. While the Code requires the status of the

hearing be posted on the public register, the by-laws specify in greater detail what status items may be posted, e.g. awaiting scheduling, hearing dates scheduled, awaiting decision.

In contrast, some by-laws have inconsistencies with the Code/regulation that could cause confusion. Examples are as follows:

Findings of guilt

The by-laws, at article 21.08, states the following shall be posted:

(xvii) where there has been a finding of guilt of which the College is aware, against a member under the Criminal Code or Controlled Drugs and Substances Act, made on or after April 1, 2015, a brief summary of: a. the finding, b. the sentence or penalty, c. where the finding is under appeal, a notation that it is under appeal, until the appeal is finally disposed of, and d. where known to the College, the dates relevant to the summary required under this section;

Meanwhile, the regulation under the RHPA states that the following shall be posted:

1. If there has been a finding of guilt against a member under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) and if none of the conditions in subsection (2) have been satisfied,

- i. a brief summary of the finding,
- ii. a brief summary of the sentence, and
- iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

(2) The conditions referred to in paragraph 1 of subsection (1) are the following:

1. The Parole Board of Canada has ordered a record suspension in respect of the conviction.
2. A pardon in respect of the conviction has been obtained.
3. The conviction has been overturned on appeal.

The two provisions (by-law and regulation) are highly similar, with the exception that the by-law does not provide for removal of the finding of guilt upon a successful appeal, pardon or record suspension. While the College would interpret the regulation to supersede the by-law, to avoid confusion it is recommended that the by-law be repealed. Findings of guilt under the Criminal Code of Canada (CCC) and Controlled Drugs and Substances Act (CDSA) would still be posted under the authority of the regulation.

Criminal charges

The by-laws, at article 21.08, states the following shall be posted:

(xxii) Where a Member has been charged with an offence under the Criminal Code of Canada or the Controlled Drugs and Substances Act that the Registrar believes is relevant to the Member's suitability to practise, and the charge is outstanding and is known to the College, the fact and content of the charge and, when known to the College, the date and place of the charge.

Meanwhile, the regulation under the RHPA states that the following shall be posted:

3. If a member has been charged with an offence under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) and the charge is outstanding,
 - i. the fact and content of the charge, and
 - ii. the date and place of the charge.

The by-law is narrower in that only those charges deemed relevant to a member's suitability to practise would be posted. (In contrast, all CCC and CDSA charges are to be posted according to the regulation.)

To avoid confusion, staff recommends repealing the by-law. All CCC and CDSA charges will still be posted under the authority of the regulation. For clarity, retaining the by-law would not limit posting of charges to those deemed relevant to a member's suitability to practise. Under the regulation, *all* CCC and CDSA charges would still need to be posted.

Feedback from stakeholder consultation

CRPO received 116 responses to its public consultation regarding these proposed changes. They are attached for review. Approximately 70% of respondents indicated support for the proposed changes. Several respondents did not support the proposal. Some of them may have misunderstood the nature of the proposed changes. Several respondents opposed publication of criminal charges or criminal findings not related to one's suitability to practise. However, these proposed by-law changes are only intended and able to avoid confusion. They are not substantive changes. CRPO does not have the authority to prevent the publication of criminal charges or findings. Recent changes to the RHPA require all health colleges to post this information online.

Recommendation:

The Executive Committee considered the feedback received during the public consultation period and determined that, based on staff recommendations, the level of support from consultation respondents and the administrative nature of the changes they recommend the by-law changes noted above for adoption by Council.

Implementation Date:

Immediately

Proposed Motion:

That Council approve the proposed by-law amendments: Repealing paragraphs (xvii) and (xxii) of article 21.08 of the by-laws.

Suitability to Practise Policy

If Council approves the above by-law changes, then the 2017 [Suitability to Practise policy](#) will be out-of-date. This is because the policy explained how the Registrar would decide whether bail conditions or criminal charges are relevant to a registrant's suitability to practise. Since all charges and bail conditions now need to be posted without a specific determination of relevance, the 2017 policy is out-of-date.

Even though the concept of suitability to practise no longer applies to deciding whether to post criminal charges or bail conditions on the public register, the concept of suitability still has

relevance to other areas of the College, including screening applicants, deciding whether to launch an investigation, and deciding whether to remove obsolete and irrelevant information from the public register. Therefore, staff is proposing a revised suitability to practise policy. The substance of the revised policy is the same as the 2017 policy; however, it no longer refers to bail conditions or criminal charges. In addition, wording has been simplified and references to “member” have been changed to “registrant.”

Staff also proposes separating the suitability to practise policy from the *process* staff follows to post information on the public register. This is because the two issues (suitability to practise and posting information on the public register) may not occur in the same situation.

The substance of the process remains the same (giving notice to the registrant and the chance to respond; noting that charges have not been proven). The revised process clarifies that it applies to non-College conduct (governed by other bodies such as courts of law or other regulators). CRPO proceedings (e.g. complaints, registration) follow other existing processes.

Staff therefore recommends that Council rescind the 2017 suitability to practise policy and approve the revised suitability to practise policy and process on posting information to the public register.

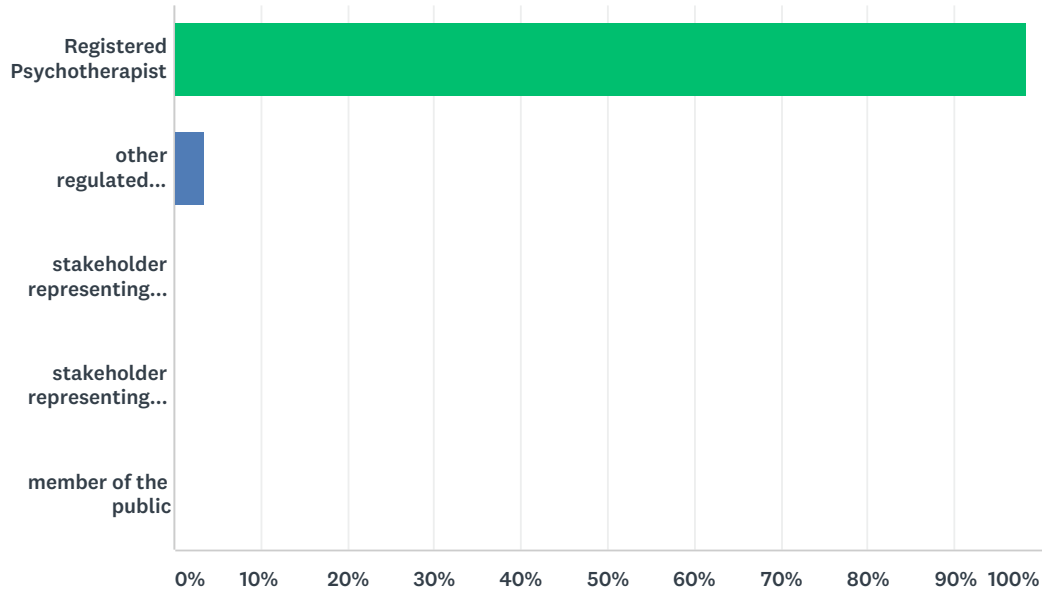
Proposed Motions:

That Council approve the revised policy, *Suitability to Practise*.

That Council approve the revised process, *Posting Non-College Conduct on the Public Register*.

Q1 Are you a:

Answered: 115 Skipped: 0

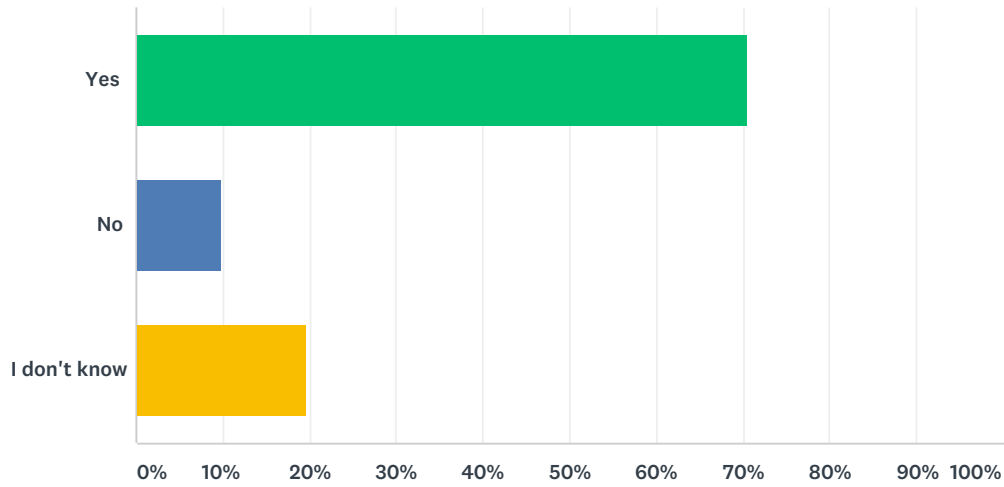


ANSWER CHOICES	RESPONSES	
Registered Psychotherapist	98.26%	113
other regulated professional	3.48%	4
stakeholder representing a professional organization	0.00%	0
stakeholder representing a service-providing organization	0.00%	0
member of the public	0.00%	0
Total Respondents: 115		

#	OTHER (PLEASE SPECIFY):	DATE
1	RPQ	9/6/2019 4:37 PM
2	Prefer not to disclose	7/16/2019 8:50 AM

Q2 Do you support the proposed by-law amendments?

Answered: 112 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	70.54%	79
No	9.82%	11
I don't know	19.64%	22
TOTAL		112

Q3 Please provide your comments here (optional):

Answered: 23 Skipped: 92

#	RESPONSES	DATE
1	I do not support them because they do not go far enough. I support removal of the items deleted, but I see no replacement specifying what is allowed and what is not. Consequently, further specifications are necessary to provide information about procedures to be followed.	10/2/2019 8:22 PM
2	While I support the proposal, I have a couple of questions and concerns. Are the charges posted relevant to the clinical practice of an individual or would all charges ever made against said registrant be listed? I feel that it is discriminatory to post convictions that are unrelated to clinical practice. Can you please clarify what documents are required for expungement? I also hope the C.R.P.O. process for removal of posted conviction records that have been expunged is as efficient as the process for listing allegations.	10/2/2019 1:06 PM
3	Appreciate the clarity and reduction of duplication.	9/17/2019 10:54 AM
4	I believe having police checks will add to our credibility as healthcare professionals and increase public safety. I do feel that since police checks are required in many vulnerable sector volunteer and career positions, they should be required here as well.	9/16/2019 10:53 AM
5	Please see collective letter to be submitted by a group of Toronto Queer/Trans Therapists.	8/27/2019 1:33 PM
6	I don't understand the bylaw and the changes being proposed. I looked it up on the website and it seems complicated.	8/21/2019 6:28 AM
7	I think it should remain that only offences related to one's profession should be listed: (xxii) Where a Member has been charged with an offence under the Criminal Code of Canada or the Controlled Drugs and Substances Act that the Registrar believes is relevant to the Member's suitability to practise, and the charge is outstanding and is known to the College, the fact and content of the charge and, when known to the College, the date and place of the charge.	8/10/2019 9:35 AM
8	Glad to know that CRPO is giving clear guidance on these changes and keeping our profession in alignment with the current health practise regulation laws.	8/9/2019 2:01 PM
9	I think we should avoid duplicating as much as possible.	8/9/2019 9:20 AM
10	It is important as a college that we support these amendments.	8/9/2019 8:49 AM
11	Clarity is served by these amendments	8/9/2019 8:16 AM
12	I actually wonder if a "Vulnerable Sector Check" might be even more appropriate for Members to provide on a semi-regular basis. This is also required for some workplaces, or for those working with WSIB, anyway.	8/9/2019 8:03 AM
13	I fully support the proposed bylaw amendments put forth. Accountability and criminal activity need to be disclosed in relation to all criminal matters an R.P. may be involved in. This speaks highly of the character of an R.P.	8/9/2019 7:53 AM
14	Only if charges relate to safe practice should be posted	8/9/2019 7:46 AM
15	In Canada, you are presumed innocent until proven Guilty. NO change should take place until a person is proven Guilty by a court of law.	8/9/2019 7:19 AM
16	Voluntary disclosure is sufficient	8/9/2019 6:58 AM
17	Repealing the by-laws, to avoid confusion and misinterpretation	8/9/2019 6:39 AM
18	I believe I may have accidentally given this feedback in the other survey re: police record checks, but here it is again: If the criminal charges/convictions are deemed not to have relevance or impact on the member's ability to practice as an RP, then I don't think they should be listed on their public register profile. It doesn't help inform the public as to the ability of the member to practice in such a case, but rather simply stigmatizes and calls into question the character of the member from a public perspective.	8/9/2019 6:12 AM
19	Removing redundancy is always helpful	8/9/2019 5:56 AM

20	I very much understand the importance of sharing certain personal information as it may affect ability to practice, however I have some concerns around sharing all of these findings publicly, if the information is not directly relevant to ability to practice, and simply just provides an additional barrier to those practitioners with less severe infractions /charges. I'd like to possibly see more clarity and perhaps more of a judgment call by the registrar on a case by case basis as opposed to always sharing all information. I can imagine some charges allow individuals to take more steps to better themselves, and in the long run have the potential to be better therapists (ex. Receiving a DUI, realizing they have a drinking problem, and then attending their own counselling) however some should have more rigidity in terms of charges and consequences (child abuse, domestic violence, human trafficking, first degree murder, etc).	7/21/2019 4:40 AM
21	Reducing confusion and redundancy is a good idea.	7/17/2019 8:34 AM
22	Largely yes, except for expanding the scope of publishing findings to include non-relevant-to-practice convictions. As it is not relevant, AND increases scrutiny needlessly, it opens up a person for irrelevant reprisals if/when a member of the public takes issue. As you know or ought to know, the general public will make judgments of guilt based not on fact, but on opinion. As such, a therapist could lose their income as a result of the public deciding that a particular finding IS relevant to practice and resulting in an oft-seen overreaction to execute punishment. Essentially, any finding not relevant to practice is none of your business and making it A) required by you, and B) published, makes it a gross abuse of power. That bylaw is fine the way it is. Stop trying to make yourself more important by exercising power over others.	7/16/2019 8:50 AM
23	I agree with some but not all. If there are charges against a person that do not impact their competency to provide treatment should not be on the website.	7/13/2019 8:03 AM

Suitability to Practise

Approved by: Council

Date:

1. Adoption of Policy

1.1 This policy shall take effect on [redundant bill 87 by-law amendment date].

2. Background

2.1 In several situations, the College needs to consider whether information about an applicant or registrant is relevant to their suitability to practise psychotherapy. These situations include receiving information about an applicant's conduct during the registration process, determining whether the College ought to investigate a report about a registrant's conduct, and deciding whether to publish or remove information about a registrant's conduct on the public register after a period of time.

3. Considerations

3.1 The mandate of the College is to regulate Registered Psychotherapists (RPs) in the public interest, striving to ensure that practitioners are competent, ethical and accountable. All registrants of CRPO are expected to practise safely, professionally and ethically, and to abide by standards of professional conduct. The *Code of Ethics* reminds registrants of their ongoing responsibilities as community members and citizens.

Conduct that goes against professional standards and ethics could include, but is not limited to:

- Dishonesty or a breach of the public's trust, including sexual misconduct
- Disruptive, rude or disrespectful behaviour towards clients or other health care professionals
- Neglecting professional obligations
- Providing services that are not in the client's best interest, including unnecessary treatment or services for personal financial gain
- Violence

3.2 The following factors should be considered in determining whether conduct is relevant to suitability to practise:

- Whether the conduct in question occurred while practising the profession of psychotherapy
- Whether the conduct would bring disgrace or dishonour to the profession
- Whether the conduct put an individual or the public at risk
- Whether the conduct is part of a pattern of behaviour or an isolated event
- Whether the conduct suggests discrimination, disregard or disrespect for people based on a ground protected by the Human Rights Code (race, colour, ancestry, creed (religion), place of origin, ethnic origin, citizenship, sex (including pregnancy, gender identity), sexual orientation, age, marital status, family status, disability, receipt of public assistance)
- Passage of time since the conduct occurred and the absence of more recent concerns about the applicant's or registrant's conduct
- Any remorse, insight and remediation demonstrated since the conduct occurred

There may be other factors not listed above that will be considered relevant in individual circumstances.

3.3 In applying the criteria, available information should be consulted to decide whether the particular information is relevant to the ability to practise safely and professionally.

4. Potential Changes to Policy

4.1 This policy will be monitored on an ongoing basis and will be subject to revision or cancellation at any time by decision of Council.

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Posting Non-College Conduct on the Public Register

Approved by: Council

Date:

Process

1.1 This process applies to information about a registrant's conduct governed by outside bodies (e.g. courts of law, other regulators).

1.2 If the Registrar receives information about a registrant's conduct that is required to be posted on the public register, the College may follow up with the registrant or third parties seeking further information, including relevant court filings if applicable.

1.3 CRPO will provide notice to the registrant that it intends to post the information and an opportunity to respond. If the registrant provides a response within the allotted timeframe, the Registrar will consider the registrant's response before making a final decision regarding whether and what information to post on the public register. If the registrant fails to respond within the allotted timeframe or the Registrar nonetheless concludes that the information is required to be posted on the public register, publication on the public register will occur. If the Registrar determines that the information is not required to be posted on the public register, then the information will not appear on the public register.

1.4 For criminal charges, the College will include a notation on the public register specifying that the charge has not been proven, may be withdrawn or an individual may be found not guilty.

1.5 Information may not be posted if it would or could identify a third party or violate a publication ban. Accordingly, the College reserves the right to limit and withhold the content it publishes on the register.

1.6 If new information becomes available warranting removal of information from the public register (e.g. a finding is overturned on appeal, a charge is withdrawn, or a pardon has been obtained regarding a criminal offence), the College will remove any notation from the public register no more than 5 (five) business days after being satisfied of the change.

Authority:

Health Professions Procedural Code,¹ section 23.

Information Prescribed under Subsection 23 (2) of the Health Professions Procedural Code²

CRPO by-laws, article 21.08

¹ *Regulated Health Professions Act, 1991*, SO 1991, c 18, Schedule 2.

² O Reg 261/18.

Briefing Note for Council

Meeting Date:	November 21, 2019
Agenda Item #	15
Issue:	Criminal Record Checks for Applicants
Attachment(s):	-
References:	-
Action:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	S. Fraser & M. Piro
Submitted by:	Registration Committee

Purpose & Public Interest Rationale:

Screening individuals who may potentially, through their volunteer or professional work, be in a position to cause harm to children, youth or other vulnerable persons is an expected part of the regulatory role in public protection.

Background:

Currently, CRPO requires mandatory self-disclosures of offences at initial registration as a screening method. (Mandatory self-disclosure is also an ongoing requirement for registrants, but this briefing note will focus exclusively on applicants.)

Section 4(1) of the Registration Regulation states:

“4. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:

1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:

i. A finding of guilt for any of the following:

A. A criminal offence.

B. An offence resulting in either imprisonment or a fine greater than \$1,000.”

Criminal record checks are another mechanism for screening. Such a criminal record check (or police check) is currently only requested by staff when an individual self-discloses a legal finding as a way to verify what the individual has reported.

The issue of criminal background checks has been discussed previously at the following meetings:

- April 25, 2016 RC Plenary

- July 22, 2016 RC Plenary
- September 8, 2016 Council Meeting
- March 24, 2017 RC Plenary
- June 16, 2017 RC Plenary
- April 25, 2019 RC Plenary
- June 20, 2019 Council Meeting
- November 7, 2019 RC Plenary

In these meetings, discussions have included the following:

- Police check options available.
- Pros and cons to requiring police checks.
- Legal counsel's opinion about the usefulness of police checks.
- Potential process to audit current registrants.
- What other colleges require (see reference #1 linked above to read what the College of Nurses requires and the third party they use to obtain police checks)
- Feedback from the 12 stakeholder consultation submissions, almost all of which disagreed with implementing police checks, made between October and December 2016.
- A staff administrative revocation of a certificate of registration for failure to disclose a legal finding, which is still the only one that has occurred to date.
- Use of police checks by other RHPA colleges (of the 18 survey respondents, eight currently require applicants to submit police checks, two are in the process of requiring this, two are considering requiring it, six do not require it).

At its November 7 meeting, the Registration Committee reviewed the feedback received in the latest consultation on requiring a criminal record check as part of the application for registration. They deliberated on the issue, considering previous discussion at Council and committee about this issue, changes to the process for and information contained in checks and the response from stakeholders. At the conclusion of their deliberations, the Registration Committee voted not to recommend requiring a criminal record check as part of the application process.

At the June 20, 2019 Council meeting, Council approved a public consultation on applicants being required to submit a criminal record and judicial matters check. The consultation received 339 responses.

49% of respondents have already provided police record checks for employment purposes. 34% of respondents supported the proposed requirement. 45% did not. 21% of respondents indicated that they were not sure if they supported the change. Respondents also had the opportunity to comment in their own words on the proposal. Of the 164 comments, 34% supported the proposal. 46% were against the proposal. The remaining comments were ambiguous or shared the respondent's experience (e.g. what they are required to submit) without stating their position.

Common positive responses:

- Necessary to protect the public because RPs work with vulnerable populations
- Already a standard requirement for employers so it makes sense that the College would require it too
- Already a standard requirement for employers so it's easy to provide to the College as well

- If the College required them, employers wouldn't need to so it would be more efficient
- Adds credibility to the profession

Common concerns:

- Redundant because employers already require it
- Registration process is already time-consuming and/or expensive
- Unnecessary bureaucracy
- Not required for psychologists and social workers
- The College should trust applicants/registrants to self-report
- Could disproportionately impact marginalized communities who may have more interactions with the police

Note: many respondents who were against the proposal were concerned about CRPO refusing applicants with criminal records. As is currently the case, prior convictions are reviewed on a case-by-case basis by the Registrar and the Registration Committee in accordance with the [Good Character policy](#). Prior convictions are not automatically grounds for refusal. This would not change if criminal record checks were required.

In its deliberations, the Registration Committee considered and gave weight to the fact that the majority of master's level programs with a clinical experience component require a police check as part of admission and that anyone working in an employment situation would be required to complete one. This means that most individuals coming forward for registration will already have undergone screening. The committee suggested that CRPO could consider including confirmation of the requirement of a police check in the program recognition process in order to assess the pre-existing screening requirements.

The Committee also discussed increasing communication in the communique and on the website about what is already required in the way of disclosure both at registration and at renewal and what steps CRPO takes when a disclosure is made. They felt that this would support public trust in the screening and response processes that are currently in place.

Finally, the Committee strongly recommends that this issue continue to be monitored at the staff level and to be revisited within 12 months or at any point when changes to the process, requirements or regulatory expectations change.

Proposed Motion:

[Be it moved] that Council accept the Registration Committee's recommendation not to implement a criminal record check.

Or

[Be it moved] that Council not accept the Registration Committee's recommendation not to implement a criminal record check and direct staff to undertake the work to make this a requirement.

Registrar's Report to Council

November 21, 2019

Respectfully submitted by: Deborah Adams

Finance

As of Q2 (July 1, 2019 – September 30, 2019) CRPO's financial position was strong. We are on track with budgeted expenses and have more revenue than estimated due to continued increases in application numbers. A full review of the financial report was completed by the Executive Committee at their October 31 meeting.

Elections

The by-election for District 7 (Central) will open on November 15, 2019 and voting will close on December 16, 2019. We have three candidates running in this by-election and their [Candidate Statements](#) have been posted to the website.

Radhika Sundar, (District 6 – Central West) will be attending this meeting as her first since her election.

Public Appointments

Keri Selkirk, whose term started October 25, 2019, will be in attendance.

UPDATES

Practice Advisory Service

The number of calls to the Practice Advisory Service continues to grow, averaging more than 32 inquiries per week.

Recently, the highest volume of inquiries have been related to:

- the controlled act of psychotherapy
- clinical supervision
- record keeping
- consent of minors in context of divorce/separation

Registration

The Registration Committee report will include information about the work happening at committee and panels. I am including this item to highlight the ongoing increase in applications.



















	July	August	September	October
Applications started	80	98	87	92
Total applications submitted	80	92	70	77
Applications from recognized programs submitted	51	55	45	56
Applications from non-recognized programs submitted	29	37	25	21

As of writing, total registrants numbered 7,131.

Social Media

Website traffic continues to be significant, with 128,520-page views (from 111,204 unique users) between September 13 when Council last met and November 5.

The following provides a summary of the most frequently visited pages:

Page		Pageviews	% Pageviews
1. /		33,523	 26.08%
2. /applying-to-crpo/		9,544	 7.43%
3. /find-a-registered-psychotherapist/		8,835	 6.87%
4. /education-programs/		7,671	 5.97%
5. /self-assessment-tool/		3,624	 2.82%
6. /supervision/		3,027	 2.36%
7. /registration-exam/		2,955	 2.30%
8. /quality-assurance-program/		2,948	 2.29%
9. /all-resources/		2,408	 1.87%
10. /9-steps-to-crpo-registration/		2,406	 1.87%

Twitter followers as of writing: 228 (up from 173 September 1)

Facebook followers: 487 (up from 425 September 1)

Professional Development

For Council:

October 24, 2019: 1 professional member, 2 public members

How to Conduct a Discipline Hearing – basic training

For staff

1 staff: Federation of Health Regulatory College of Ontario (FHRCO) How to Conduct a Discipline Hearing – advanced training on October 25

2 staff: San'Yas - Indigenous Cultural Safety Training, core 8-hour course

2 staff: attended the 39th Annual Council for Licensure, Enforcement and Regulation (CLEAR) 2019 Educational Conference held September 18-21 in Minneapolis, Minnesota. Their presentation was attended by approximately 125 people.

4 staff: attended the Canadian Network of Agencies for Regulation (CNAR) Annual Conference held October 28 – 30 in Quebec City.

2 staff: presented September 27 on right-touch regulation to senior staff of the Professional Engineers of Ontario

Stakeholder Engagement

CRPO hosted a pan-Canadian psychotherapy meeting on September 16 and 17. All ten provinces were represented, and sessions were geared toward issues of shared interest across regulated and seeking-to-be-regulated provinces.

Following the meetings, CRPO has set up a mechanism to share resources and exchange information among provinces. A commitment in principle was made to meet on a regular basis.

Staffing

I am happy to announce that Monica Zeballos-Quiben has joined the staff team as Coordinator, Registrant Services. Monica brings a wealth of regulator experience from a number of colleges. She will be working with staff to support registrants who require [accommodations](#), provide compliance monitoring for registrants working to complete requirements resulting from an order of the Registration, Quality Assurance of ICR Committees as well as acting as the Discipline Hearings Coordinator.

COUNCIL MINUTES

Friday, September 13, 2019
9:30 a.m. to 3:30 p.m.
375 University Avenue, Suite 803

Council Members:

Heidi Ahonen, RP
Andrew Benedetto, RP (President & Chair)
Shelley Briscoe-Dimock, RP
Gary Cockman
Sheldon Kawarsky
David Keast
Barbara Locke Billingsley
Kenneth Lomp, RP
Michael Machan, RP
Malcolm MacFarlane, RP (Vice-President)
Miranda Monastero, RP
Jane Snyder

Regrets:

Steven Boychyn

Staff Members:

Deborah Adams, Registrar
Jo Anne Falkenburger, Director of Operations & HR
Amy Fournier, Executive Coordinator (Recorder)
Mark Pioro, Director, Professional Conduct & General Counsel

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-13SEP2019 – M01

That the agenda of the September 13, 2019 meeting of Council be approved as presented.

Moved: K. Lomp

Seconded: B. Locke Billingsley

CARRIED

3. Approval of Draft Minutes

The Chair introduced the draft minutes from the June 20, 2019 Council meeting.

MOTION C-13SEP2019 – M02

That the draft minutes from the June 20, 2019 meeting of Council be approved as presented.

Moved: S. Kawarsky

Seconded: M. Monastero

CARRIED

4. **Conflict of Interest Declarations**

None declared.

5. **President's Remarks**

A. Benedetto welcomed all new Council members and gave thanks to outgoing Council members for their contributions to Council over the years. A. Benedetto noted that this would be his last meeting acting in his capacity and President and Chair of Council, remarking that it has been a pleasure to work with Council members and staff over the years. He thanked Council for the opportunity to continue to work with Council and staff as we move forward with the governance review and strategic planning.

6. **Registrar's Report**

D. Adams, Registrar, presented highlights from her report including statistics on the Practice Advisory Service. The service is averaging 25 inquiries per week. There has been no significant change since the last report to Council in June but a review of numbers compared to this time last year, shows a three-fold increase in the volume of inquiries with 98 received between April 1 and June 30 2018, and 325 received in the same quarter of 2019. Inquires are often related to: Billing practices, liability insurance coverage, electronic practice, and consent of minors in context of divorce/separation. Updates were also provided on social media numbers, staffing changes and stakeholder engagement.

7. **Committee Reports to Council**

7.1. Client Relations

D. Adams, Registrar, presented the Client Relations report to Council and noted that she has been working with the new interim chair of the committee, Sue Lymburner, on sexual abuse education tools. The committee will meet October 3.

7.2. Examination

K. Lomp, Examination Committee Chair, provided statistics on the results of the most recent examination sitting.

7.3. Executive

A. Benedetto, Executive Committee Chair, thanked the committee for their work over the summer relating to the governance review and preparation for strategic planning.

7.4. Inquiries, Complaints and Reports

S. Briscoe-Dimock, interim Inquiries, Complaints and Reports Committee Chair, thanked the committee members for their hard work and diligence this last quarter.

7.5. Quality Assurance

K. Lomp, interim Quality Assurance Committee Chair, thanked committee members and staff.

7.6. Registration

M. MacFarlane, Registration Committee Chair, noted that he would be resigning from Council effective September 14, 2019. He thanked all committee members and staff for their commitment and hard work on registration panels. It was noted that A. Benedetto was appointed as the new chair of Registration.

8. Registration History on Public Register

M. Piore, Director, Professional Conduct & General Counsel, presented the item and provided a brief presentation to Council with statistics and staff procedures that are adhered to when addressing registrants who have not paid their renewal fees.

It should be noted that the proposed by-law amendments were originally presented to Council at their March meeting. The Council approved the proposed changes for 60-day public consultation. The proposed changes would have posted a registrant's registration history, including status changes and suspensions for non-payment of fees to the public register. The consultation closed in May and the results of the consultation were reviewed by Council at their June meeting. At the June meeting, Council decided to defer the item to the September meeting for further discussion, as consensus could not be reached.

M. Piore brought forward an alternate approach to the proposed by-law amendments to the Executive Committee at their August 22 meeting. The alternate approach aims to address stakeholder perception that posting past suspensions indefinitely is punitive of registrants suspended for reasons beyond their control. He described the option of keeping the registration history regarding non-payment of fees on the public register for a period of twelve months. After this period has passed and the registrant has remained in good standing, the registrant could file a request with CRPO to remove the past suspension notation from the public register. Council agreed with this approach and the proposed amendment was approved by Council for 60-day public consultation.

MOTION C-13SEP2019 – M03

That Council approve for 60-day public consultation the following proposed by-law amendments:

Enacting as article 21.08(xxiii), "any past classes of registration held by the member and the date on which each certificate was issued;"

Amending article 21.08(vi) after the words "non-payment of fees" by adding "and reinstatement occurred on or before [by-law enactment date]"; and

Enacting as article 21.12 – Removal of Suspension Notation, "Notwithstanding article 21.08(vi), the Registrar shall remove from the register notation of termination of membership if all of the following conditions are met: a. the suspension or revocation was only for non-provision of information required for annual registration renewal or for non-payment of fees, b. the Member submits a request in the form provided by the Registrar, and c. as of the date of the request, the Member has held continuous College membership for the immediate past 12 months."

Moved: S. Briscoe-Dimock

Seconded: S. Kawarsky

CARRIED

9. **Tariff Rate Increase**

M. Piro, Director, Professional Conduct & General Counsel, provided a brief presentation to Council and provided context regarding the discipline hearing process and the cost of professional misconduct from an operational perspective. Council was informed that in the regulatory context, costs of misconduct are borne by the registrant, not the profession. The current costs for discipline hearings (\$4,460) were adopted by the CRPO prior to any actual hearings being held; since then, five hearings have been conducted. M. Piro provided Council with a breakdown of costs involved in a discipline hearing, including estimated costs for professional Council members to sit on the panel, their lodging and transportation, independent legal counsel, College prosecutors and the hearing facility. Based on these estimates, the proposed discipline hearing tariff rate totaled \$6,827.

MOTION C-13SEP2019 – M04

That Council approve the tariff rate increase for discipline hearings, to \$6,827 per hearing day, effective immediately.

Moved: G. Cockman

Seconded: K. Lomp

CARRIED

10. **Governance Review**

D. Adams, Registrar, introduced the topic and highlighted 'next steps' resulting from Darrel Pink's Situational Analysis on the State of Governance report. D. Adams noted that many of the highlights of D. Pink's report were thoughtfully considered at the strategic planning session on September 12. It was noted that the Executive Committee is in the process of developing a Governance Review Task Group terms of reference, with the hope of striking the task group in early 2020.

D. Adams also informed Council that she is a member of a Federation of Health Regulatory Colleges of Ontario (FHRCO) competencies working group whose focus is to develop a set of college-wide council member competencies.

11. **Strategic Planning Debrief**

D. Adams, Registrar, introduced the topic and thanked Council for their contributions to strategic planning day. Council was informed that the facilitator, Cate Creede of The Potential Group, will provide staff with a preliminary report as we move forward with the defined strategic objectives. Committee work plans will then be determined based on the strategic objectives. CRPO will also make use of the key performance indicators (KPIs) that were presented at the June Council meeting by the Ministry of Health to further define the work plans.

12. **Audited Financial Statements**

J. Falkenburger, Director, Operations and Human Resources, presented Council with slides relating to the CRPO's audited financial statements. The statements were approved by the Executive Committee on June 20, 2019, following a presentation by Welch LLP. The CRPO saw a significant increase in net assets for the 2018-2019 fiscal period, including an excess of revenue over expenses totaling

\$889,907. J. Falkenburger noted that these funds are required to increase the CRPO's reserves to cover:

- A minimum of 6 months of operating costs
- Increases in the number of complaints & reports received by the College
- Sexual Abuse Therapy Fund
- Improvements to our Member Management System
- Projects discussed during Strategic Planning day

13. Annual Report

D. Adams, Registrar, introduced the Annual Report noting that she was pleased with the final report and progress the CRPO has made over the last fiscal year. The report will be presented to the Minister of Health and Long-Term Care and posted to the CRPO website.

14. Controlled Act Standard

D. Adams, Registrar, introduced the item and provided background information on the controlled act of psychotherapy and the work of the Controlled Act Task Group to further define the controlled act. The CATG resources have been posted to the CRPO website and the proposed regulation was submitted to the Ministry of Health in July 2018.

The current controlled act standard was written prior to the proclamation of the controlled act and is therefore out of date and requires revisions. In addition, a two-year transition period was provided with the proclamation in December 2017 to allow providers to register with one of the colleges whose members are authorized to perform the controlled act, or to amend their practices to ensure they are not performing it.

Revisions to the standard will be made by staff and will be presented at a future Council meeting.

15. Update: Public Consultation by-law

M. Piore informed Council that the deadline to provide feedback for the public consultation regarding by-law redundancies and police record checks for applicants has been extended and will close on October 3.

16. Draft Council Agenda Template

D. Adams, Registrar, introduced the agenda template noting that D. Pink's situational analysis suggested streamlining the Council agenda template to foster Council productivity and focus on Council's decision-making role.

The agenda template changes will allow for greater efficiency and more focused and useful discussion.

17. Election of officers

D. Adams, Registrar, provided background information, citing the CRPO by-laws regarding the election of officers to inform Council of the election procedures. It was noted that when only one nominee for a position is received, that person shall be elected by acclamation. As such, Shelley Briscoe-Dimock was acclaimed as President.

MOTION C-13SEP2019 – M05

That Council accepts the acclamation of Shelley Briscoe-Dimock as President

Moved: H. Ahonen
Seconded: B. Locke Billingsley
CARRIED

D. Adams noted that two candidates put their name forward for the office of Vice-President, therefore an election is required to fill this position. Council was informed that each candidate is provided with the opportunity to speak to Council, with the order being determined by lot. K. Lomp spoke first, followed by Gary Cockman. Council members were provided with ballots, which were then collected and tabulated by D. Adams and A. Fournier.

D. Adams informed Council of the results of the election.

MOTION C-13SEP2019 – M06

That Council accepts the election of Kenneth Lomp as Vice-President.

Moved: M. Machan
Seconded: M. Monastero
CARRIED

MOTION C-13SEP2019 – M07

That Council accepts the acclamation of Gary Cockman as member at large (public).

Moved: M. Monastero
Seconded: S. Kawarsky
CARRIED

MOTION C-13SEP2019 – M08

That Council accepts the acclamation of Andrew Benedetto as member at large (professional).

Moved: M. Machan
Seconded: M. Monastero
CARRIED

MOTION C-13SEP2019 – M09

That Council accepts the acclamation of Sheldon Kawarsky as member at large (public).

Moved: H. Ahonen
Seconded: D. Keast
CARRIED

MOTION C-13SEP2019 – M10

That Council directs the Registrar to destroy the voter ballots.

Moved: B. Locke Billingsley
Seconded: M. Machan

CARRIED

Each member of the Executive Committee was provided with the opportunity to speak. D. Adams thanked the outgoing Executive Committee for their hard work over the last year and welcomed the incoming Executive.

18. Update: Council by-election

D. Adams introduced the topic and noted the recent resignation of District 7 – Central Council member, P. Rayman, has left the Council with a vacancy. As there remains more than 12 months on the term of office, a by-election is required to fill the vacancy in accordance with the CRPO by-laws.

MOTION C-13SEP2019 – M11

That Council directs the Registrar to hold a by-election to fill the vacancy in District 7.

Moved: B. Locke Billingsley

Seconded: G. Cockman

CARRIED

D. Adams noted that M. MacFarlane, elected member of Council in District 2 – North, will be resigning from Council effective September 14. There remains less than twelve months on > MacFarlane's term of office. D. Adams noted that the following options are available as per the CRPO by-laws:

- (i) leave the seat vacant;
- (ii) appoint as an elected Council member a member who meets the criteria for eligibility for election set out in article 10.04; or
- (iii) direct the Registrar to hold a by-election in accordance with this by-law.

Council discussed the options and felt that appointing a registrant would provide the College with the opportunity to conduct important outreach with registrants located in northern Ontario and find a registrant with the appropriate competencies to fulfil the role. As trends in governance are moving toward competency-based appointments, this would be an ideal opportunity to begin exploring the process.

MOTION C-13SEP2019 – M11

That Council directs the Registrar to appoint as an elected Council member a member who meets the criteria for eligibility for election.

Moved: S. Briscoe-Dimock

Seconded: M. Machan

CARRIED

19. Proposed Council Meeting Dates

The Council meeting dates for 2020 were scheduled. Council meetings occur in person at the CRPO Office and typically run from 9:30 a.m. to 3:30 p.m.

- Friday, January 24
- Friday, March 27

- Thursday, May 28
- Thursday, August 20
- Thursday, October 1
- Friday, November 20

20. Council Question Period

No new questions were raised.

21. Adjournment

MOTION C-13SEP2019 – M12

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

Moved: G. Cockman

Seconded: H. Ahonen

CARRIED

DRAFT

Client Relations Committee Report to Council

November 21, 2019

Committee Members

- Shelley Briscoe-Dimock, RP
- Steven Boychyn
- Barbara Locke Billingsley
- Sue Lymburner, RP, Interim Chair, (Non-Council Committee Member)
- Jane Snyder

Committee meetings:

- October 3, 2019

Panel meetings:

- n/a

The Committee met in early October. They received an update that College staff submitted the proposed regulation defining 'client' for the purposes of the provisions of the Health Professions Procedural Code that relate to the sexual abuse by registrants. The Committee also reviewed and provided feedback on progress made on the Sexual Abuse Council and Committee Training Program, as per a project plan presented by staff to the Committee.

Funding for Therapy and Counselling

Since the last Council meeting, the Committee has not received 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.

Formal Motions to Council

- n/a

The Committee Recommends:

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

Respectfully submitted,

Sue Lymburner, RP
Interim Chair, Client Relations Committee

Discipline Committee Report to Council

November 21, 2019

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Barbara Locke Billingsley
- Steven Boychyn
- Shelley Briscoe-Dimock, RP
- Gary Cockman, Chair
- Sheldon Kawarsky
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk
- Jane Snyder
- Radhika Sundar, RP

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Since the last Council meeting, no hearings have been scheduled.

Training

Michael Machan, Steven Boychyn and David Keast attended the FHRCO Basic Discipline Training on October 24, 2019.

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

Examination Committee Report to Council

November 21, 2019

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Steven Boychyn
- Gary Cockman
- Barbara Locke Billingsley
- Kenneth Lomp, RP (Chair)
- Michael Machan, RP

Committee meetings:

- August 28, 2019

Panel meetings:

- October 3, 2019

At the August 28, 2019 plenary meeting, Examination Committee considered the following matters:

Presentation

A presentation was made by Nava Israel from the Mennonite New Life Centre regarding the Applied Psychotherapy Practice in Ontario course delivered by the Bridge to Registration and Employment in Mental Health (BREM) Program.

Sharing Exam Results with Programs

The Committee directed staff to include this as a topic again at the next plenary.

Qualifying Expiration Process

The Examination Committee reviewed the process for referring Qualifying registrants to the Registration Committee when their certificate of registration expires. The process document was presented to the Registration Committee at the April 25, 2019 plenary meeting.

Exam Extension Policy

The Committee considered a proposed exam extension policy. The Committee recommended some wording changes and directed staff to bring back an amended draft policy at the next plenary.

Public Protection Concerns

The Examination Committee discussed concerns that have arisen about public protection in panel meetings. The Committee discussed that the directed modified Peer and Practice Review (PPR) (following a second failure) assists with identifying the gaps in competence, followed by creating the learning plan that aims to address these gaps and promote public

protection. Concerns regarding a registrant’s certificate expiring and the standards of practice the registrant should follow for terminating clients was discussed.

Cases Reviewed

The table summarizes the total number of examination appeals, exam extension requests, second failure candidate case files and learning plans that were reviewed by the Committee at the plenary meeting. There were two candidates that were directed to complete the modified PPR following an appeal refusal for their second exam attempt.

Total files reviewed	18
Total appeals reviewed	5
Appeals Granted	2
Appeals Refused	3
Total exam extension requests reviewed	3
First Exam Attempt Extension Request Granted	3
Total second failure candidates’ files reviewed	8
M-PPR directed for second failure candidates	8
Total Learning Plans reviewed	4
Learning Plans Approved	4

Panel Meetings

Below is the outcome from one half-hour panel meeting.

Total requests reviewed	1
First Exam Attempt Extension Request Granted	1

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

Executive Committee Report to Council November 21, 2019

Committee Members

- Andrew Benedetto, RP
- Shelley Briscoe-Dimock, RP (Chair)
- Gary Cockman
- Sheldon Kawarsky
- Kenneth Lomp, RP

Committee meetings:

- October 31, 2019

The Executive Committee considered the following matters at the October 31, 2019 meeting:

Competency Framework

The Executive Committee reviewed the draft competency framework provided by staff. They agreed that it was important to begin using such a framework and directed staff to use the competency framework as a pilot with applicants who put their name forward for consideration to fill the Council vacancy in District 2. The competency framework will be addressed in more detail under agenda item 5.

Proposed Committee Composition

The Executive Committee reviewed the proposed committee composition for 2019-2020. The item will be addressed in more detail – including specific recommendations for committee composition - under agenda item 12.

Non-Council Committee Member Appointment Policy

The Executive Committee reviewed the draft of the Non-Council Committee Member Appointment Policy document. The item will be addressed in more detail under agenda item 6.

District 2 (North) Vacancy

On September 13, Council directed the Registrar to fill this vacancy by appointing a registrant, as per the by-laws. Four registrants have put their name forward for consideration. The Executive Committee reviewed the curriculum vitae of the four registrants. The Committee recommended that all four registrants complete the competency framework tool (noted above). The completed tools will be reviewed by the President and Registrar and presented to the Executive Committee. A recommendation will then be made for Council's approval.

Governance Reform Initiative

The Executive Committee reviewed the scope of work being proposed by Darrel Pink's governance review *Situational Analysis on the State of Governance* and determined that it would be reasonable for them to assume these tasks. As the Committee has been acting as

governance stewards since the report was issued in June 2019 and has the oversight responsibility of presenting work plans to Council, the sense was that this was an appropriate approach. Council will be given the opportunity to discuss this and next steps related to the work plan at the meeting under agenda item 7.

Strategic Planning Report

The Executive Committee reviewed the report from the consultant, Cate Creede. The Committee proposed changes to the format and content of the document. Staff was directed to incorporate these changes. The item will be addressed in more detail under agenda item 9.

Q2 Financial Statements

J. Falkenburger, Director of Operations & Human Resources, presented the Q2 financial statements to the Executive Committee for information. Executive was satisfied with the report and the financial stability represented.

Controlled Act Standard

The Executive Committee reviewed the proposed changes to the Controlled Act Standard. The item will be addressed in more detail under agenda item 13.

Public Consultation: By-law Redundancies

The Executive Committee reviewed the feedback that was received via the public consultation survey regarding the proposed by-law changes to reduce redundancies. The item will be addressed in more detail under agenda item 14.

Communications: Making Decisions About Your Care

The Executive Committee reviewed the draft document. The item was presented for information and has since been posted to the CRPO website. The link will be provided in the Consent Agenda.

ACTION TAKEN IN-BETWEEN COUNCIL MEETINGS

Committee Appointments

In accordance with the Regulated Health Professions Act (12(1)), “[b]etween the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.” As such, the Executive Committee made the following committee and appointments in order to begin appropriate orientation.

- David Keast, public member, was appointed to the Registration, Nominations & Elections and Quality Assurance Committees.
- Radhika Sundar, professional member, was elected in the District 6 by-election on September 24 and was appointed to the Client Relations, Registration and Nomination & Elections Committees.
- Keri Selkirk, public member, was appointed to Council on October 25, 2019 for a three-year term. She was appointed to the Client Relations, Examination and Inquiries, Complaints & Reports Committees.

All council members are appointed to the Discipline and Fitness to Practise committees.

Non-Council Committee Member Reappointments

The Executive Committee made the following non-Council member committee appointments:

Non-council member	Committee	Term ending
Kayleen Edwards	Quality Assurance	November 2020
Kali Hewitt-Blackie	Inquiries, Complaints & Reports	November 2020
Sue Lymburner	Client Relations	November 2020

In accordance with CRPO by-laws (13.12), non-council committee member appointments serve one-year terms. The decision will be ratified at the meeting under agenda item 11.

Inactive Policy

The Executive Committee reviewed a change to the policy for registrants to transfer from the inactive category to the category of RP that was proposed by staff. The change would mean that registrants would only pay the category transfer fee and not the prorated RP registrant fee when moving from inactive to RP status. This policy change would ensure that registrants who have returned to work are updating the College and the public register to reflect these changes. The administrative work behind this new policy is more streamlined and efficient. The Executive agreed with these changes and noted that the policy would take effect immediately. A link to the policy will be provided in the Consent Agenda.

Formal Motions to Council

Noted in the report.

The Committee Recommends:

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

Respectfully submitted,

Shelley Briscoe-Dimock
Chair, Executive Committee

Fitness to Practise Committee Report to Council

November 21, 2019

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Barbara Locke Billingsley, Chair
- Steven Boychyn
- Shelley Briscoe-Dimock, RP
- Gary Cockman
- Sheldon Kawarsky
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk
- Jane Snyder
- Radhika Sundar, RP

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Since the last Council meeting, no hearings have been scheduled.

Training

Since the last Council meeting, no training has been scheduled.

Formal Motions to Council

n/a

The Committee Recommends:

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

Respectfully submitted,

Barbara Locke Billingsley
Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council

November 21, 2019

Committee Members
<ul style="list-style-type: none"> • Shelley Briscoe-Dimock, RP (Interim Chair) • Steven Boychyn • Miranda Goode Monastero, RP • Kathleen (Kali) Hewitt-Blackie, RP (Non-Council Committee Member) • Sheldon Kawarsky • Kenneth Lomp, RP • Jane Snyder • Kevin VanDerZwet Stafford (Non-Council Committee Member)

Plenary meetings:

- None

Panel meetings:

- September 26, 2019
- October 3, 2019
- November 8, 2019

Complaints & Reports Summary

Current fiscal (to date)	April 1, 2019-Present
Formal Complaints¹	30
Registrar's Investigations²	3
Decisions Released	23
Discipline Referrals	5

The Inquiries, Complaints and Reports Committee (ICRC) continues to hold monthly, full-day panel meetings to match the steady inflow of complaints. Additionally, ICRC has held short, ad hoc panel meeting in response to urgent, high-risk matters. On October 25th, 2019, the College received its 30th complaint of the year. Interestingly, the College received its 30th complaint last year on October 28th, 2018. Therefore, the College appears to be on track to match the previous year.

The ICRC is looking forward to a full-day plenary meeting at the end of November to discuss some exciting proposed updates to the current panel process.

Respectfully submitted,

Shelley Briscoe-Dimock
Interim Chair, Inquiries, Complaints & Reports Committee

¹ Does not include ongoing complaints opened in previous fiscal years.

² Does not include ongoing reports opened in previous fiscal years.

Quality Assurance Committee Report to Council

November 21, 2019

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Kayleen Edwards, RP (Non-Council Committee Member)
- Sheldon Kawarsky
- Kenneth Lomp, RP (Interim Chair)
- Miranda Monastero, RP
- Jane Snyder

Committee meetings:

- October 30, 2019

Panel meetings:

- October 11, 2019

Quality Assurance Committee (QAC) considered the following matters at its October 30 meeting:

Policy

The Committee reviewed a number of policy matters, including:

- Peer assessor recruitment and retention policies, with the aim to streamline the maintenance of the roster of peer assessors
- Extension and exemption requirements for the Professional Development component of the QA Program in order to improve staff's ability to respond in a timely manner to members' deferral requests
- Random selection policy so that the policy aligns with the number of members randomly selected

Planning

QAC is in an ongoing process of establishing a workplan. They discussed considerations in work planning, including models and approaches presented at Council (e.g. right-touch regulation, preventing harm), governance review, strategic planning, key performance indicators being developed by the Ministry of Health and Long-Term Care, and committee priorities. Supporting this discussion, the group joined a webinar that described initiatives in regulation that can prevent harm.

Staff presented information about background processes underway with respect to work planning and proposed a new registrant education and outreach initiative. Further details will be presented in a future Council meeting.

Panel Decisions

The table below summarizes the cases that have been reviewed by panel since the beginning of the 2019-2020 fiscal year:

Case Type	Number Reviewed
Deferral requests	3
Incomplete Professional Development (PD) Requirements	1
Peer and Practice Review (PPR) Step 1 Cases	1
Peer and Practice Review (PPR) Step 2 New Cases	1
Peer and Practice Review (PPR) Step 2 Returning Cases	10
Peer and Practice Review (PPR) Step 2 Cases Closed	6

Message from QAC Chair

As Chair, I wanted to take this opportunity to welcome QAC's new public appointee – David Keast. Welcome too, to Sue Behari-McGinty, the new QA manager. Congratulations to Lene Marttinen who has moved in to a new role as manager, Practice Advisory.

Formal Motions to Council

n/a

The Committee Recommends:

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

Attachments:

n/a

Respectfully submitted,

Kenneth Lomp RP
Interim Chair, Quality Assurance Committee

Registration Committee Report to Council

November 21, 2019

Committee Members
<ul style="list-style-type: none"> • Andrew Benedetto, RP (Chair) • Heidi Ahonen, RP • Barbara Locke Billingsley • Gary Cockman • Carol Cowan-Levine, RP (Non-Council Committee Member) • Sheldon Kawarsky • David Keast (as of October 31, 2019) • Malcolm MacFarlane, RP (Non-Council Committee Member) • Michael Machan, RP • Muriel McMahon, RP (Non-Council Committee Member) • Radhika Sundar, RP (as of October 31, 2019)

Committee meetings:

- November 7, 2019

Panel meetings:

- August 29, 2019
- September 27, 2019
- October 2, 2019
- October 18, 2019
- November 15, 2019

Panel Meetings

The August 29 and October 2 meetings were each one hour in length. The other listed meetings were half-day meetings. All meetings took place via videoconference. At the time of writing this report, the November 15 meeting had not yet taken place. Below are the statistics for the meetings up to October 18.

Total applications reviewed between August 29 and October 18	22
Approved	5
Conditionally Approved	3
Refused	12
Terms, Conditions & Limitations	1
Requests for More Information	1

Health Professions Appeal and Review Board Update

Since the September 13, 2019 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned nine decisions. HPARB returned the first two files to the Registration Committee for reconsideration. The reconsiderations are currently in-progress.

The third case (A-M.A) was a jurisdictional decision on whether the Registration Committee panel that made the decision was properly constituted. In this case, a public member was appointed to the file but was not able to participate in the deliberation. HPARB found that the panel was properly constituted, so the appeal can proceed. The appeal is currently in-progress.

HPARB confirmed the panel's refusal for the last six decisions, including the first Regular Route decision reviewed by HPARB (EH).

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

- [J.P. v. College of Registered Psychotherapists of Ontario](#)
- [N.J. v. College of Registered Psychotherapists of Ontario](#)
- [A-M.A. v. College of Registered Psychotherapists of Ontario](#)
- [C.K.R. v. College of Registered Psychotherapists of Ontario](#)
- [E.H. v. College of Registered Psychotherapists of Ontario](#)
- [R.Y. v. College of Registered Psychotherapists of Ontario](#)
- [N.H. v. College of Registered Psychotherapists of Ontario](#)
- [S.F. v. College of Registered Psychotherapists of Ontario](#)
- [M.H. v. College of Registered Psychotherapists of Ontario](#)

Committee Membership Changes

Radhika Sundar, RP was elected to Council in September and appointed to the Registration Committee on October 31, 2019. David Keast was appointed as a public member in August and appointed to the Registration Committee on October 31, 2019.

Formal Motions to Council

- n/a

The Committee Recommends:

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

Respectfully submitted,

Andrew Benedetto
Chair, Registration Committee