

COUNCIL AGENDA

Date: Friday, March 27, 2020
Time: 9:30 a.m. to 12:30 p.m.
Location: Zoom video conference
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.	9:35	Approval of Agenda	1. Draft Agenda	1-3	Decision	S. Briscoe-Dimock
3.	9:37	Conflict of interest declarations			Information	S. Briscoe-Dimock
DISCUSSION & DECISIONS						
4.	9:40	Council & Committee Evaluation Project <i>Council will be provided with an update regarding the Council & Committee Evaluation Project that CRPO is working on in consultation with Darrel Pink.</i>			Discussion, information	D. Adams
5.	9:50	Committee appointments <ul style="list-style-type: none"> • Nominations & Elections • Registration <i>Council is being asked to ratify committee appointment recommendations.</i>	1. Briefing Note (N&E Chair) 2. Briefing Note (non-Council Registration)	4-5	Discussion, decision	S. Briscoe-Dimock
6.	Governance Reform Initiative					
6.a	10:00	Terms of Reference Review <i>Council is being asked to review and approve the draft Executive Committee terms of reference (ToR) for adoption.</i>	1. Briefing Note 2. Draft Executive Committee ToR	6-14	Discussion, decision	S. Briscoe-Dimock
6.b	10:15	Terms of Reference Review	1. Briefing Note	15-25	Discussion, decision	S. Briscoe-Dimock

		<i>Council is being asked to review and approve the draft Nominations & Elections terms of reference (ToR) for adoption.</i>	2. Draft Nominations & Elections Committee ToR			
6.c	10:30	Work Plan Development <i>Council is being asked to review and approve the work plans for fiscal 2020 – 2021.</i>	1. Briefing Note 2. CRPO 2020-2021 Work Plan 3. <i>Situational Analysis on the State of Governance</i> by D. Pink 4. Work Plan Guiding Document 5. CRPO 2020-2023 Strategic Plan	26-67	Discussion, information	D. Adams
BREAK 10:40-11:00						
EDUCATION						
7.	11:00	<u>Presentation</u> : Bias and Professional Expertise			Education, discussion	D. Adams
8.	11:30	<u>Presentation</u> : Use of Expertise			Education, discussion	M. Pioro
9.	11:45	<u>Update</u> : Privacy Law			Education, discussion	M. Pioro
INFORMATION						
10.	12:00	Non-Council Member Recruitment	1. Briefing Note	68-75	Information	S. Briscoe-Dimock
11.	12:10	Compliance Monitoring	1. Briefing Note	76-77	Information	D. Adams
12.	12:15	Registrar's Report	1. Registrar's Report to Council 2. Web analytics	78-84	Information	D. Adams
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.						
13.	12:25	Draft Council Minutes January 24, 2020	1. Draft Council Minutes	85-89		S. Briscoe-Dimock

			January 24, 2020			
14.		Committee Reports	1. Client Relations 2. Discipline 3. Examination 4. Executive 5. Fitness to Practise 6. Inquiries, Complaints & Reports 7. Quality Assurance 8. Registration	90-101		S. Briscoe-Dimock
	12:30	ADJOURNMENT			MOTION	
		Next Meetings: <ul style="list-style-type: none"> • May 28, 2020 • August 20, 2020 • October 1, 2020 • November 20, 2020 				

Briefing Note for Council

Meeting Date:	March 27, 2020
Agenda Item #	5
Issue:	Committee Appointments – Nominations & Elections Committee Chair
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 trained and experienced committee members can support effective and efficient completion of committee business. By reappointing the proposed non-council members for an additional term helps to ensure continuity and capacity building.

Background:

The Nominations & Elections Committee is currently without a chair; this needs to be rectified in order to ensure appropriate committee composition for the June 2020 election cycle .

Emerging best practices in regulation suggest that developing and adopting a competency framework allows Colleges to be most effective and efficient to ensure qualified individuals are elected, appointed and recruited to serve on Council and/or committees. The focus on competencies indicates a shift in the role of the Nominations & Elections Committee. The changing role of the committee is further laid out in the revised Nominations & Elections Terms of Reference (Agenda item 8).

The Executive recommended that Michael Machan be appointed as chair based on his demonstrated experience chairing previous boards and observing his professional background in the academic community in the diverse Ottawa-region. Michael Machan has indicated he is willing to accept this appointment.

Recommendation:

The Executive Committee is recommending that M. Machan be appointed as chair of the Nominations & Elections Committee.

Proposed Motion:

[Be it moved] that Council appoint M. Machan as chair of the Nominations & Elections Committee.

Briefing Note for Council

Meeting Date:	March 27, 2020
Agenda Item #	5
Issue:	Non-Council Committee Reappointment
Attachment(s):	-
References:	Non-Council Member Appointments Policy CRPO by-laws
For:	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:

In accordance with the [Non-Council Member Appointments Policy](#) approved for use by the Executive Committee on October 31, 2019 and CRPO by-laws, Non-Council Member Appointments must be reappointed annually.

Muriel McMahon, RP, was appointed to the Registration Committee as a non-council member in February 2019. M. McMahon was appointed to the committee to participate in panel meetings where the applicant has completed the Indigenous Pathway tool due to her specific knowledge and experience with traditional practices. M. McMahon has studied extensively with indigenous teachers and elders and is keen to continue working with the Registration Committee as a non-council member.

After discussion with staff, the committee chair and the non-council member, the Executive Committee recommends that Council ratify the decision to reappoint Muriel McMahon to her non-council position for a one-year term (February 2020-February 2021).

Proposed Motion:

[Be it moved] that Council ratify the Executive Committee's decision to reappoint:

- M. McMahon to the Registration Committee as a non-council committee appointment for a one-year term.

Briefing Note for Council

Meeting Date:	March 27, 2020
Agenda Item #	6.a
Issue:	Terms of Reference Review: Executive Committee
Attachment(s):	Draft Executive Committee Terms of Reference Current version – Executive Committee Terms of Reference
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:

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

Background:

As part of the governance reform work started in June 2019, Council directed that the terms of reference for CRPO statutory and non-statutory standing committees should be revised to better reflect Council's approach to fulfilling its mandate and to incorporate current best-practices in governance.

As the stewards of governance reform under the terms of the Governance Reform Initiative adopted by Council in November 2019, it is the responsibility of the Executive Committee to direct staff in the work of drafting revised terms of reference and to recommend final versions for Council approval.

The revised Executive Committee terms of reference were presented to the Executive Committee at its February 11, 2020 meeting. The Committee determined that the proposed format of the revised terms of reference was suitable to use for all statutory and non-statutory standing committees. They also determined that the proposed specific areas of responsibility accurately captured the Executive's shared understanding of their role under the RHPA and is in line with CRPO's developing approach to governance.

Recommendation:

The Executive Committee recommends that Council accept the new format and approach of the terms of reference. If approved by Council, all committee terms of reference will be revised using this format and approach.

Executive Committee Terms of Reference

Name and type	Executive Committee
Purpose	The Executive Committee is established under the RHPA and By-laws as a statutory committee to provide leadership to Council, to promote governance excellence at all levels, to facilitate effective functioning of the College, and to act on behalf of Council in circumstances requiring immediate action between meetings.
Specific Areas of Responsibility	<p>Governance Excellence</p> <ul style="list-style-type: none"> • To act as stewards of governance reform • To regularly monitor, evaluate and recommend practices that will promote and enhance overall governance excellence at both the level of Council and Committee. <p>Administrative Matters</p> <ul style="list-style-type: none"> • Without unduly exercising Council’s authority, to exercise all the powers of Council between Council meetings with respect to matters that require immediate attention. Note: Exceptions include the power to make, amend or revoke regulations or by-laws, or where policy dictates limitations. • To report to Council on all decisions in which the Committee exercised the Council’s authority. • To regularly review by-laws, governance policies, and the College’s official documents to ensure currency and the need for Council review. • To recommend Committee, task force or working group slates for presentation and approval by Council. • To provide direction and support to committees and Council as requested. <p>Finance Matters</p> <ul style="list-style-type: none"> • To make recommendations for Council approval or consideration and/or deliver reports to Council in the following areas: <ul style="list-style-type: none"> ○ Annual operating and capital budget ○ Annual audited financial statements ○ Appointment of auditors ○ Policies related to financial management • To report to Council on: <ul style="list-style-type: none"> ○ Significant financial planning, management and reporting issues ○ Interim financial reports ○ Reports from auditors and administration on internal control issues; and other matters

- To monitor environmental trends that are relevant to the mandate of the committee and inform Council of issues that are relevant.
- To serve as the Audit Committee:
 - To review the audited annual financial statements, in conjunction with the report of the external auditors, and obtain an explanation from management of:
 - all significant variances between comparative reporting periods
 - a response to any identified weakness
 - observations related to the financial efficiency and future viability of the organization
 - To enquire into the major financial risks faced by the organization, and the appropriateness of related controls to minimize their potential impact.
 - To discuss with the auditor any recommended changes to the existing accounting policies and practices.
 - To meet privately with the external auditors (without the presence of management) and with senior management (without the external auditors) to obtain full and frank disclosure about any concerns with the audit process prior to the Council meeting at which the audited statements are received.
 - To present the audited financial statements to the Council.
 - To annually evaluate the performance of the external auditors and recommend to the Council the appointment or changes to the appointment of a firm of chartered accountants as the organization's external auditors.
 - To oversee, through the Director of Operations, the tendering for an audit firm, when directed by Council.

Policy Development

- To maintain current awareness of issues that affect the College's mandate and strategic direction and to provide recommendations and advice to Council on such matters.
- To direct the College's strategic planning process and monitor related College and committee activities to ensure consistency with the stated direction.
- To provide guidance and support, as requested, to policy development or operational projects at staff, task force or committee level and to make recommendations to Council with respect to policy direction, as required.

Working with the Registrar

- To provide guidance and support to the Registrar.
- To receive and adjudicate grievances of staff reporting to the Registrar.

	<ul style="list-style-type: none"> To ensure that the annual performance review of the Registrar is completed. To ensure the employment contract of the Registrar and any related amendments are confirmed by Council.
Composition	<p>Composition of the Committee is determined by section 13.01 of the College by-laws: President, the Vice-President and three (3) members of Council.</p> <p>Three (3) members of the Executive Committee shall be Members (registrants) and two (2) members of the Executive Committee shall be Public Members.</p>
Term of Office	<p>Election to the Executive Committee is governed by article 6.02 and Schedule 1 of the College by-laws:</p> <p>The term of office for each officer of the College shall commence immediately following their election as an officer and shall continue until the next election for officers, approximately one year later.</p> <p>The maximum consecutive term in one office (President or Vice President) is three (3) consecutive, full-year terms.</p>
Decision-Making Process	<p>Wherever possible, decisions will be made by consensus.</p>
Delegated Authority	<p>Executive Committee has the authority to exercise Council's powers in accordance with the Health Professions Procedural Code: s. 12 (1)</p> <p><i>Between 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.</i></p>
Reporting	<p>The Executive Committee will report to Council in accordance with the requirements of their specific areas of responsibility (see above) and in accordance with the Health Professions Procedural Code: s. 12(2)</p> <p><i>If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting.</i></p>
Evaluation	<p>The Executive Committee will be evaluated through:</p> <ul style="list-style-type: none"> Regular reports to Council including information on adherence to policies and procedures Participation in annual committee evaluation

Appointment of Chair	As determined by section 7.01 of the College by-laws, the President shall serve as the Chair of the Executive Committee.
Quorum	The quorum is determined by section 12.06 of the College by-laws as three (3) members, unless the Committee is comprised of only three members, in which case the quorum is two (2) members. Despite anything in the By-laws, the Executive Committee is properly constituted despite any vacancy if there are enough members to form a quorum.
Meetings	The Executive Committee shall adopt a meeting schedule, which may include meetings held by teleconference or video conference.
Staff Support	The Executive Committee 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 Executive Committee as needed.
Executive Committee Records	The Chair of the Executive Committee shall ensure that accurate minutes of all meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Executive Committee members must carry out their responsibilities, so it serves and protects the interest of the public. They must not engage in any activities where they have a direct or indirect personal or financial interest. All Executive Committee 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 Executive Committee should be forwarded to the Registrar.
Public Communications	Media inquiries regarding activities of the Executive Committee, 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.

Executive Committee Terms of Reference

Approved/revised by Executive Committee: September 17, 2010, November 17, 2011, January 15, 2013, March 15, 2016

Approved/revised by Council: September 22, 2010, January 20, 2012, March 19, 2014, June 23, 2016

1. Committee Mandate, Scope and Purpose

The Executive Committee is a statutory committee as set out in the Health Professions Procedural Code (Code), which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Reflecting an active commitment to public protection within the framework of a progressive, self-regulating profession, the Executive Committee oversees the functioning of Council, its priorities, agendas, goals and objectives. It is empowered to make decisions on behalf of Council under specified circumstances, and to act as a default Committee for matters outside of the scope of the other established Committees.

The Executive Committee reports to Council under the leadership of the President and works on behalf of the Council to:

- a. Ensure that the work of Council and its Committees is appropriately focused on clear goals and objectives;
- b. Organize and coordinate the business of Council, including the Council agenda, planning meetings, time allocation and information flow to Council members;
- c. Identify policy issues requiring study and resolution and determine which Committee and/or Council resource should be responsible to deal with the issues;
- d. Consider policy options and recommendations brought forward by Committees and finalize recommendations for consideration by Council;
- e. When acting as a “default” Committee and on matters specific to its mandate (e.g. financial, operative, governance, Council/Committee coordination, etc.), formulate policy options for Council consideration;
- f. Review standing Committees and management reports;
- g. Guide Committee Chairs and management in determining what items are to be forwarded for Council’s information, discussion, or decision;
- h. Undertake research, solicit input from stakeholders, request legal advice and conduct public and/or stakeholder consultations. In addition, the Committee will communicate its activities as openly as possible, and will apprise key Ministry of Health and Long-Term Care (MOHLTC) staff of its decisions and directions; and
- i. Provide regular updates and an annual report on its activities.

The Executive Committee acts as a Governance Committee to:

- j. Review the budget, financial statements and workplan of Council and recommend approval by Council;
- k. Uphold and revise, where necessary, for recommendation to Council, Council By-laws, policies and structures to ensure the efficiency and effectiveness of Council operations;

- l. Document the attendance and conduct of Council members, in accordance with Schedule 3 (Code of Conduct) and article 15 of the By-laws;
- m. Liaise with Committee Chairs through the President, or in his/her absence, the Vice-President, to facilitate communication and feedback regarding Committee progress and timelines;
- n. Ensure appropriate induction and orientation for new members;
- o. Oversee the hiring, performance review and contract of the Registrar.

The Executive Committee is also empowered to act on behalf of Council between meetings on matters that require immediate attention. Council members will be apprised of such actions in a timely manner, and an opportunity provided for Council to review decisions made in such circumstances at the next scheduled meeting of Council.

2. Composition

The Executive Committee shall be elected by Council and composed of the President, the Vice-President and three (3) members of Council. Three (3) members of the Executive Committee shall be members and two (2) members of the Executive Committee shall be Public members. The roles of the President and Vice-President are as defined in the By-laws.

3. Term

The term of office of a Committee member shall commence immediately after the election and shall continue for approximately one (1) year.

4. Frequency and Location of Meetings

Committee meetings shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

5. Quorum

The quorum is three (3) members unless otherwise provided in the Code or the By-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee shall be two (2) members.

6. Selection of the Chair

The Chair of the Executive Committee shall be the President.

In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

7. Role of the President as Chair of Executive Committee

A Chair:

- a. Provides leadership in a consensus model.
- b. Acts as spokesperson for the Committee.
- c. Sets the agenda for the Committee.
- d. Provides guidance, as needed, to members regarding attendance and performance.
- e. Facilitates internal correspondence.
- f. Provides guidance and feedback to the Registrar.

- g. Oversees work of standing and sub-Committees.
- h. Fulfills duties as described in Terms of Reference.
- i. The President, as Chair, may consult with presidents of other bodies where deemed beneficial or necessary.

8. Roles and Responsibilities of Members of the Executive

Every Committee member shall, in the performance of his or her duties:

- a. Familiarize himself or herself with the *Psychotherapy Act, 2007* (the Act), the *Regulated Health Professions Act* (RHPA), the By-laws and any policies of the College;
- b. Familiarize himself or herself with any other records, documents and guidelines that may be necessary for the performance of his or her duties;
- c. Comply with the provisions of the Act, the RHPA, the By-laws, any policies of the College and rules that are adopted by Council from time to time;
- d. Regularly attend meetings on time and participate constructively in discussions;
- e. Ensure that confidential matters coming to his or her attention as a member of a Committee or working group are not disclosed by him or her, except as required for the performance of his or her duties or as permitted by the RHPA;
- f. Conduct himself or herself in an appropriate manner with College staff, other members of Council or members of the Committees, members and members of the public;
- g. Comply with the College's Code of Conduct, which is attached as Schedule 3 of the By-laws and forms part of the By-laws;
- h. Avoid, or where that is not possible, declare all conflicts of interest in the manner set out in the By-laws;
- i. Step down from his or her position as a Committee member and/or member of additional standing or special Committees, Sub-Committees, Ad-hoc Committees, planning groups and working groups, in the event that allegations regarding his or her conduct or capacity are referred to the Registrar or other members of the Executive Committee until such time as the matter has been finally disposed of following due process and consistent with the College's Code of Conduct; and
- j. Perform the duties associated with his or her position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

9. Voting

Wherever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the By-laws, every motion that properly comes before this Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

Ordinarily the Chair does not vote, but in the event of a tie, the chair may choose to do so. In the event of a tie vote, the motion is defeated.

10. Staff Resources

The Registrar acts in an *ex-officio* role.
Other staff members provide support to the Committee.

11. Committee Records

The Chair of the Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

12. Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest, or where there is appearance of such conflict. All Committee members have a duty to uphold and further the intent of the Act to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the By-laws.

13. Media Communications

All media contact shall be channeled and coordinated through the Registrar's office. Any Committee member or any member of a working group (ad hoc committee) being asked by media representatives to provide interviews, respond to enquiries, or to comment on issues concerning the regulation of the profession or the operation of Council or College, shall not provide any such communication and shall instead refer them to the Registrar's office.

14. Parliamentary Authority

Schedule 2 of the By-laws outlines the Rules of Order of Council. The Committee should attempt to work by consensus where possible.

Briefing Note for Council

Meeting Date:	March 27, 2020
Agenda Item #	6.b
Issue:	Terms of Reference Review: Nominations & Elections
Attachment(s):	Draft Nominations & Elections Committee terms of Reference Current Nominations & Elections Committee Terms of Reference
References:	CRPO By-laws
For:	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:

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:

At its February 11, 2020 meeting, the Executive Committee reviewed the current terms of reference and mandate of the Nominations & Elections Committee and discussed how the committee may have an expanded role if changes that are happening in health care regulation in the province include expanded use of appointments over elections of professional members.

In anticipation of this possible change, the Executive Committee determined that the Nominations & Elections Committee could begin to take a role in the work of recruiting and screening professional members for non-elected committee appointments.

The Executive Committee directed staff to draft a revised Nominations & Elections Terms of Reference to expand on the 'Specific Areas of Responsibility' to include making recommendations to Council for competency-based appointments.

At the March 3, 2020 meeting, the Executive Committee approved the draft Nominations and Elections Committee Terms of Reference and recommended that a 'phased-in' approach is used to ensure all current committee members are appropriately trained and a committee chair is duly appointed. Until this occurs, the Executive will oversee the competency-based appointments process.

Key Considerations:

CRPO By-laws

The by-laws refer to the committee as the Nominations and Elections Committee. If the Council believes that a name change is required to better reflect the roles and responsibilities of the committee, then a by-law change would be required.

The by-laws also describe the role of the Nominations and Elections Committee to include:

- Resolving disputes regarding a member's eligibility to vote (10.06)
- Determining the acceptable form of biographies and personal statements in the candidate nominations package (10.12)
- Assisting the Registrar (if requested) to administer the election process (10.15)
- Receiving written disputes regarding the validity of the election in which a candidate ran for election (10.25)
- Holding inquiries into the validity of the election of the member of Council in question and, following an inquiry, providing a report and recommendation to Council (10.26)

These particular areas of responsibility that are embedded in CRPO by-laws have remained in the proposed draft Nominations and Elections Committee Terms of Reference.

In addition, staff has included language in the draft terms of reference to better reflect the College's move toward more competency-based appointments and the committee's role in the appointments process. This includes:

- Establishing, implementing and overseeing a robust, objective and transparent recruitment process for competency-based appointments, including:
 - i. seeking, identifying and recruiting qualified and skilled individuals capable of, and committed to, providing effective governance
 - ii. Receiving and evaluating competency-based appointment applications
- making recommendations to Council regarding competency-based appointments
- Working with Council to determine the competencies and skills that Council considers necessary for Council members to possess

Non-Council Member Appointments Policy

The [Non-Council Member Appointments policy](#) has been designed to outline the process for non-council member appointments and will be used to inform the Nominations and Elections Committee's competency-based appointment process. If Council agrees with the proposed revisions to the Nominations and Elections Committee terms of reference, the Non-Council Member Appointments policy will be revised to reflect the committee's role in this process.

Next Steps:

- The Executive Committee recommends that they be responsible for the competency-based appointments until the Nominations and Elections Committee is properly trained and their terms of reference are revised with clear committee-specific competencies.
- Staff recommends that Nominations and Elections Committee training begin with the next round of non-elected appointments (anticipated after the March 27, 2020 Council meeting).

- The Executive Committee recommends accepting the proposed changes to Nominations and Elections terms of reference.

Proposed Motion:

[Be it moved] that Council approve the Nominations and Elections Committee terms of reference as presented.

Nominations & Elections Committee Terms of Reference

Name and type	Nominations & Elections Committee Standing
Purpose	The Nominations & Elections Committee is a non-statutory committee as defined in the by-laws of the College of Registered Psychotherapists of Ontario.
Specific Areas of Responsibility	<p>The Nominations & Elections Committee is responsible for the following activities:</p> <ul style="list-style-type: none"> • Adjudicating disputes regarding a registrant’s eligibility to vote in an election; • Determining the acceptable form of biographies and personal statements included as part of a candidate’s nomination package; • Holding inquiries related to a candidate’s written dispute, where a candidate feels there are reasonable grounds to doubt the validity of the election for which the candidate ran, and making reports and recommendations to Council based on the inquiry; • Assisting the Registrar, if requested, in supervising and administering the election of candidates, subject to College By-laws; • Establishing, implementing and overseeing a robust, objective and transparent recruitment process for competency-based appointments, including: <ul style="list-style-type: none"> • seeking, identifying and recruiting qualified and skilled individuals capable of, and committed to, providing effective governance • Receiving and evaluating competency-based appointment applications • making recommendations to Council regarding competency-based appointments • Working with Council to determine the competencies and skills that Council considers necessary for Council members to possess
Committee Composition	<p>Members of the Nominations & Elections Committee are appointed by Council.</p> <p>The Nominations & Elections Committee is composed of:</p> <ul style="list-style-type: none"> • At least two (2) registrants who are members of Council;

	<ul style="list-style-type: none"> • At least one (1) public member who is a member of Council; and • one (1) or more registrants who are not members of Council if Council so wishes. <p>The number of Committee members who are also registrants shall, wherever possible, exceed the number of public members (appointed by the Lieutenant Governor in Council).</p>
Committee Competencies	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Attributes.</p> <p>Appointed committee members (i.e., non-council appointments) will be required to meet the minimum Council Competencies and Attributes.</p>
Decision-Making Process	<p>Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.</p>
Delegated Authority	<p>The Nominations & Elections Committee will advise Council with respect to the Committee's specific areas of responsibility.</p>
Reporting	<p>The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.</p>
Appointment of Chair	<p>The Chair, or Chairs, of the Committee will be appointed by Council.</p>
Quorum	<p>The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee shall be two (2) members.</p> <p>Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee.</p>
Meetings	<p>Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.</p>
Staff Support	<p>The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.</p>
Communication with Council	<p>The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.</p>

Approved by Council: November 24, 2016
Reviewed & updated: March 3, 2020
Next scheduled
review:

Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, 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.

Nominations & Elections Committee Competencies

Council members and non-elected members serving on committees are expected to demonstrate the attributes and have the competencies required of all Council members. The following are specific attributes and competencies required of those members who participate as members of the Nominations and Elections Committee.

Area of Competency	Core Understanding	Demonstrated Behaviours
Diversity	Diversity competence supports the ability to shift cultural perspective and adapt one's behavior to work effectively with individuals whose attributes might include, but not be 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.	<ul style="list-style-type: none"> - Valuing and actively advocating for diverse perspectives - Commitment to and participation in continuous learning / professional development in diversity, inclusion and cultural humility
Marketing and communications	Appreciate the needs to tailor advertising given the nature of the committee positions and the skills and experience sought, and the need to encourage participation by members of under-represented groups.	<ul style="list-style-type: none"> - Is familiar with mechanisms for recruiting members to reflect the community the College serves and the cultural context within health care - Ensures that language in all marketing supports registrants in feeling welcome to apply
Candidate screening	Understands that main task is to assess candidates against the published criteria, in accordance with the published process, and decide who to recommend for appointment	<ul style="list-style-type: none"> - Understands which criteria are essential and how each will be assessed - Participates in screening to ensure no applicant is disadvantaged as they move through the selection process (including through the offer of reasonable adjustments to accommodate individuals' needs)

Approved by Council: November 24, 2016
Reviewed & updated: March 3, 2020
Next scheduled
review:

Area of Competency	Core Understanding	Demonstrated Behaviours
Bias	Appreciates that anyone screening candidates must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination.	<ul style="list-style-type: none">- Does not allow selection decisions to be influenced by unwritten or 'assumed' criteria - Does not consider themselves to be representative of any group or community within professional registrant membership.

Nominations & Elections Committee Terms of Reference

Approved by Nominations & Elections Committee: July 18, 2016

Approved by Council: September 8, 2016

1. Authority

The Nominations & Elections Committee is a non-statutory committee as defined in the By-laws of the College of Registered Psychotherapists of Ontario.

2. Mandate

The Nominations & Election Committee will be responsible for the following activities:

- a. Adjudicate any disputes regarding a member's eligibility to vote in an election;
- b. Determine the acceptable form of biographies and personal statements included as part of a candidate's nomination package;
- c. Hold inquiries related to a candidate's written dispute, where a candidate feels there are reasonable grounds to doubt the validity of the election for which the candidate ran, and make a report and recommendation to Council based on the inquiry;
- d. Assist the Registrar, if requested, in supervising and administering the election of candidates, subject to College By-laws; and
- e. Seek out and encourage members of the College to consider running for a position on Council.

3. Composition

Members of the Nominations & Election Committee shall be appointed by Council.

The Nominations & Election Committee shall be composed of:

- a. At least two (2) members who are members of Council;
- b. At least one (1) public member who is a member of Council; and
- c. one (1) or more members who are not members of Council if Council so wishes.

The number of Committee members who are also members shall, wherever possible, exceed the number of public members (appointed by the Lieutenant Governor in Council).

4. Term

The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one (1) year.

5. Frequency and Location of Meetings

Committee meetings shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

6. Quorum

The quorum is three (3) members unless otherwise provided in the Code or the By-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee shall be two (2) members.

Despite anything in the By-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee.

7. Selection of the Chair

The Chair or Chairs of the Committee shall be appointed by Council.

8. Alternate Chair

In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

9. Roles and Responsibilities of Members

Every Committee member shall, in the performance of his or her duties:

- a. familiarize himself or herself with the Act, the RHPA, the By-laws and any policies of the College;
- b. familiarize himself or herself with any other records, documents and guidelines that may be necessary for the performance of his or her duties;
- c. comply with the provisions of the Act, the RHPA, the By-laws, any policies of the College and rules that are adopted by Council, from time to time;
- d. regularly attend meetings on time and participate constructively in discussions;
- e. ensure that confidential matters coming to his or her attention as a member of a Committee or working group are not disclosed by him or her, except as required for the performance of his or her duties or as permitted by the RHPA;
- f. conduct himself or herself in an appropriate manner with College staff, other members of Council or members of the Committees, members and members of the public;
- g. comply with the College's Code of Conduct, which is attached as Schedule 3 of the By-laws and forms part of the By-laws;
- h. avoid, or where that is not possible, declare all conflicts of interest in the manner set out in the By-laws;
- i. step down from his or her position as a Committee member and / or working group (ad hoc committee) member in the event that allegations regarding his or her conduct, competence or capacity are referred to the Discipline Committee or Fitness to Practice Committee until such time as the matter has been finally disposed of; and
- j. perform the duties associated with his or her position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

10. Voting

Wherever possible, decision-making at the committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the By-laws, every motion that properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

If the Committee Chair is a member of the Committee, he or she may vote.

In the event of a tie vote, the motion is defeated.

11. Staff Resources

The Registrar acts in an *ex-officio* role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.

12. Committee Records

The Chair of the Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

13. Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Psychotherapy Act, 2007* to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the By-laws.

14. Public Communications

All media contact shall be channeled and coordinated through the Registrar's office. Any Committee member or any member of a working group (ad hoc committee) being asked by media representatives to provide interviews, respond to enquiries or to comment on issues concerning the regulation of the profession or the operation of the College shall not provide any such communication and shall instead refer them to the Registrar's office.

15. Parliamentary Authority

Schedule 2 of the By-laws outlines the Rules of Order of Council. The Committee should attempt to work by consensus where possible.

Briefing Note for Council

Meeting Date:	March 27, 2020
Agenda Item #	6.c
Issue:	Work Plan Development
Attachment(s):	Draft 2020 Work plan
References:	- <i>Situational Analysis on the State of Governance</i> by D. Pink - Work Plan Guiding Document - CRPO 2020-2023 Strategic Plan
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Staff

Purpose & Public Interest Rationale:

A comprehensive work plan, linked to regulatory objectives and strategic priorities supports Council and staff in responsible planning to ensure adequate resources are available (financial, human, information) to achieve its desired results in fulfillment of its regulatory mandate. The presence of a work plan also allows CRPO to effectively assess and mitigate risks and regularly evaluate progress on strategic objectives and the outcome of regulatory activities.

Background:

The attached work plan incorporates:

- ongoing work in core regulatory functions that are foundational to maintaining excellence in regulation
- the strategic priorities identified by Council in September 2019
- work to respond to the governance review report
- steps required to be accountable to government through the key performance indicators of the College Performance Management Framework

The plan encompasses one fiscal year and is the first of the three-year period covered by the 2020-2023 Strategic Plan; it focuses on higher level deliverables. Staff have completed a detailed inventory of the work that will be needed to be done by the staff team and by committees in order to complete these deliverables. Work at the staff level has already started on some initiatives that are captured by the work plan.

Next Steps:

Council is being asked to approve the attached work plan as presented. Once approved, staff will be providing committees with the more detailed inventories so that work can continue or commence in earnest.

As part of the work of related to performance indicators, comprehensive reporting will also be developed and reviewed by the Executive Committee before coming to council for approval. These will be used to monitor progress at the Council, committee and staff level.

DOMAIN	PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	BACKGROUND (for Council)
Trusted authority	build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care	- recognized as a leader - the first source for all issues related to Registered Psychotherapists among health professions, the public, government, the media and other stakeholders - an exemplar of fostering professional competency and standards of practice	1. continue to strengthen the practice of psychotherapy through clearly defined standards, continuing competence requirements and support for excellence in practice 2. Create public outreach to build understanding about psychotherapy and make CRPO more visible and accessible 3. Cooperate with other stakeholders to build knowledge about and access to psychotherapy as a regulated profession	-8 Peer Circles program sessions offered across province -Comprehensive review of Professional Practice Standards cycle started -4 Public consultation focus groups held across province -Pan Canadian Regulatory group meeting hosted - Joint presentations made with mental health provider associations for their members and for CRPO council - RP participation in Peer Circle case development	Peer circles program will be developed and, working in cooperation with professional associations and education and training programs, rolled out to a minimum of six sites across the province, providing support and skills-building for RPs in the areas of ethical decision-making and familiarity with CRPO's standards. The QA committee will be developing a schedule and commencing a review of CRPO standards based on the latest research into standards of care. Public consultations, held in the form of focus groups, will be held in four sites across the province. Focus group participants will be comprised of patients of RPs and other engaged members of the public (such as patient ombudspersons or psychiatric advocates). Focus groups will be an information exchange, bringing forward questions in order for CRPO to learn more about the needs of the public, and sharing salient information about CRPO with focus group participants. Ongoing dialogue with mental health provider associations and education programs about areas of shared interest; continuing the ongoing dialogue with the psychotherapy regulators in other Canadian provinces; consultation with RPs across the sector in writing case studies for peer circles.
Clear communications	further develop communications to support clear, transparent and dynamic interaction with stakeholders	-active communication with public, registrants, government and other stakeholders - focus on ensuring communications with public and registrants support their experience of CRPO as open, transparent and accessible - public will know where to locate information about RPs and how to access CRPO - 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	1. Develop effective communication initiatives based on assessment of public need for information 2. Strengthen communications with registrants to ensure clarity and transparency to build trust and a better understanding of regulatory requirements 3. Actively participate in efforts to create useful dialogue with stakeholders across Ontario's mental health sector	- Communications plan launched using social media, earned media, Facebook ads, and targeted website revisions - Complaints form revised to enhance accessibility for public - 6 Town Hall meetings held across province -Annual meetings hosted: - Education and training programs - Professional associations - Mental health provider associations	Developing a communications plan for 2020 - 2021 involving outreach to the public, registrants and stakeholders. Components will include social media, earned media, Facebook ads, and the website using a combination of videos, graphics and short and effective messaging. Revising the complaints form to make it more accessible based on the recommendations of the Canadian Centre for Legal Innovation in Sexual Assault Response. Holding six town halls across Ontario to meet with registrants and provide updates on the latest in policy developments and workplans, including our move to right-touch based regulation. One town hall will be video recorded and posted online to maximize transparency. Relationship built with system stakeholders (e.g., CMHA, AMHO, CMHO, CHLIA) with presentations to CRPO Council about the current state of the mental health sector in Ontario and to stakeholders (education and training programs, professional associations) on the regulatory landscape for RPs; reaching out to mental health organizations to find participants in our public consultation focus groups;
Effective infrastructure	strengthen operational and governance infrastructure	- 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	1. Continue to cultivate excellence, accountability and responsiveness among Council and committee members through professional development and policy guidance 2. Foster diversity and inclusion among staff, Council and registered psychotherapists 3. Implement effective governance and risk-management frameworks across all operational and regulatory functions 4. Measure progress through strategic planning, risk assessment and key performance indicators	- Council governance reform initiative completed - Enhanced Council onboarding and ongoing professional development program in place -Council, Committee and Panel competency matrices developed and in use for committee and non-elected appointments processes - focus on Indigenous practitioners and communities serving high proportion of immigrant clients -Anti-discrimination hiring policy in place - Program review and recognition process reviewed to ensure recognised programs foster diversity -Internal risk management framework in place - Regulatory risk management framework in place and tools shared with stakeholders - Annual report published using Key Performance Indicator framework to report on strategic priorities and broader regulatory mandate -Council and Committee evaluation program developed and piloted	Completing the Governance Reform Initiative started in 2019, under the Executive Committee's stewardship, to include internal risk management and regulator risk management frameworks Implementation of an enhanced training program for Council and committee members, including presenting a mix of learning methods (self-study, one-on-one, video presentations, readings) in order to maximize Council and committee's members understanding of how to fulfil their role in a regulatory environment. Competency matrix developed and used to recruit non-elected Council appointees; continue outreach to District 6, where a high concentration of South Asian members of the public live with relatively few RPs; attendance at the Indigenous Health Conference. CRPO has a policy in place to ensure hiring processes are free from discrimination. Internal enterprise risk management framework in place for operational matters, including HR policy review, etc. and Executive Committee educated about its use to support them in their oversight role of College operations. Regulatory risk management framework under development for regulatory functions, using the newly-developed regulatory objectives as vision for the framework, allowing all Council materials to articulate public protection function. Specific pilot of Sparrow's problem-solving model completed and under review. Key performance indicators identified and incorporated into reporting to stakeholders on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and stakeholders.
Strong system partnerships	collaborate with other system partners to contribute to better access to mental health services	- build collective best practices - advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services	1. Build on existing stakeholder relationships to: •define and foster leadership in regulatory excellence •create collective solutions to allow alignment in addressing concerns with mental health service provision	- Continued collaboration with the Colleges whose members have the authority to perform the controlled act of psychotherapy - Active participation with Health Professions Regulators of Ontario network - Support for development of Pan Canadian Psychotherapy Regulator group	Ongoing work to clarify requirements and restrictions to clinical supervision of the controlled act with relevant controlled act colleges, leading to effective communication with registrants, clinical supervisors and education and training programs. Work with HPRO on shared issues of public appointee competency, the Ministry's College Performance Management Framework and RHPA modernization. Support for other regulated provinces and provinces seeking to regulate through information sharing and meeting coordination, with a particular focus on education and training program recognition.

DOMAIN	PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	BACKGROUND (for Council)
			<p>2. Engage with the Ministry of Health to provide useful and timely information and advice about Registered Psychotherapy and the mental health system</p> <p>3. Formalize work of recognizing, reporting on and adapting to changes in the practice environment to support health system improvement</p>	<p>-Annual completion of Health Professions Database Submission (with continuing emphasis on need for revised gender reporting)</p> <p>-Regulatory risk framework results used to identify and report potential harm to RP clients and the wider public.</p>	<p>Completion of the HPDB allows CRPO to report on the RP workforce. Efforts to see revisions to allow a third gender option will continue since this change has not been implemented. Other ad hoc opportunities will be taken to communicate around specific issues as they arise.</p> <p>Recognizing this is a period of heightened response to sexual abuse, adapting to this by working with HPRO and other health colleges around building excellent Council, committee and staff training into receiving, investigating and holding trauma-informed hearings into sexual abuse that minimize the risk of re-traumatizing members of the public.</p>

Situational Analysis on the State of Governance

Prepared for the College of Registered
Psychotherapists of Ontario

June 2019

SML

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Executive Summary

The Council of the College of Registered Psychotherapists of Ontario (“CRPO”, or the “College”) mandated this analysis to ensure its by-laws, procedures and policies, as they relate to governance, are in keeping with modern practices. This report sets out my analysis, the facts on which it is based and my observations on why a number of practices are in need of reconsideration.

Generally the College’s governance and in particular the work of Council and its committees is consistent with similar bodies. However, the College’s work could benefit significantly if several deficits in current practices and approaches are improved. These include: insufficient focus on ‘the public interest’ in formulating issues for Council; Council’s agendas do not sufficiently focus on its policy-making role; reports to Council do not consistently identify the policy issue and why Council must address a matter; the College has no succession planning so future leadership is not identified and properly prepared to progress through positions of increased responsibility; and the College has not identified the skills, competencies and attributes required for leadership from the profession and therefore, there is no intentional recruitment of either Council or committee members.

The absence of a set of strategic and operational priorities is a significant deficit, though it should be addressed in the coming months as the College undertakes strategic planning.

While no individual weakness undermines effective governance, collectively they result in an organization focused too much on the ordinary day to day business, rather than the larger issues facing the profession and the College as its regulator. Ideally improved governance will significantly enhance the College’s decision making and the operations that follow. It will enable better management of issues the College will face as it matures. Most importantly it will allow for a focus on strategy, in a rapidly changing world of health care delivery, to effectively regulate registered psychotherapists in the public interest. Though the details of its strategic priorities have yet to be articulated, the College’s discussions about ‘right touch regulation’ suggest it will center on the management of risk, being proactive in its approach and articulating the outcomes the public and the profession can expect from regulation.

Introduction

The Psychotherapy Act, 2007¹ established the College of Registered Psychotherapists of Ontario. Its governance model aligns with the Health Professions Procedural Code (Code),

¹ S.O 2007, c.10, Sched. R, <https://www.ontario.ca/laws/statute/07p10>

Schedule 2 of the Regulated Health Professions Act (RHPA)². In tandem with regulations, the College's by-laws govern specific operations prescribed only in general terms by the Code³.

After the Act was introduced in 2007, it took several years to hire qualified staff, develop its by-laws, procedures and policies, and to bring thousands of psychotherapists, representing a number of differing approaches to psychotherapy, into membership. The College became fully operational in April 2015.

This report outlines my analysis of the current approach to governance at the College. This approach has been effectively used by the College in its transitional phase and since becoming fully operational. Based on my observations the style to governance that has served the College is no longer appropriate. Many improvements in process, policy and practice are required to better support the College's delivery of high quality professional and public interest focused regulation. Enhance governance will provide the foundation to develop long term goals and priorities.

The word 'governance' derives from the Greek verb *kubernan* meaning to steer —as in steering a ship. As applied to organizations, a very simple definition might be "the art of steering organizations."⁴

Today the word 'steering' has a greater significance than it held for the early Greeks. For us, a notion of stewardship is implicit in setting a course. Steering, as its embodied in 'governance', requires establishing a vision or mission, staying clear of shoals, guiding progress toward goals, and assuming overall responsibility for the organization.

In reflecting on how good governance is achieved, Tim Plumptre founder of the Institute On Governance⁵ suggests:

I find it useful to view governance as a set of ideas about how direction is provided to human activity — to any form of collective action. What distinguishes governance from management is that it is concerned with how the big (or strategic) decisions are

² S.O 1991, c. 18, <https://www.ontario.ca/laws/statute/91r18>

³ A memo to Council recommending this governance review noted as follows: The planned governance review will build on this solid foundation to ensure that the College is in the best-possible position to respond to expected changes. While there have been periodic revisions to the RHPA since its proclamation, there has never been any major overhaul to the legislation. Changes to the province's health care system as well as the public's expectations around transparency and accountability of the regulatory colleges has led many stakeholders to question whether the RHPA is still an appropriate framework. Increasingly, the consideration of emerging best-practices in other Canadian jurisdictions as well as in other countries suggests that there are, in fact, more effective ways to regulate professionals across and within many disciplines (e.g. healthcare, law, etc.).

⁴ Adapted from 'Governance Works' by Barbara Laskin, https://www.saskculture.ca/content/grant_pdf_files/Governance_Works_Eng.pdf

⁵ A brief biography is found at - <https://www.theaccountabilitygroup.com/index.cfm?id=79182>

taken — decisions related to achieving important goals, maintaining key relationships, and providing feedback - and who takes those decisions. Governance is the process whereby strategic goals are set, key relationships are maintained, the health of the organization is safeguarded, and account is rendered for performance.

Effective governance involves a set of connected relationships and practices. It requires:

- A clear organizational purpose with an articulated strategy to advance that purpose and the expected outcomes to be achieved⁶;
- Policies that articulate the principles, roles, rules and expectations for those involved in the organization;
- An organization-wide understanding of the differences between Board and management responsibilities and the concepts embodied in the saying “Eyes open, noses in, fingers out”⁷;
- An understanding by all members of the Board of the policies and their individual and collective responsibilities as a steward and decision-maker;
- A Chief Executive Officer mandated to support the Board to fulfill its proper role and provide information, advice and guidance it requires to make effective decisions;
- Staff of the organization who understand their roles in supporting the CEO and committees by assembling and preparing materials to enable committee and Board work that advances assigned roles, effective policy and rule development and subsequent decision-making.
- A culture in the organization that recognises the importance of effective governance by supporting the respective roles and responsibilities held and shared by those involved in deciding and achieving the organizations purposes.

In a recent presentation⁸, Sir Harry Cayton of the Professional Standards Authority (‘PSA’) summarized his views on governance:

Simply my observation is that the correlation between good performance and good governance is not direct. ... much of what is said about good governance misses the point by concentrating on board and committee procedures rather than on the personal qualities, skills and behaviours of board members. Good governance should be a means to achieve organisational ends. It’s an input not an outcome. Good governance can only be assessed by measuring good outcomes. Outcomes are

⁶ For a professional health regulator this should entail articulation of regulatory objectives to complement the provisions of 3(1) of the Health Professions Procedural Code

⁷ See <https://www.lexology.com/library/detail.aspx?g=f670c6ea-23cf-4c96-bd5b-e6d1b75bfde9>

⁸ - https://www.professionalstandards.org.uk/docs/default-source/conferences/presentation/2019-conference/cayton.pdf?sfvrsn=1f9a7420_2

delivered by staff not board members but the quality of decisions by boards affects those outcomes.

Because the College has benefited from the work of Harry Cayton and the PSA, I use an approach they have developed to create a structure for this Report. Because among health profession regulators there is considerable sharing of information and ideas, I have chosen to structure my review around the governance principles used by Sir Harry in his recent review of the Performance of the College of Dental Surgeons of British Columbia⁹. Using a framework developed for another professional regulator provides for comparisons and points of reference which should be helpful. The PSA principles are listed in Appendix A.

Based on the PSA's Governance Principles, I make statements regarding the current governance of the College. Each statement is followed by my observations and comments that suggest where practices are wanting and how they might be improved.

Discussion based on PSA Governance Principles

1.0 The regulator has an effective process for identifying, assessing, escalating and managing organisational risks, and this is communicated and reviewed on a regular basis by the senior staff and the Board.

1.1 The College has not adopted a comprehensive risk framework for its work.

Observation

CRPO's priorities have been building core competencies, procedures and policies for regulation. In a short time it has licensed more than 7300 Registered Psychotherapists (RPs), through complex processes to deal with a grand parenting regime for practitioners, with diverse modalities of practice, credentialing of new practitioners, a process for accrediting educational institutions and renewal processes. Simultaneously it has built systems to deal with complaints, quality assurance and client relations. Staff, including a new Registrar, have been recruited and trained. Communication systems with a new regulated profession have been developed. These and a myriad of other tasks, essential to the day to day operation of a professional regulator, have consumed the College's resources.

The CRPO has developed numerous systems. Its regulatory practices reflect learnings from other health profession regulators. For example, it has some triage approaches in complaints

⁹ <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

work so resolution efforts are made early. Its registration practices have been streamlined and appear to be efficient. It has adopted technology to assist in enhancing its efficiency.

Though some risk based thinking has been used in credentialing and complaints, the College has yet to establish a comprehensive framework to use risk as a dynamic in its regulation.

Comment

A professional regulator should use tools to identify where resources can most effectively be used. A regulator that fails to think about the systems which affect its practitioners, applies the same practices and approaches in the face of increasing volumes, and treats all matters before it with the same priority is unlikely to enhance its effectiveness. Results will not improve. Though there will be plenty of work, a regulator without a framework to guide its priority setting, will not know if its efforts make any difference to the profession it oversees or the public it protects.

The PSA has identified ‘the role and value of regulation in controlling the risk of harm to the public’ as a touchstone for its work on Right-touch Regulation¹⁰. Several Ontario health regulators, including the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario, are also adopting approaches that allow them to use ‘risk’ as a key factor in all aspects of their regulatory work.

The CRPO will also want to look at how it incorporates risk based thinking in both its regulation and operations (Enterprise Risk Management¹¹) to build on its early successes and refine its processes. The goal is maximum benefit for the public. This will entail new roles for both staff and Council members as they together learn how to build risk matrices and policies to identify, quantify and manage risks across the organization.

¹⁰ Right-touch Regulation Revised, October 2015, <https://www.professionalstandards.org.uk/publications/detail/right-touch-regulation-2015>

¹¹ There are excellent resources available from EY at this site - https://www.ey.com/en_us/board-matters

2.0 The regulator has clear governance policies that provide a framework within which decisions can be made transparently and in the interests of patients and the public. It has clear terms of reference for committees and working groups and effective reporting mechanisms.

2.1 Governance Policies are embryonic

Observation

The College has a set of draft Governance Policies dated 2018. Though they are excellent, they have not yet been adopted by Council. They contain the beginning of an essential governance framework but are incomplete and require significant additional work.

Comment

Properly constructed governance policies outline an organization’s governance rulebook.

- They contain the values that dictate how it operates, e.g. openness, transparency, integrity, diversity and non-discrimination;
- They outline the responsibilities of each constituent part of the organization, e.g. committee roles, Board authority;
- They provide a roadmap on how contentious issues will be addressed, e.g. conflicts of interest;
- They outline how a Board will work together, e.g. consensus decision making, no public dissent after a decision is made;
- They describe the basic governance principles and philosophy of the organization;
- They contain key position descriptions, e.g. the President and Vice – President, other officers, committee chairs;
- They outline the relationship with the CEO and who is responsible for it, the organization’s expectations of the CEO, as well the clear separation of responsibilities relating to operations/management and Board policy work (“Eyes open, noses in, fingers out”);
- They may contain committee terms of reference and the processes for reviewing them.

There is no standard or prescribed set of governance policies. To be most effective their development and adoption should be organic within an organization. Those responsible for them, the Board and committees, should develop them supported by the CEO and staff. Because they reflect and embody culture, it is imperative they be developed with history, current realities and future aspirations in mind. These factors should be top of mind as they are established.

For a regulatory body, governance policies should describe how regulatory and policy matters are addressed by the Board. Where does decision making rest? How is the Board responsible for the quality of the regulatory work? These policies should also address how the organization manages risks, both regulatory and operational, the responsibilities for strategic and operational planning and how the regulator reports on its effectiveness. In England, the PSA has urged regulators to commit to risk management and outcomes measurement and in their work in several places in Canada this approach has been a regular part of their advice. As the CRPO continues to evolve and documents its governance philosophy, it will likely want to address how risk and measurement are embodied in its governance policies.

I am attaching as Appendix B a copy of the table of contents of another regulator's governance policies¹², not because they are perfect but to illustrate the range of issues they address.

2.2 The current work of Council reflects approaches that have been in place for many years. Council meeting agendas follow a standard structure, developed with the Transitional Council, have remained largely unchanged.

- There are written committee reports with an opportunity for questions.
- A 'Question Period' to allow members of Council to ask questions is a standard part of the agenda.
- There has been a significant improvements in Council briefing materials, but there is no standard format for presenting reports from committees or staff to Council and no practice of highlighting public interest or public protection or consistently connecting issues before Council to CRPO's mandate.
- By-law 17.01 imposes a duty of confidentiality on Council members.
- Opportunities for education are a regular part of the Council agenda.
- The Registrar's reports to Council contains a mix of operational, regulatory, political and other information and are written in an informal manner.

Observation

I interviewed members of Council to better understand their perspectives on the College, Council and committees. The College has benefited from significant and long term commitments from several Council members whose terms are ending. Some were involved with the Transitional Council and helped construct most of the structures in place. They have done an impressive job in leading the organization from its earliest inception through

¹² https://nsbs.org/sites/default/files/cms/menu-pdf/council_policies_0.pdf

transition to incorporation and now dealing with ongoing regulatory issues. Many practices I suggest need to be considered for change were created in a different time when the College was at a different place in its evolution.

Council meetings usually begin with reporting items by the President, the Registrar and Committees. There is time allotted for questions and some discussion. As the College was developing there was merit in sharing information in this way and ensuring a common level of knowledge across Council. That development stage is now complete.

Next substantive agenda items are addressed. In some meetings there is an opportunity for professional development. Before the end of the meeting there is a question period when members of the profession may raise issues.

Council agendas are in line with what one would expect of an association. They mix routine reporting with decision-making. They allow members of the profession (or any member of the public) to propose questions to Council prior to the meeting in accordance with a policy.¹³ This practice allows someone other than Council and the College's leadership to affect Council's agenda.¹⁴ However, when looked at over many meetings, the Council agenda do not sufficiently focus on public interest as is mandated by the RHPA.

Council's work does not obviously stray into operational issues¹⁵. There are no robust minutes of budget deliberations, an area where this is most likely to occur, but my discussions with Council members showed a nuanced understanding to the respective roles of Council and the Registrar and a clear appreciation of the line that ought not to be crossed. They appeared to pay heed to the concepts embodied in the dictate 'Eyes open, noses in and fingers out'.

The time commitments by Council members have been extraordinary. Some committee work, especially the ICRC, demands an inordinate amount of time. Committee packages have exceeded a thousand pages and if committee members must spend many hours in preparation in addition to their Council obligations. There is no consistent reporting by Council members of the number of hours they spend on College time. It is to be expected those in leadership spend more. The College publishes an estimate of the expected time of those running for office. The estimates appear to be in line with what regular members of Council commit.

¹³ <https://www.crpo.ca/wp-content/uploads/2018/01/Question-Period-Policy.pdf>

¹⁴ In a recent meeting a member of the profession asked about costs associated with incorporation, a matter which is clearly operational and if a rationale for a change was requested the Registrar was best placed to provide the information.

¹⁵ The recent Council Evaluation casts some doubt on this and whether there is as clear an understanding for the separate roles as appeared from my review of materials.

Comment

Council Agendas - One Council member reflecting on the Council experience opined that Council meetings do not encourage or promote sufficient or informed debate. ‘Council is not working properly’ was the view expressed.

The Council agenda structure and format, while common among many organizations, do not reflect modern governance approaches. The agenda is not structured to advance the College’s priorities. Even before the CPRRO develops its strategic plan, Council should reflect on how its work gets addressed so it makes the most effective decisions that reflect its role as a public interest regulator. That requires consideration of the order of work, the content of the agenda, the nature of materials and a clear understanding of the expectations for Council members and staff in supporting them.

It is generally recognized that in a meeting the most important items should be addressed early, while members are fresh. There should be sufficient time allocated to allow for a discussion commensurate with the importance of the item to the College’s mandate. There should be a variety of means used to facilitate discussions, besides parliamentary style debates following presentations and motions. It is helpful if the agenda itself clarifies, not just by ‘discussion’ or ‘decision’ labels, what Council is being asked to do. My experience supports the use of a brief narrative to describe what is expected of Council is helpful.¹⁶

Ongoing education about matters relevant to the College and Council, as well as about governance, are important parts of a board’s work. Education should be purposive and connect to current or expected business of the College. Industry and health profession information, contextualized to the College, should always be helpful. Members of Council should be able to identify what topics will enhance their contributions to decision making and what they need to do their job better. Educate Council in a variety of ways. Adults learn differently and need multiple approaches to maximize their learning experiences. Not all professional development for Council needs to occur at meetings. Materials such as articles,

¹⁶ To illustrate this I have excerpted from a recent Council meeting agenda of a regulator in Nova Scotia.
‘Client ID Rules - Council will review the memo prepared by Elaine Cumming in this matter and consider approval to distribute this information to the membership. Regulatory amendment required – Regulation 2.9.1.
Committee Changeover - Council will discuss how new Council members will be appointed to committees and how best to determine whether non-returning Council members wish to stay on their current committees.’

podcasts or videos could be assembled for Council so they can access them at times most convenient to them.

Future policy work of Council should be identifiable several months in advance. It is known when committees will bring matters forward and Council should plan accordingly. If matters will be introduced at one meeting and then voted on subsequently, the nature of the discussion, the request for further work and the reasons for returning a matter to the agenda must be articulated. So a pending major policy matter might be preceded by an educational session to set the context for that matter; there might be materials provided to members even before the Council materials are available; the memo from the committee should identify what the committee has done and when it outlines either the options or recommendations. They should be cloaked in the public interest considerations.

The Code requires proposed by-laws be ‘circulated’ to the profession before amendments are made¹⁷. It is not clear whether there are or should be exceptions though I am informed this requirement has not always been strictly met. The recent experience of circulation inviting consultation before the fees were adjusted, though required by the Code, should be a cautionary tale about the value of this approach. Consultation about matters that directly affect practice may be required, but engagement with the profession should not be allowed to supplant Council’s responsibility to be the governing body and the final decision maker for the College. The Code provisions may be an impediment to good governance but governance policies may be able to ameliorate these strict requirements by outlining the reasons for circulation and when circulation is accompanied by consultation or is merely providing information to the profession.

Routine matters, such as minute approvals, committee reports or some appointments, should be addressed in a ‘consent agenda’ that is designed for no discussion, unless a specific request is made. To be clear, the Council members are still required to review the information. However, it is understood that unless a specific request is made to have the report discussed, it will be approved without debate.

Once Council adopts a strategic framework for the College, it will then be much easier to build all Council agendas around that plan. The starting point for agenda develop is if an agenda item is not designed to advance the College’s strategy it should not be on Council’s agenda, unless the Act or Regulations require it.

Routine Committee Reports to Council - Though there is a place for reporting from Committees to Council, the nature of reports on regular work needs to be carefully

¹⁷ Code s. 94(2)

considered. Inviting Council to consider committees' routine work blurs the different roles each has. Such reports can act as an invitation for Council to revisit the work of the committee.

If Council needs to know what a committee is doing, the reports should only be in writing. They should follow a prescribed format designed to inform Council and advance its work but not allow Council members to second guess, offer opinions on or otherwise influence the committee's work.

That is not to suggest Council should know nothing about what committees do. The opposite is true. By setting terms of reference, Council prescribes a committee's mandate and in a review of Terms of Reference (ToR) it should engage with the committee about its work. Committees should have Council approved work plans to support the overall planning of Council. There should be annual reports on committee work as part of Council's role that ensures assigned work is being done¹⁸. This annual review of committee work should be a major responsibility of Council.

Committee Reports to Council for Action – There has been a significant improvement over the last year in the content and structure of materials presented to Council. It is clear this has been purposive. Generally reports to Council are more logically organized and state the matters Council needs to consider by way of recommendations or options. However, reports to Council are not specifically rooted in an advancement or protection of the public interest. They should be. All committee work that makes its way to Council should be framed to identify the public interest issues and why Council must address and decide a policy issue.

A public interest regulator should not leave to assumption that the public interest is embedded in its work. The means by which a committee's recommendations or options will advance the public interest should be stated. This requires a committee itself to address the public interest as part of its deliberations. By setting this out explicitly in reports and the memoranda reflecting their work, committees and staff assist Council to stay focused on its core purpose. Though every decision of Council may not need to expressly advance the public interest, every policy decision should be considered in that light and Council's discussions should contemplate the public interest and determine if and how their decision will consider it.

¹⁸ See s. 11(1) of the Code

Confidentiality – Council has an important public function. It carries out its business in public. Its materials and minutes are available in the public domain. By-law 17.01¹⁹ must be read in that light. Though s.36(1) of the RHPA is entitled ‘confidentiality’, a clear reading of it would require little done by Council members at the Council table to be kept confidential. Its focus is on confidentiality associated with patient records. Either through governance policies or amending the by-law this matter should be clarified.

2.3 Committee Terms of Reference were developed by the transitional Council and reflect the requirements of By-laws 12.03 and 12.04 regarding composition and ratios.

Observation

Committee Terms of Reference (ToR) follow a consistent format. They describe authority, mandate, composition, term, frequency and location of meetings, quorum and other headings. Most were developed in 2014 and include provisions covering the transitional period and changes which will take effect once the College is fully established. Not all ToRs have been amended or updated.

Descriptions for committees have been developed for Council’s orientation materials. In describing the committees’ work they do not quote verbatim from the ToR but describe the committees’ work, what is expected and how they operate. In doing so they present a more accurate description of current expectations than the ToR themselves. For example the orientation materials include a description for the Executive Committee that refers to governance excellence, strategic planning and policy development which do not appear in its approved ToR. In amending ToRs, the orientation materials will be a valuable resource and template.

ToRs follow the Code, where it specifies composition. The College has not expanded committee membership beyond the required composition and thus have taken no systemic steps to broaden involvement of RPs (or even members of the public) in the College’s work. The College of Denturists and the College of Physicians and Surgeons are two regulators who have successfully incorporated members of the public and the profession in their committee appointments.

The College has also created and developed ToR for time or subject specific task groups. Their mandates are narrow and generally address a single issue for advice to Council.

¹⁹

17.01 – Duty of Confidentiality

Members of the Council and Committees, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties unless disclosure is authorized by the Council or is otherwise permitted under section 36(1) of the RHPA

Comment

A committee's ToR is a vital governance document. It should outline what a committee is to do, its relationship with Council and how it is to advance the College's mandate and strategic priorities. It should be a living document, with a regular review by the committee itself and a committee responsible for governance. This should entail the addition or removal of responsibilities, any necessary clarification on how the committee does its work and a fine tuning of other provisions, based on an overall review of ToR.

A ToR should be very clear about what the nature of the relationship is with Council. For regulatory committees (ICRC, Registration and Discipline) it is vital that a clear separation of responsibilities be present. Statutory committees, including those with regulatory responsibilities, have a policy advice role; it must be clear on whose initiative they advise Council on policy matters which might require amendments to or the creation of regulatory instruments²⁰.

For non-statutory committees clarity of both purpose and function are required. Who initiates committee work – the committee itself or Council? What is the work product required – recommendations or options? What process of engagement with the profession is necessary for the committee's work? These are some items a ToR should contain.

ToR should outline the skills and competencies the committee requires from its members in order to undertake its mandate. By articulating these core competencies, Council can better populate the committee and recruit participation from those on Council (both professional and public members) and from the profession.

Committee planning and reporting on an annual or regular cycle should be a requirement.

2.4 The College's governance effectiveness is affected by the election and appointment processes that bring individuals onto Council and committees.

Issues include:

- the appointment process of public Members,
- the timing of elections and committee appointments,
- the absence of succession planning done by or approved by Council,

²⁰ Regulatory instruments include regulations, by-laws, a code of conduct and professional practice standards.

- the absence of a clear description of skills, competencies and attributes for Council and committees,
- a lack of racial, ethnic, and cultural diversity as well as RPs from various practice structures²¹ in the leadership of the College and the Council,
- participation in elections is low - <14% in 2018,
- the practice of the President chairing committees,
- by-law 12.04 requires most committee members to be RPs,
- the absence of an annual planning cycle,
- the stopping of much work over the summer.

Observation

Most health regulators in Ontario have faced the prospect of not being properly constituted because the government has not kept pace with the expiry of public members' terms. This prospect has caused the College to develop a work around that involves holding open Executive Committee meetings and having Council ratify decisions subsequently. Though this issue is not of the College's making, it demonstrates a significant vulnerability that should be addressed by the health profession regulators acting collectively.

Council members are elected by RPs who practise across Ontario. For those coming from the northern district and most westerly parts of the Province, the travel obligations add an additional burden to being involved in professional regulation. There have not always been RPs willing to make the time and energy commitment. It has been rare for many RPs in one district to seek election.

The profession has not participated in elections. Fewer than 14% of the profession voted in the last election.

This is a cause for concern.

For those seeking to participate in the College's activities, there are no clear descriptions of the basis upon which selections to committees are made. While most committee positions are filled by members of Council, even for them it is not clear what skills, competencies or attributes are required. Discussions with Council members about this did not reveal it to be a concern. They spend the time, believe they do good work and generally have not reflected on what skills they require to make regulatory decisions.

²¹ Private practice has been the dominant career for Council members. There are RPs in public institutions, private practice, not for profit associations and service providers. They deal with paying clients or those who are publicly funded. They practice using a number of modalities. The profession is not homogenous.

There is no long term succession plan for the CRPO's leadership. Though there is a vice-president position, assumption of the presidency is not automatic. The Council can elect anyone to the highest office. Thus the current position description for the vice does not mandate the assumption of progressively more responsibility. There is also no planning done for members of Council that will expose them to various areas and prepare them to assume an Executive position.

There are no identified skills, knowledge and attributes identified for CPRO committees. Committee appointments are made by Council but the proposal for committee constitution is recommended by the Executive. Decisions are based on familiarity with the work and the Council members. It is impossible to evaluate what quality has resulted from this.

The President, unusually sits as Chair of at least one committee and in the past presidents have chaired more than one. This was likely a result of the thin layer of skills and knowledge around the Council table.

Since its inception the College's Council and committee members has not reflected the diverse population of Ontario. There have been no overt efforts to address that situation.

The timing of elections, various appointments and the assumption of committee responsibilities is not logical and results in gaps and substantial time when committees do not operate. Elections are not held on a fixed date. They can occur in May or June, which means the first meeting of a new member may be in June, if the election occurs before the meeting, or in September. The President assumes office in June, but the Executive does not take office until September so the former committee remains. Council members start their committee work in September.

The result is a three month hiatus in most committee work over the summer.

Comment

Public Members – They are full members of Council and share equally in the regulatory and governance work. Because the College does not have responsibility for their appointment and must take those appointed by government, this creates a very unsatisfactory situation. Though the public members have performed well and like their RP counterparts have made significant contributions, the College is vulnerable to the possibility that weak or ineffective or disinterested persons might be appointed.

Because this is an issue across the regulated health professions, the College likely cannot make any change on its own. Nor can it be a major priority, given the other governance issues it must address. However, this might be an issue which could be addressed by the Federation of Health Regulatory Colleges of Ontario. There are other models which regulators have

successfully negotiated with governments to allow the government to make appointments of well qualified people recruited by the regulators. Details of an approach would need to be developed if FHRCO is to take up this issue.

Meanwhile the College has good advice on how it can continue to work if it is not properly constituted.

Elections – There is no evidence that elections produce the best people to lead regulatory agencies. Many anecdotal reports suggest the opposite – people run for election to promote a personal interest or to add to their own resume. They may not understand the nature of the work, despite a robust orientation process before elections, and often do not like it. They may not possess the aptitudes or skills required. They cannot devote the time required to prepare, travel and attend committee and Board meetings.

Elections raise two issues – not enough people offer as candidates and not enough people vote. Both issues need to be addressed.

Though many excellent leaders have come via election processes, and that is very true for CRPO, elections are a very blunt instrument to produce a highly skilled, capable and committed regulator. Because of that several regulators have looked at alternative models to identify, recruit and appoint Board members. The Law Society of Manitoba changed its rules to allow 25% of its Board members to be appointed from the profession to complement the 20% of appointed public representatives. The College of Nurses of Ontario²² and the Ontario College of Teachers²³ have adopted reports that will modernize governance, reduce the size of their Boards and allow for appointments of some members. Key to both approaches is the Board members will be appointed based on specific attributes and competencies — their experience, knowledge, and skill.

CRPO should consider how its Council members assume office because of the pitifully low participation by the profession in elections and the few candidates who offer. There are likely complex reasons for the apparent lack of interest in the College's election process. Regardless of what they are, consideration of a different approach is warranted. When the Law Society of Manitoba changed from elections to appointments for the 25% of its Board, the first thing it did was identify the skills, attributes and knowledge required. When it made a public call, it had about ten expressions of interest/applications for each position. That was proof that qualified people were prepared to serve. They simply were not prepared to participate in an electoral process.

²² <http://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/>

²³ <https://www.oct.ca/-/media/PDF/Governance%20Review%20Report/Governance%20Review%20Report.pdf>

Committee Appointments: Skills, succession and timing - It is now common for organizations to undertake appointments based on applying a skills, knowledge and attributes matrix. The body identifies what it requires for a committee to operate effectively, identifies the skills, knowledge and attributes of the pool of potential appointees and then attempts to match needs with available human resources. If the pool does not have enough people with the required aptitude for appointment, then a process to recruit others is undertaken.

For CPRO the absence of a skills matrix and any succession planning likely means the success of committees is more the result of good luck than good planning. Because worthy, committed and capable people have served on Council, there has been good work done by committees. But the absence of a matrix to guide committee selection has meant an absence of diversity as a criteria and the resulting failure of the College's committees to reflect the population of Ontario they should serve or the profession itself²⁴. It also has resulted in a limited pool of experienced people available to fill committee positions.

A commitment to future leadership and the training and preparation of people to assume progressively more responsibilities is a fundamental aspect of effective governance. That applies to both Council and committees. Leaders are groomed; they are prepared to assume that role because they have been prepared by exposure to the issues and participating in various types of decision-making. The College has had no plan for succession and with the imminent departure of its longest serving Council members, there is a risk of a shortage of people ready and able to assume leading roles in committees and on Council.

It is usually the role of a Governance Committee to sheppard the development of succession plans and to oversee their implementation either by acting as a nominating committee or by ensuring that the Nominating Committee does this. The College's Executive Committee has had to play the role of a governance committee, along with too many other responsibilities. Nominating and succession have been effectively addressed. They should be given priority. It may be time to create a separate committee with responsibility to address the interconnected issues of governance, nominations and elections.

Succession planning should be a part of the strategy that creates the College's senior leadership. Officers should progress up a ladder. If it is a two step ladder then the Vice-President, at least in the President's final year in office, should be presumed to become the President. There needs to be clarity about the role of Past President, especially in a regime where the President serves for several years. The position description for all offices needs to

²⁴ The CPRO website provides some interesting information about the demographics of the profession which illustrate this point.

be reworked to clarify that intent. Absent an approach like this, the College could end up with a President with minimal experience in the College's work.

Creating a succession plan does not impact how leadership is selected. If Council 'elects' the officers, with a ladder in place, the effect is that they bear responsibility for electing someone who will hold office for several years, generally a good result in regulatory bodies.

The other significant issue around committees relates to the time gap from election until committees start to work. It is not uncommon for organizations to slow down in the summer. 'Summer is so short in Canada' is a common refrain. The impact of allowing committees to take the summer off is to dramatically reduce the time they have to do their work and to prolong the time to do things.

At a minimum the College should fix an election date so Council members can take office in June, complete an orientation and commence their committee work immediately. The same is true for the Executive Committee. It should take office when the President does.

Organizational Continuity vs. the Summer Break– It is very common in bodies like CPRO to operate as if each Council is a distinct dynasty. It has a term of office. It does its work. Its time comes to an end. A new Council starts and the process repeats itself. This thinking reflects an approach that is not consistent with the work of regulatory bodies. Neither their regulatory nor their policy work should be dependent upon who holds what office or who sits on Council. A regulator's structures should be set up so work continues and is uninterrupted by a change in personnel. Stopping and starting, the norm for the College, is inefficient and undermines progress on major issues. When a newly appointed committee (even with some continuing members) has taken several months away from its work, momentum is lost. College structures and processes should support an approach that policy work continues for twelve months a year.

Activity Planning - The final comment around these timing issues relates to the planning process referred to below in the discussion on 7.0-9.0. Once the CRPO develops a strategic plan, it should build a requirement for annual planning. An annual plan differs from an operational plan, which is the Registrar's outline of intended activities to support Council and the College in achieving defined goals. An 'Annual Plan' is the Council's schedule for various things to happen so the strategy is advanced. Properly constructed the Annual Plan will assign work to committees throughout the year so their work never stops. To support this committees should also engage in their own planning, which supports Council's Annual Plan.

To develop an activity plan requires Council to appreciate the issues, their priority, the capacity of committees and staff to manage multiple obligations (such as regular regulatory work) and the effect any outside bodies, such as government, may have on timing

An annual activity plan will also militate against the summer break as work should have to carry on over the summer to meet assigned deadlines.

President as a Committee Chair – Normal governance practices appoint the President as a non-voting member of all committees by virtue of office (*ex officio*). In that way the senior leader maintains a connection to all committee work that will make its way to Council. The nature and quality of committee work can be evaluated as generally it is the President who is responsible to ensuring both committees and individual members are fulfilling their responsibilities. It is unusual for a President to Chair a committee. With a President as chair, some may think that committee has an enhanced role. It may be seem as more important than others. That can have an unintended consequence. It should be avoided.

The exception is when Council has determined a matter is of such significance that it requires the President's leadership. By filling that role the importance of the issue to the rganization is clearly communicated. This should be reserved for the exceptional.

3.0 *The regulator has effective controls relating to its financial performance, so that it can assure itself that it has the resources it needs to perform its statutory functions effectively, as well as a financial plan that takes into account future risks and developments.*

3.1 The College has assigned responsibility for financial oversight to the Executive Committee.

Observation

In the early days of the College, especially through the transition period there were too many tasks for the limited human resources available. It made sense to assign oversight of finances to the Executive Committee which was leading all aspects of the College's development. The Executive Committee was familiar with the arrangements with government that financially supported the transition.

Comment

A Finance Committee - With the CRPO being fully functioning it may be time to consider creating a separate committee with first level oversight of the College's finances. Though Council is ultimately accountable, most organizations have a committee with the obligation to ensure proper systems are in place to manage the College's assets and reserves, for budgeting, segregation of responsibilities and technology and to ensure the College is audited and identified issues are addressed. A Finance or a Finance & Audit Committee requires very specific skills that likely are not held by the present Executive.

Risk Management Oversight - If management of enterprise risk is adopted as a policy, the College should have a committee that receives and reviews reports from the Registrar on risk, how it is being managed and what needs to be reported to Council. For regulatory risk it will be necessary to build a framework for identifying risks, managing them and reporting to Council. This might fall to the Finance Committee, but it will be essential that a uniform approach to risk is developed so the focus is on 'organizational risk' and a single vocabulary is developed for it.

A Finance Committee can also serve as the body that ensures appropriate human resource policies are in place. Because HR issues impact organization or enterprise risk, this may be the committee best placed to deal with the risks and obligations the law imposes on all employers.

It is imperative the College create effective Council oversight for its finances. That oversight is not to interfere with the Registrar's responsibility to manage the accounting and finances but is to ensure Council fulfills its fiduciary and stewardship responsibilities, some of which are statutory, e.g. withholding and remitting employee income taxes, CPP and EI.

4.0 The regulator engages effectively with patients and the public.

Observation

The College has a Client Relations Committee which fulfills the role assigned to the Patient Relations Committee by the Code. Nothing in my review of materials and discussions with Council members identified any governance issues to be raised in this analysis.

Comment

I do not recall if the CRPO a member of the Citizens Advisory Group, established by the College of Physiotherapists. Various regulators hold sessions with average citizens to probe issues or ideas. If they are not a member they may wish to consider joining.

5.0 The regulator is transparent in the way it conducts and reports on its business.

5.1 RHPA s 33(1) – Confidentiality

5.2 Relying on s. 7(2)(b) of the Code, Finance matters have generally been dealt with 'in camera'.

Observation

The issues of confidentiality for Council are discussed above in 2.2.

Reading Executive and Council materials discloses little about the College's financial situation. There has been a long-standing practice of moving discussions of finances *in camera* and doing so based on s.7(2)(b) of the Code. The origin of this practice is not clear, but it would appear to be based on a misinterpretation of the Code provision which permits financial matters to be discussed in camera but does not make it mandatory.

Comment

Transparency in all of a regulator's activities is vital to earn and maintain the trust and respect of the public and practitioners. Because the profession bears the financial costs of regulation, it is incumbent on a regulator to be clear and open about its financial choices. Though there is no direct accountability to RPs for financial matters, through its Annual Reports, and engagement with the Ministry²⁵ and the profession, on matters such as by-law amendments to increase fees, it is incumbent that all aspects of the College's finances stand up to scrutiny.

In Harry Cayton's recent report on the Dental College in British Columbia, some of his most penetrating criticisms were levelled at that College's opaque approaches to reporting on and being accountable for finances²⁶.

Though all Colleges must produce an annual report, the RHPA and the Code are not very specific on what is required in terms of financial reporting. The College can create standards for financial accountability that send clear messages about the quality and integrity of its financial oversight. When this is combined with clear articulation of the financial risks being managed and communicated through multiple channels, it will contribute significantly to public trust and respect.

6.0 The Board has effective oversight of the work of the senior staff and effective reporting to measure performance.

6.1 Council has not directed there should be a comprehensive set of workplace and human resource policies – matters for which they might be personally liable.

6.2 Nature of professional support for committees has evolved with staff assuming responsibility for committee packages after agenda has been approved by the Chair

6.3 Sometimes staff have evolved to take on some regulatory roles – but only beginning (and Act does not give a lot of leeway)

²⁵ The authority of the Minister under s. 5 of the RHPA to appoint a supervisor for a College, especially in the event of concerns over financial accountability, should be noted.

²⁶ See fn. 5 above

Observation

As the College progressed through transition to be fully operational the respective roles of Council members and staff also changed. Early on the volunteer Council and committee members did much of the writing, drafting and report preparation to allow Council to make decisions. They made all the regulatory decisions as thousands of psychotherapists registered. They examined the various modalities of practice; they identified the commonalities for registration and they created the precedents to guide future work. With experience decisions became routine; more work moved to staff, so Council and committee members were primarily involved in the exceptional or difficult matters. Policies and procedures are now in place so the bulk of routine regulatory work is being done in the right place.

Volunteers also organized committee materials and agendas. This work too moved to College staff. With experience and professional development a balance was struck between what work was properly for Council and committee members and what was for staff. Now College staff are properly assuming most of the roles associated with the administration of professional regulation. They provide the committees with the material to address the matters before them. They prepare agendas, committee packages and reports to Council for the Chair's approval.

While this evolution there is a balance between the roles of the two constituents in regulation – staff as administrators and advisors and committee members as decision makers.

Council has not yet mandated a clear articulation of the human resource management infrastructure required for the College which will both enable the Registrar to provide long term, high quality and professional support for Council and the College's regulatory work.

Comment

A board of directors must hire and oversee the work of a qualified chief executive. CPRO's Council must fulfill that obligation by hiring and overseeing the work of the Registrar. The oversight is not to meddle in operations ('fingers out' was referred to earlier) but to establish the policy framework to hold the Registrar accountable. It is for Council to set the expectations for the Registrar. Some regulators in Ontario use a 'Carver Model' of governance²⁷ which relies on executive limitations for a CEO. Other organizations use a model where they outline the expectations of the chief staff officer. Regardless of the model, Council should be framing a set of requirements for the Registrar that address Council's fiduciary obligations.

Council should require a comprehensive set of workplace human resource policies and create a means to monitor them. Because Council members may be personally liable for

²⁷ <https://www.carvergovernance.com/model.htm>

breach of certain statutory obligations, their stewardship requires they ensure that proper procedures are established for statutory deductions and other employment standards, such as a discrimination free workplace.

Effective human resource policies will also address staff development. With new policies or approaches to regulation, College employees must be able and empowered to assume the necessary responsibilities to meet Council's expectations. If the College develops a based approach to regulation and I discuss earlier, that will require a more sophisticated role for the College's staff team. HR policies will ensure professional development through proper training, supervision and appropriate use of outside expertise.

In regulatory work case law now indicates that certain regulatory acts may be delegated to staff. With a properly articulated policy framework for this, committees will be relieved from dealing with routine matters; they will delegate work to staff and receive reports on their and they will then be able to advance the regulatory policy framework adopted and developed by the College.

7.0 The Board sets strategic objectives for the organisation.

8.0 A primary responsibility of a Board of Directors is to approve and monitor the strategic framework for an organization.

9.0 The regulator's performance and outcomes for patients and the public are used by the Board when reviewing the strategic objectives of the organisation.

The College does not have a strategic plan.

Observation

The discussion of these three governance standards are addressed together because the College has not yet undertaken a comprehensive strategic planning process. It is planned and will start in June 2019. As part of this process Council will determine where its obligations lie and what responsibilities are born by the Registrar.

Discussions with Council members indicated Council needs a set of priorities and a readiness to embark upon that process.

Comment

In the corporate world, it is common that responsibility for strategic planning is vested in the CEO and senior management, with the Board playing an oversight role to over implementation. That model has rarely been adopted in the not for profit world, where strategic planning is a shared responsibility between the Board and the CEO, with the obligation being vested in the CEO to make sure that planning occurs.

However oversight, monitoring and public accountability will be Council’s responsibility. The means by which Council will fulfill these obligations will need to be specified in the strategic plan itself, or preferably in the governance policies developed.

The College as part of the pending planning process and developing governance policies should also identify the specific obligations on the Registrar vis-à-vis planning.

As noted in the discussion under 2.4 above, strategic planning only works if its implementation comes with annual activity and operation planning by Council and the Registrar. Council’s control of its own calendar is a way for it to exercise leadership as it sets its own agenda and clarifies what accomplishments and outcomes it intends to achieve²⁸.

10.0 *The Board works cooperatively, with an appropriate understanding of its role as a governing body and members’ individual responsibilities.*

Observation

I have not observed Council’s in person work. As I was completing the writing of this analysis, I received the results of the Council Evaluation. There are many issues identified that Council will want to explore in terms of how it does its work. In a Council the size of the CRPO if even one person is negative or does not know or appreciate details of the work of Council, that can have a real impact on Council’s work.

Comment

I did hear from some Council members they see no appreciation from some of their colleagues for the ‘big picture’ of what is involved in regulation of the RP profession. Some also felt Council members do not have sufficient time for critical thinking/engagement about the policy work of Council/the College. Both of these sentiments are borne out by some results in the

²⁸ My former organization had this policy requiring Council to adopt a 12-month calendar - The Executive Director must prepare for Council approval, a 12-month planning calendar that includes but is not limited to scheduled times for orientation for new Council members; development of an annual activity plan and a budget to support the approved activity plan and the Society’s Regulatory Objectives; education related to the Society’s purpose and Regulatory Objectives; review of and reporting on Council’s Governance policies by the Governance and Nominating Committee; monitoring of Council Policy 18 (Expectations of Executive Director) and compliance by the Executive Director; receipt of operational monitoring reports; receipt of work plans and reports from committees that accord with their terms of reference and the approved strategic priorities, as appropriate; Council evaluation; and in years during which there will be an election, a schedule for the election process that will include dates for notifying members of the election, dates for posting of information that persons considering running for Council should have, and the posting of election dates.

Council Evaluation. It is impossible, without interviewing every Council member, to determine specific causes for concern, but my analysis shows several areas for improvement which will enhance the quality of Council member participation. Increased individual Council member satisfaction will benefit the College in ways that will become obvious.

Conclusion

Governance of the CRPO needs attention to enhance what I call ‘governance hygiene’. Hygiene requires attention to many small things. Primarily its about a culture of cleanliness but it also involves what we touch, how we clean, how we deliver the hygiene message, and how we enforce the rulebook. Good modern governance requires these things as well. Collectively the impact of many small improvements will surpasses the sum of the parts.

Many things need attention. Building a model that is built on an emerging culture of governance excellence will start with a complete and thorough set of governance policies. I have referred to this more than anything else. By creating its own set of governance provisions, tailored to the circumstances of CPRO, Council will commit to addressing a myriad of small things. It will learn from the experiences of others. It should borrow what it believes works best.

Embodying modern governance practices, with clearly understood rationales and expected outcomes, the College will create an infrastructure to enhance its decision-making at all levels. With a robust policy capacity, because its governance hygiene is unsurpassed, the College will improve its regulatory processes. It will make better regulatory decisions and better align itself with its primary obligation - regulating the profession of registered psychotherapists in the public interest.

Respectfully submitted



June 10, 2019

Appendix A

1. The regulator has an effective process for identifying, assessing, escalating and managing organisational risks, and this is communicated and reviewed on a regular basis by the senior staff and the Board.
2. The regulator has clear governance policies that provide a framework within which decisions can be made transparently and in the interests of patients and the public. It has clear terms of reference for committees and working groups and effective reporting mechanisms.
3. The regulator has effective controls relating to its financial performance, so that it can assure itself that it has the resources it needs to perform its statutory functions effectively, as well as a financial plan that takes into account future risks and developments.
4. The regulator engages effectively with patients and the public.
5. The regulator is transparent in the way it conducts and reports on its business.
6. The Board has effective oversight of the work of the senior staff and effective reporting to measure performance.
7. The Board sets strategic objectives for the organisation.
8. A primary responsibility of a Board of Directors is to approve and monitor the strategic framework for an organization.
9. The regulator's performance and outcomes for patients and the public are used by the Board when reviewing the strategic objectives of the organisation.
10. The Board works cooperatively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

Appendix B

NOVA SCOTIA BASSISTERS' SOCIETY - GOVERNANCE POLICIES - TABLE OF CONTENTS

PART 1	Council Policy 12 – The President
Council Policy 1 – Council’s Governance Responsibilities	Council Policy 13 – The Vice-Presidents
Council Policy 2 – Council’s Roles	Council Policy 14 – The Executive Committee
Council Policy 3 – Council’s Values	Council Policy 15 – Honorariums for Society Officers and Public Representatives
Council Policy 4 – Council’s Manner of Governance	Council Policy 16 – Role and Expectations for Committees and Chairs
Council Policy 5 – Code of Conduct	Council Policy 17 – Executive Director
Council Policy 6 – Openness, Transparency and Confidentiality	Council Policy 18 – Executive Expectations of the Executive Director
Council Policy 7 – Council Evaluation and Performance	Council Policy 19 – Executive Director Performance Evaluation
Council Policy 8 – Council Agenda and Planning Calendar	Council Policy 19 – Appendix 1
Council Policy 9 – Conflict of Interest	Executive Director Performance Goals
Council Policy 10 – This page is blank	Council Policy 19 - Appendix 2
Council Policy 11 – Elected Council Member Vacancies	
PART II	

Executive Director Performance
Review

Part A: Organizational
Responsibilities

Council Policy 20 – Public
Representatives on Council

Council Policy 21 – Member of the
Council of the Federation of Law
Societies of Canada

CRPO Governance Review Guiding Document
DRAFT for Council review

Note: Page references for the Situation Analysis report are provided in relation to the principles and observations and are highlighted in yellow.

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
<p>1.0 The regulator has an effective process for identifying, assessing, escalating and managing organisational risks, and this is communicated and reviewed on a regular basis by the senior staff and the Board.</p> <p>Situation analysis: page 4</p>	<p>1.1 CRPO needs to adopt a comprehensive risk framework for its work.</p> <p>Situation analysis: page 4</p>	<p>-risk based thinking is used in registration, QA and complaints assessments, supported by specific tools</p> <p>-no formal enterprise risk management (ERM) framework¹</p> <p>Existing resources:</p> <ol style="list-style-type: none"> assessment frameworks, used to guide panel members in determining appropriate course of action – for QA’s peer and practice review report - New PPR Case Sheet Template - May 2019 for ICRC formal report review - Report Risk Assessment Worksheet <p>Resources under development:</p> <ul style="list-style-type: none"> Complaint Risk Assessment Tool for ICRC formal complaints review 	<ol style="list-style-type: none"> Establish timeline for full implementation of regulatory risk matrix <ul style="list-style-type: none"> determine committee oversight (e.g., Finance and Audit) outline stat committee reporting requirements Develop an enterprise risk management framework. Build risk matrices and implement polices to identify, quantify and manage risks across the organization <ul style="list-style-type: none"> operational focus predictive analytics risk monitoring Continue work on risk management framework for regulatory work <ul style="list-style-type: none"> document learning from current tools, revise as needed establish reporting format/frequency for council ERM training for staff ERM training for Council

¹ Further defined: enterprise risk management (ERM) includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives. ERM provides a framework for risk management, which typically involves identifying particular events or circumstances relevant to the organization's objectives (risks and opportunities), assessing them in terms of likelihood and magnitude of impact, determining a response strategy, and monitoring process. By identifying and proactively addressing risks and opportunities, business enterprises protect and create value for their stakeholders, including owners, employees, customers, regulators, and society overall. https://en.wikipedia.org/wiki/Enterprise_risk_management

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
<p>2.0 The regulator has clear governance policies that provide a framework within which decisions can be made transparently and in the interests of patients and the public. It has clear terms of reference for committees and working groups and effective reporting mechanisms</p> <p>Situation analysis: page 6</p>	<p>2.1 initial, basic Governance Policies have been drafted</p> <p>Situation analysis: page 6</p>	<p>-Council and Executive adhere to RHPA & by-laws - Exec Committee act as governance stewards</p> <p>Existing Resources:</p> <ul style="list-style-type: none"> - By-laws - Objects of College (see RHPA) - Committee Terms of Reference (which require review) <p>Resources under development:</p> <ul style="list-style-type: none"> -DRAFT governance policies 	<p>1. Establish Governance Task Group (starting with Exec Committee stewardship)</p> <ul style="list-style-type: none"> -terms of reference <ul style="list-style-type: none"> - include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes <p>2. Develop and adopt policies that describe how regulatory and policy matters are addressed by Council</p> <ul style="list-style-type: none"> -decision-making -accountability - risk management (regulatory and operational) - reports on effectiveness <p>3. Ongoing governance work cycle developed and incorporated into annual planning.</p> <p>4. A public engagement plan that articulates how the public is/can be engaged in college processes. For example, currently, members of the public sit on Council, committees and panels, and this level of engagement is enshrined in our TORs.</p> <p>Policy list:</p> <ul style="list-style-type: none"> - Council's Governance Responsibilities - Council's Roles - Council's Values - Council's Manner of Governance - Openness, Transparency and Confidentiality - Working in the public interest/public engagement - Council Evaluation and Performance

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
			<ul style="list-style-type: none"> - Council Agenda and Planning Calendar - Elected Council Member Vacancies - Role and Expectations for Committees and Chairs - Executive Expectations of the Registrar - Registrar Performance Evaluation - Registrar Performance Goals - Registrar Performance Review
	<p>2.2 The current work of Council reflects approaches developed by the Transitional Council in line with RHPA and by-laws</p> <p>Situation analysis: page 7</p>	<p><i>-plenary meeting materials provided lack explicit public protection lens</i></p> <p><i>-panel materials provided are comprehensive but lack staff risk analysis</i></p> <p>Existing resources:</p> <p>-committee briefing note, providing public protection imperative - Sample of Briefing Note template</p>	<p>1. Council PD plan developed and mapped out</p> <ul style="list-style-type: none"> - ongoing Council education / PD planned and offered in line with current or expected business - Protected time to provide purposive education about issues - Additional council meetings if required <p>2. Revised meeting material format</p> <ul style="list-style-type: none"> - Annotated agendas, clearly stating public protection aspect of all items - Agendas tied to adopted strategic framework - Materials present staff analysis of issues - Consent agenda for routine matters <p>Panel materials revised</p> <ul style="list-style-type: none"> - Present staff analysis using appropriate risk framework (see item 1.1)
	<p>2.3 Committee Terms of Reference were developed by the transitional Council and reflect the requirements of By-laws 12.03 and 12.04 regarding composition and ratios.</p>	<p><i>ToR follow a consistent format. They describe authority, mandate, composition, term, frequency and location of meetings, quorum and other headings.</i></p> <p>-terms of reference in place for every committee and working group</p>	<p>1. Council to approve all new T o R</p> <p>2. Revised terms of reference drafted using existing materials from various sources (e.g., new council orientation)</p> <ul style="list-style-type: none"> - All ToR to include workflow / work ownership and the requirement of the development of an annual work plan - ToR to contemplate broader representation (e.g., non-elected appointments) - Policy dictating review cycle that revisits the T o R every year for the addition or removal of responsibilities, necessary clarification on how the committee does its work and a fine tuning of other provisions

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
	<p>Situation analysis: page 12</p>		<p>3. First and last agenda of new committee is fixed to new appt/end of fiscal cycle: - First: Review ToR, look at policies re committee functioning and relationship with staff, review workplan - Last: review ToR as a way of restricting what they do -amend to undertake work</p>
	<p>2.4 The College's governance effectiveness is affected by the election and appointment processes that bring individuals onto Council and committees.</p> <p>Situation analysis: page 13</p>	<p><i>Executive has moved from 'preference-based' appointment recommendations to committee need.</i></p> <p>Existing Resources: Chair roles and responsibilities</p> <p>2019 Election and by-election materials</p> <p>Resources under development: Competency based appointments</p> <p>Non-elected appointments</p> <p>Committee Info, Time Commitment and Expression of Interest</p>	<p>1. Skills and competencies attributed identified and articulated - common regulatory competencies and best-practices research completed and recommendations made</p> <p>2. Committee selection process described and available - Committee time commitment (from training through panel work) assessed and available - Selection process for Exec/Council described and available</p> <p>3. Long term succession plan for leadership - Consider creation of a Governance Committee with oversight of work o Develop ToR o Develop survey re interest in leadership positions and incorporate into ongoing Council education as a pre-requisite to leadership positions</p> <p>4. Refine and implement non-elected app't process to address deficits in council representation and/or skill set - Need for diversity identified and considered in work of Nominations and Elections and non-elected appointments o Recruitment plan in place for candidates and for non-elected appointments based on skills/perspective deficits</p> <p>5. By-law review to consider pre-candidacy requirements for professional members</p>

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
			<ul style="list-style-type: none"> - completion of training prior to candidacy? -creation of nominations committee to nominate after recruitment process.
<p>2.0 The regulator has effective controls relating to its financial performance, so that it can assure itself that it has the resources it needs to perform its statutory functions effectively, as well as a financial plan that considers future risks and development</p> <p>Situation analysis: page 19</p>	<p>3.1 The College has assigned responsibility for financial oversight to the Executive Committee.</p> <p>Situation analysis: page 19</p>	<p><i>Financial oversight happens through Executive reports to Council. Procedures are captured as Financial Systems Documentation but not as policies.</i></p> <p>Existing resources:</p> <ul style="list-style-type: none"> - System Documentation 	<ol style="list-style-type: none"> 1. Consider need to establish Finance and Audit Committee or Finance Committee <ul style="list-style-type: none"> o Develop ToR o Consider by-law amendment to allow ‘consultation appt’ of CA or other finance professional 2. Develop and publish financial control policies for Council approval <ul style="list-style-type: none"> o Executive limitations o Budgeting requirements o Financial transactions o Signing authority o Asset protections o Compensation and benefits o Setting registrant fees o Registrar expenses o Reporting
<p>4.0 The regulator engages effectively with clients and the public.</p> <p>Situation analysis: page 20</p>		<p><i>Public-targeted information is available on the website in a dedicated section. Information regarding complaints and access to funding for therapy for clients alleging sexual abuse is also available. Members of the public who have engaged with CRPO in the past are contacted for specific consultations. Initial social media presence has been established but has limited followers.</i></p> <p>Existing resources:</p>	<ol style="list-style-type: none"> 1. Develop more targeted communications for public / clients <ul style="list-style-type: none"> -Consider reviewers (internal & external) to pilot new initiatives with - Consider ways to better access public / client perspective for consultations <ul style="list-style-type: none"> o Regulatory work (e.g., regs, standards) as per current practice o Issue identification o strategy includes targeted information for public about CRPO’s performance

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
		<ul style="list-style-type: none"> - Website - Social media: Facebook, Twitter - Targeted email through Constant Contact 	<ul style="list-style-type: none"> ○ a review of the current status of public engagement and explore best practices and/or regulatory sector role models to identify areas of improvement <p>2. Develop ways for Council to take a more active role in engagement with stakeholders</p> <ul style="list-style-type: none"> -determine how best to involve council in order to inform deliberations through exchanges with stakeholder groups (e.g., observing focus groups, attending town hall meetings, invitations to stakeholders to present to Council)
<p>5.0 The regulator is transparent in the way it conducts and reports on its business.</p> <p>Situation analysis: page 20</p>		<p><i>Council meeting materials, including audited financial statements are publicly available. An annual report provides a summary of work and is moving toward offering more of an opportunity for CRPO to be accountable for work accomplished.</i></p> <p><i>Presentation of information is not consistently framed through the lens of public protection.</i></p> <p>Existing resources: https://www.crpo.ca/publications/</p>	<p>See 2.2 for summary of proposed meeting material revisions/additions.</p> <p>1. Develop and share more frequent monitoring reports aligned with core functions and measured against key indicators assessing and reporting on whether CRPO is meeting voluntary/established regulatory standards.</p> <ul style="list-style-type: none"> a. Quarterly financial b. ICRC timing & disposition c. QA compliance d. Member services (e.g. Practice Advisory) e. Registration f. Communications / outreach
<p>6.0 The Board has effective oversight of the work of the senior staff and effective reporting to measure performance.</p> <p>Situation analysis: page 21</p>	<p>6.1 CRPO needs to ensure a comprehensive set of workplace and human resource policies are in place and being adhered to.</p> <p>Situation analysis: page 21</p>	<p><i>Policies exist within the HR manual. They need to be reviewed and updated to reflect current best-practices and to align with ERM framework.</i></p> <p>Existing resources:</p> <p>CRPO HR Manual</p> <p>Policy - Health and Safety</p> <p>Policy- Workplace Harassment</p>	<p>1. Establish oversight committee responsibility and reporting frequency</p> <ul style="list-style-type: none"> -consider external review to validate <p>2. Establish oversight committee responsibility and reporting frequency</p> <ul style="list-style-type: none"> -consider external review to validate <p>3. Review and revise all HR policies as needed</p> <p>4. Review and revise all IT policies as needed</p>

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
		<p>Policy - Technology Use and Electronic Information</p> <p>Policy -Social Media Use</p>	
	<p>6.2 Nature of professional support for committees has evolved with staff assuming responsibility for committee packages after agenda has been approved by the Chair</p> <p>Situation analysis: page 21</p>		<p>See 2.2 for summary of proposed meeting material revisions/additions.</p> <p>1. Seek legal counsel input on revised materials for panel review and decision-making.</p>
	<p>6.3 Staff roles have begun to evolve to take on some regulatory roles – but only beginning (and Act does not give a lot of leeway)</p> <p>Situation analysis: page 21</p>		<p>See 2.2 for summary of proposed meeting material revisions/additions.</p> <p>1. Seek legal counsel input on revised materials for panel review and decision-making.</p>
<p>7.0 The Board sets strategic objectives for the organisation.</p>		<p><i>Plans have been set to have a formal planning day September 2019, with a plan to be approved by Council following that.</i></p>	<p>-strategic planning session September 2019</p> <p>Governance-related objectives:</p>

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
Situation analysis: page 23			1. Establish regulatory objectives -Understand what performance indicators we will be measured / measuring ourselves against -Develop collective understanding of workflow/ownership across the organisation - Identify governance must do's re strat priorities & use governance lens for all other priorities <ul style="list-style-type: none"> o Easy & early wins o Longer term 2. Direct staff to work at committee level to develop work plans 3. Develop and implement key indicator framework
8.0 A primary responsibility of a Board of Directors is to approve and monitor the strategic framework for an organization. Situation analysis: page 23			
9.0 The regulator's performance and outcomes for patients and the public are used by the Board when reviewing the strategic objectives of the organisation. Situation analysis: page 23			
10.0 The Board works cooperatively, with an appropriate understanding of its role as a governing body and members'		<i>Council conduct is dictated by code and monitored by Executive. Education is ad hoc and can take place at various points in member terms.</i>	1. Identify education required by Council members and timeline within which it must be completed. 2. Revise orientation and onboarding materials - plan to involve experienced council members in orientation 3. Revise committee level training materials

PRINCIPLE	OBSERVATION	CURRENT STATUS	PROPOSED WORK Council led / Staff work
<i>individual responsibilities</i> Situation analysis: page 24			

TRUSTED AUTHORITY

Build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care.

CLEAR COMMUNICATIONS

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

EFFECTIVE INFRASTRUCTURE

Strengthen operations and governance infrastructure.

SYSTEMS PARTNERSHIP

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

Briefing Note for Council

Meeting Date:	March 27, 2020
Agenda Item #	10
Issue:	Non-Council Member Recruitment
Attachment(s):	Competency Evaluation Framework
References:	Non-Council Member Appointments Policy CRPO by-laws
For:	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. Having a selection of well-oriented, skilled registrants means that there is less likelihood of conflict of interest and panel issues can be resolved in a timelier manner.

Non-council appointments are mindfully selected registrants who contribute to panel and committee discussions and decisions. Using the competency framework as part of the selection of appointees will support Council in ensuring an adequate mix of skills, knowledge and attributes as well as geographic and modality diversity.

Background:

In November 2019, the Executive Committee and Council directed staff to begin using the *Non-Council Member Appointments Policy* and the Competency Evaluation Framework to recruit and appoint non-Council members to committees. As regulatory colleges move toward making more competency-based appointments to build a robust council, staff has identified the need for more non-council committee appointments to properly compose panels, fill knowledge gaps and bring committee-specific areas of expertise to the decision-making table.

The CRPO management team is requesting:

- Examination: + 1 non-council appointment
- Registration: + 2 non-council appointments
- Inquiries, Complaints & Reports: + 4 non-council appointments
- Quality Assurance: + 1 non-council appointment

Next Steps:

The Executive Committee directed staff to use the *Non-Council Member Appointments Policy* and the Competency Evaluation Framework for the purposes of recruiting non-Council member appointments to be considered and presented to the Executive Committee at a subsequent meeting. The non-council recruitment process will begin with a callout to registrants in the Spring via the Communique, website and social media channels.

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>	
Finance <i>Financial competence supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.</i>	<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>
Risk Management <i>Risk management competence supports Council in identifying, evaluating and prioritising organisational and</i>	<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:	March 27, 2020
Agenda Item #	11
Issue:	Compliance Monitoring
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Staff

Purpose & Public Interest Rationale:

Centralized compliance monitoring ensures registrants are in compliance with and fulfill agreements, undertakings, orders and remediation programs required by the Registration, Quality Assurance, ICR, Discipline and Fitness to Practise Committees. This work mitigates the risk of non-compliance by being proactive in ensuring compliance, versus reacting once a breach has occurred.

Background:

The College monitors all registrants who have terms, conditions and limitations on their practice resulting from a decision of one of CRPO's committees. A staff position was recently added to provide support to those registrants who are required to satisfy these terms (e.g., complete various remediation activities, undertake clinical supervision, etc.). This support – from Monica Zeballos-Quiben, Coordinator, Registrant Services – allows staff to monitor the progress registrants are making on these requirements and to identify risks to their completion.

Examples of outcomes that are monitored include:

- Agreements or undertakings between an RP and the College
- RPs whose certificates of registration are subject to terms, conditions or limitations
- Completion of Specified Continuing Remediation and Education Programs (SCERP)
- Attendance at cautions
- Attendance at reprimands
- Fines and/or costs
- Suspensions
- RPs whose certificates of registration have been surrendered, suspended or revoked with incomplete conditions

Monitoring may include researching and interviewing clinical supervisors, gathering documentation, conducting calls with treating health care professionals, and/or the RPs themselves.

Next steps:

Compliance monitoring reports will be made available in the Registrar's report at each council meeting. More detailed reporting, relevant to the files being monitored will happen at the committee level.

Current Monitoring

Registration Committee	19 active files
RC panel ordered:	17
Return to active practice currency upgrading:	1
Renewal currency upgrading:	1
MONITORING COMPONENTS	
Clinical supervision/monitoring	15
Cease using the term "Dr"	1
Currency upgrading	1
Education	2
Inquiries, Complaints Reports Committee	18 active files
MONITORING COMPONENTS	
Clinical supervision/monitoring:	9
Ethics or education courses	8
Remedial agreements	2
In-Person Caution	0
Undertakings	4
Inquiries, Complaints Reports Committee – on hold	14 files
MONITORING COMPONENTS	
On Hold: currently under appeal at HPARB	5
Not Completed: result of resignation/revocation	6
On Hold: other reasons (e.g. on leave or Interim Order suspension)	3
Quality Assurance Committee	14 active files
MONITORING COMPONENTS	
Clinical supervision/monitoring	5
Ethics or education courses	0
Remedial Plan Reflective Paper	5
Meet with staff	1
Deferral of PD requirements	8
Review Standards	2
Submit revised advertising material	1
Submit Learning Record	4
Discipline Committee	2 active files
Education	1
Costs	1
Fine	1
Supervision	1
Discipline Committee – on hold	1 file
On Hold (Interim Order Suspension)	1

Registrar's Report to Council March 27, 2020

Respectfully submitted by Deborah Adams

Public Interest Rationale: The Registrar is responsible for reviewing CRPO's effectiveness in achieving its public interest mandate and the implementation of the Council's strategic plan and directional policies. This report provides Council with a summary update on work that was done in between meetings.

Pandemic and Emergency Preparedness

Staff have completed a comprehensive emergency preparedness plan that will direct the operational steps that will be taken in any emergency (e.g., pandemic, fire) to maintain critical functions while ensuring the safety of the Council and staff team and anyone else involved with CRPO work.

In light of the COVID-19 outbreak, practical preventive steps have recently been taken (e.g., reminding staff about ways in which to limit exposure, providing hand sanitizer, ensuring that staff who are unwell do not come in to work). Our policy has always been to decline unscheduled walk-ins; door signage has been updated to note that anyone wishing to meet with CRPO staff should self-screen before coming in. The no walk-in policy will be strictly enforced if public health or other government officials advise that it is necessary.

At time of writing, the [Public Health Agency of Canada](#) has stated that they have assessed the public health risk associated with COVID-19 as low for the general population, but they note that this could change rapidly. Staff is monitoring the situation through daily updates received from government and – if advised by public health or other government officials to limit contact - we will be making a recommendation that meetings be moved to an online-only format. This will allow us to continue to carry out core regulatory functions (in particular, panels) while limiting the need for Council and committee members to travel. Council and stakeholders will be kept up to date through direct emails, web postings and mass messaging.

In the unlikely event that there are restrictions placed on movement in the City of Toronto, we may need to move entirely to remote operations. To that end, we will be conducting a test during which essentially all staff will log in simultaneously from home. This will allow us to evaluate access to the CRPO network and to our communications technology. I'm confident that we will have no issue as we already have robust work-from-home policies in place and all key staff are set up with secure access to our VPN.

Additionally, we have provided [Advice to RPs Regarding Coronavirus](#), which includes links to the relevant and trusted sources of information on the outbreak and appropriate measures for professionals to be taking. This will be updated as needed.

Elections and Appointments

There are three district elections that will take place in June 2020: districts 2 (north), 3 (east) and 4 (central east).

The timeline for these elections is as follows:

March 20, 2020	<ul style="list-style-type: none">• Notice of elections
April 20, 2020	<ul style="list-style-type: none">• Nomination deadline at noon
April 24, 2020	<ul style="list-style-type: none">• Nominations verified by Nominations & Elections Committee and confirmed with candidates
May 20, 2020	<ul style="list-style-type: none">• Candidate platforms and voter information to registrants• Online ballots open for voting
June 19, 2020	<ul style="list-style-type: none">• Last day of election• Online ballots close at noon

On April 7, Andrew Benedetto and Kali Hewitt-Blackie will be hosting a webinar for interested registrants to learn about running for and serving on Council.

UPDATES

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.

	December	January	February
Applications started	116	161	86
Total applications submitted	108	107	98
Applications from recognized programs submitted	62	72	59
Applications from non-recognized programs submitted	46	35	39

As of writing, total registrants numbered 7,359

- RP 6,174
- Qualifying 1,047
- Inactive 138

The 2020 renewal opened on February 1. Staff prepared and posted a video tutorial [Registration Renewal 2020](#) to assist registrants in completing the process. An update on renewal status will be provided at the meeting.

Quality Assurance

Public protection rationale: The College is required to monitor Members' participation in- and compliance with the Quality Assurance Program. A random selection process helps meet the College's legislative obligations and provides a mechanism to monitor Member engagement and identify those who require further monitoring and/or assessment.

Following the November 30, 2019 deadline for 2015 and 2017 registrants to complete their [professional development requirements](#) of a self-assessment, a learning plan with at least one goal and a learning record documenting a minimum of 40 hours of learning activities per full year of registration, a random sample of 139 submissions were selected and 135 were subject to an in-depth review to ensure compliance.

A total of 135 PD tools were reviewed. Registrants were notified of selection for review of PD tools in January 2020 and given another 30 days to complete their PD tools if incomplete.

Most common issues

1. PD tools completed but not submitted to CRPO
2. Registrants not meeting the November 30 deadline
3. Issues with accuracy and completeness that resulted from documenting learning activities at the deadline, versus completing the Learning Record on an ongoing basis
4. PD tools completed as administrative forms without any meaningful self-reflection
5. Learning Plans that lacked the reflection exercise required following completion of each goal
6. Learning Activities that did not include all the relevant information related to an activity (e.g., author of a publication, location of a conference, start and end dates, categorization of activity as didactic or experiential. Incomplete and vague entries do not provide Staff with enough information to adequately determine that what is submitted is credible, relevant to the profession or verifiable.
7. Using paid work as professional development activities.

These themes were published in the March Communique to encourage registrants to consider if their own participation in the Quality Assurance Program would have been adequate.

Inquiries, Reports and Complaints Committee

	2018/2019		2019/2020 ¹	
Formal Complaints				
Total Received	57		59	
In Progress	10	17.5%	48	81%
Decision Issued	47	82.5%	11	19%
Currently Under Appeal²	11 ³		2	
Registrar's Reports⁴				
Total Received	12		14	

¹ Based on information available as of March 11, 2020.

² Since the College was proclaimed ICRC has received 7 appeal decisions from HPARB; 6 of ICRC's decisions were confirmed and 1 was referred back to panel for further investigation.

³ This includes 3 complaints from the 2017/2018 fiscal year.

⁴ There are reasonable and probable grounds to appoint an investigator.

In Progress	6	14		
Decision Issued	6	0		
Reports⁵				
Total Received	14	27		
In Progress	2	17		
Dormant⁶	3	3		
Closed	9	7		
Outcomes⁷				
Take No Action	23	43%	9	81%
Written Advice	16	30%	2	15%
Remedial Agreement	2	4%	1	9%
Specified Continuing Education and Remediation Plan	13	24%	2	18%
In-Person Caution	4	7%	0	0%
Undertaking	1	2%	0	0%
Referral to Discipline	7	13%	1	9%
Complaint Withdrawn⁸	2	4%	4	36%
Interim Orders				
Restrictions on Practice	0		0	
Suspensions	2		1	

Social Media

Please see the attached Website Analytics report.

Professional Development

For staff

Staff have been taking advantage of webinars made available through various organizations. Two recent offerings have included *Developing Professional Competencies* from the Council on Licensure, Enforcement and Regulation ([CLEAR](#)), and *Accommodation Issues in Professional Regulation* from legal counsel [Steinecke Maciura Leblanc](#).

Where available, we are archiving the recorded version of these webinars, which Council members are welcome to access.

Staff also attended the following in-person trainings:

Human Resources Professionals Association (HRPA) Conference Jan 20-24'20

London Cross Cultural Learner Centre (LCCLC)

- Cross Cultural Training Jan 31'20
- Train-the-Trainer Feb 1-2'20

⁵ There are currently no reasonable and probable grounds to seek a formal appointment of investigator.

⁶ File remains open however the College does not have enough information to take action at this time.

⁷ Based on number/percentage of decisions from each year which included each outcome; 53 decisions in fiscal 18/19 and 11 decisions so far in fiscal 19/20.

⁸ The Registrar must approve the complainant's request to withdraw the complaint; this is reserved for complaints which pose a low level of risk of harm to the public.

Stakeholder Engagement

Staff presented a webinar to the [Canadian Life and Health Insurance Association's](#) members to provide answers to questions frequently posed by insurers as well as to support appropriate access to needed mental health services by people in Ontario.

Staff are participating in meetings with the Financial Services Regulatory Authority (FSRA – which replaced FSCO - the Financial Services Commission of Ontario) and other representatives of colleges whose members are involved in assessments of individuals who have been involved in motor vehicle accidents. The purpose of the meetings is to foster an understanding of regulatory roles and professional scopes of practice

Regulatory Developments

Applied Behaviour Analysis

In August 2019, the Ontario government announced that it was planning to regulate behavioural clinicians who provide Applied Behaviour Analysis (ABA). The current proposal is to regulate ABA providers under the authority of the College of Psychologists of Ontario.

Staff attended a briefing by the Ministry of Children, Community and Social Services and the Ministry of Health on February 6. This session was intended to allow government to “gather information on behavioural clinicians in Ontario, and their practice and to understand stakeholder perspectives on the oversight framework for behavioural clinicians who provide ABA.” After this, I attended a meeting with colleagues from several other colleges whose registrants use ABA techniques within their practice and who may be impacted by the regulation of ABA providers. This group made a joint submission to government about areas of concern and made a commitment to continue to cooperate in order to ensure that any regulatory approaches that are adopted are in the best interest of the public.

Federation of Health Regulatory Colleges of Ontario (FHRCO)

The Federation has changed its name to the Health Profession Regulators of Ontario (HPRO) HPRO will continue to work on shared initiatives to improve regulatory practices and to support member colleges.

Ministry of Health (MOH)

The College of Occupational Therapists of Ontario's regulation [O. Reg 474/19: CONTROLLED ACTS](#) related to Occupational Therapists performing the controlled act of psychotherapy came into force in January 2020.

The Ministry of Health also approved an initiation regulation for the controlled act of psychotherapy for registrants of the College of Nurses of Ontario. This means that nurses who have the knowledge, skill and judgement were able to continue to independently perform the controlled act without an order in community settings beginning January 1.

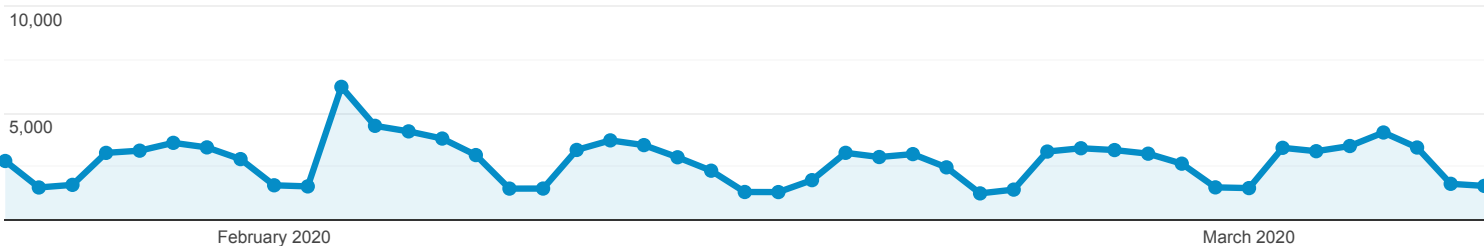
Pages

All Users
100.00% Pageviews

Jan 24, 2020 - Mar 8, 2020

Explorer

Pageviews



Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	124,298 % of Total: 100.00% (124,298)	110,303 % of Total: 100.00% (110,303)	00:02:02 Avg for View: 00:02:02 (0.00%)	82,554 % of Total: 100.00% (82,554)	82.62% Avg for View: 82.62% (0.00%)	66.42% Avg for View: 66.42% (0.00%)	\$0.00 % of Total: 0.00% (\$0.00)
1. /	36,667 (29.50%)	34,001 (30.83%)	00:01:59	33,364 (40.41%)	81.97%	78.32%	\$0.00 (0.00%)
2. /find-a-registered-psychotherapist/	9,489 (7.63%)	9,041 (8.20%)	00:04:38	6,657 (8.06%)	93.29%	88.34%	\$0.00 (0.00%)
3. /applying-to-crpo/	8,284 (6.66%)	6,735 (6.11%)	00:01:55	5,060 (6.13%)	74.43%	55.92%	\$0.00 (0.00%)
4. /education-programs/	7,004 (5.63%)	6,220 (5.64%)	00:02:51	4,679 (5.67%)	89.12%	75.57%	\$0.00 (0.00%)
5. /supervision/	3,076 (2.47%)	2,660 (2.41%)	00:02:46	1,805 (2.19%)	85.32%	64.89%	\$0.00 (0.00%)
6. /self-assessment-tool/	2,507 (2.02%)	1,717 (1.56%)	00:01:24	582 (0.70%)	45.19%	26.61%	\$0.00 (0.00%)
7. /new-members-registered-psychotherapist-qualifying/	2,339 (1.88%)	2,057 (1.86%)	00:02:26	1,305 (1.58%)	89.97%	63.79%	\$0.00 (0.00%)
8. /9-steps-to-crpo-registration/	2,152 (1.73%)	1,785 (1.62%)	00:00:56	875 (1.06%)	64.20%	39.41%	\$0.00 (0.00%)
9. /?s=login	2,134 (1.72%)	2,123 (1.92%)	00:03:01	2,121 (2.57%)	99.34%	99.16%	\$0.00 (0.00%)
10. /what-is-psychotherapy/	1,989 (1.60%)	1,915 (1.74%)	00:02:35	1,647 (2.00%)	95.22%	86.07%	\$0.00 (0.00%)
11. /registration-exam/	1,909 (1.54%)	1,494 (1.35%)	00:02:49	1,037 (1.26%)	82.93%	61.55%	\$0.00 (0.00%)
12. /contact-us/	1,903 (1.53%)	1,747 (1.58%)	00:03:58	1,061 (1.29%)	86.63%	74.62%	\$0.00 (0.00%)
13. /quality-assurance-program/	1,809 (1.46%)	1,697 (1.54%)	00:02:28	1,400 (1.70%)	90.39%	79.66%	\$0.00 (0.00%)
14. /definitions/	1,662 (1.34%)	1,550 (1.41%)	00:03:17	1,019 (1.23%)	89.55%	72.08%	\$0.00 (0.00%)
15. /renewal/	1,543 (1.24%)	1,361 (1.23%)	00:03:15	989 (1.20%)	86.32%	69.80%	\$0.00 (0.00%)
16. /all-resources/	1,524 (1.23%)	1,002 (0.91%)	00:02:37	476 (0.58%)	68.49%	45.08%	\$0.00 (0.00%)
17. /crpo-fees/	1,348 (1.08%)	1,301 (1.18%)	00:02:08	872 (1.06%)	92.69%	72.85%	\$0.00 (0.00%)
18. /who-can-supervise-who/	1,159 (0.93%)	1,022 (0.93%)	00:02:08	613 (0.74%)	75.61%	51.94%	\$0.00 (0.00%)
19. /professional-liability-insurance/	1,133 (0.91%)	1,084 (0.98%)	00:03:49	843 (1.02%)	93.48%	81.47%	\$0.00 (0.00%)
20. /activities-outside-the-controlled-act/	1,054 (0.85%)	899 (0.82%)	00:01:45	129 (0.16%)	84.50%	30.83%	\$0.00 (0.00%)
21. /clinical-supervision-faq/	1,045	956	00:02:18	583	84.27%	58.66%	\$0.00

84/102

		(0.84%)	(0.87%)		(0.71%)			(0.00%)
22. /crpo-mapping-tool-for-individual-applicants/	971 (0.78%)	785 (0.71%)	00:02:37	335 (0.41%)	72.02%	47.48%	\$0.00 (0.00%)	
23. /controlled-act-of-psychotherapy/	899 (0.72%)	691 (0.63%)	00:01:51	359 (0.43%)	55.43%	37.37%	\$0.00 (0.00%)	
24. /discipline/	890 (0.72%)	623 (0.56%)	00:02:46	310 (0.38%)	74.60%	52.92%	\$0.00 (0.00%)	
25. /practice-matters/	880 (0.71%)	797 (0.72%)	00:03:45	550 (0.67%)	90.93%	68.18%	\$0.00 (0.00%)	

Rows 1 - 25 of 2327

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COUNCIL MINUTES

Friday, January 24, 2020
9:30 a.m. to 12:00 p.m.
375 University Avenue, Suite 803

Council Members:

Andrew Benedetto, RP
Steven Boychyn
Shelley Briscoe-Dimock, RP (President)
Gary Cockman (via Zoom)
Kali Hewitt-Blackie, RP

David Keast
Kenneth Lomp, RP (Vice-President)
Michael Machan, RP
Miranda Monastero, RP
Judy Mord, RP (via Zoom)
Keri Selkirk (via Zoom)
Jane Snyder
Radhika Sundar, RP

Regrets:

Heidi Ahonen, RP

Staff Members:

Deborah Adams, Registrar
Jo Anne Falkenburger, Director of Operations & HR
Amy Fournier, Executive Coordinator (Recorder)
Sabina Hikel, Manager, Policy & Strategy
Mark Pioro, Director, Professional Conduct & Deputy Registrar

1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 9:30 a.m. and welcomed all present. The Chair noted that several observers were signed in to view the Zoom live stream of the Council meeting. This marks the first time CRPO has made a video live stream available. Staff will evaluate this process and report back in order to allow Council to determine whether the option making use of the live stream option in the future.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-24JAN2020 – M01

That the agenda of the January 24, 2020 meeting of Council be approved as presented.

Moved: S. Boychyn
Seconded: J. Snyder
CARRIED

3. Conflict of Interest

None declared.

4. Update: Governance Reform

S. Briscoe-Dimock introduced the topic and reminded Council members that the Executive Committee was tasked with leading the Governance Reform Initiative (GRI) at the November Council meeting. This included drafting regulatory objectives, which stem from the strategic objectives and will be used to guide the work of Council.

The chair explained that the regulatory objectives provide a practical lens to filter Council's decision-making by considering the College's mandate and strategic goals. D. Adams noted that staff will use the regulatory objectives to frame work plans and any items being brought forward to Council or committee for consideration.

Council was asked to consider whether the drafted regulatory objectives aligned with the discussion of this topic at the strategic planning session. The Chair opened discussion and sought consensus to adopt the regulatory objectives.

Council agreed that the draft regulatory objectives captures the College's mandate. The objectives will be adopted immediately.

5. **Posting Registration History on the Public Register**

S. Briscoe-Dimock introduced the topic, reminding Council that this item has been in front of Council on several occasions over the past twelve months. She noted that thorough deliberations and consideration of feedback to date resulted in the original proposal being revised to allow registrant's to request the removal of administrative suspension notations after 12-months under appropriate circumstances. Council was informed that, in making the recommendation that they approve the revised by-laws, the Executive Committee had considered these previous deliberations, the feedback received on the most recent consultation as well as a review of the extensive communication and support efforts that are made to assist registrants in avoiding suspension.

M. Piro, Deputy Registrar & General Counsel, provided Council with further summaries of discussions that have taken place at previous Council meetings on this topic. He also noted that there is a new process in place for membership renewal this year along with resources to assist registrants to avoid late renewals and administrative suspensions. Council agreed to implement the proposed by-law amendment effective immediately, meaning anyone whose suspension is lifted starting today would have the suspension remain on the public register for at least 12 months.

MOTION C-24JAN2020 – M02

That Council approve the 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. Boychyn

Seconded: M. Machan

CARRIED

6. **Work Plan Development**

S. Briscoe-Dimock informed Council that work plans are currently being drafted by staff and will be reviewed by the Executive Committee at their February 11 meeting. The work plans will then be presented to Council at the March 27, 2020 for implementation.

D. Adams, Registrar, noted that the Ministry of Health's College Performance Management Framework, the strategic plan and the governance review initiative would be key components of the work plan. Once implemented, the work plans would be tied to committee reports to council thus making the reporting process more goal driven.

7. **CRPO Outreach**

D. Adams provided Council with an update regarding CRPO outreach plans for 2020 including town halls in the fall that would include Peer Circles and the opportunity for public engagement through a series of focus groups. CRPO plans to visit more cities in Ontario to engage with registrants and the public.

D. Adams noted the need for registrant facing resources specific to regulatory obligations. This need would be addressed by offering Peer Circles in some of the town hall locations. CRPO will engage with Council around town hall content and will engage with professional associations and other stakeholders throughout the development process.

8. **Council & Committee Appointments**

S. Briscoe-Dimock informed Council that, to facilitate orientation and training, the Executive Committee appointed K. Hewitt-Blackie and J. Mord to specific committees at their January 7 meeting. S. Briscoe-Dimock asked that the decision be ratified by council. In addition, Council was informed to expect a call for non-council member appointments to be made to registrants in the coming months. More information will be provided at the March Council meeting.

MOTION C-24JAN2020 – M03

That Council ratify the Executive Committee's decision to appoint:

- K. Hewitt-Blackie to the Examination Committee, Inquiries, Complaints & Reports Committee and Quality Assurance Committee
- J. Mord to the Client Relations Committee, Inquiries, Complaints and Reports Committee and Nominations and Elections Committee

Moved: S. Boychyn
 Seconded: M. Machan
 CARRIED

9. Election of Officers

S. Briscoe-Dimock informed Council S. Boychyn put his name forward for consideration for election to the Executive Committee in light of a public member at large vacancy as of December 2019. Since the submitted nomination fulfills the requirement to fill the vacancy of one (1) public member, S. Boychyn will be acclaimed as Executive Committee member at large.

MOTION C-24JAN2020 – M04

That Council accepts the acclamation of Steven Boychyn as Member (Public) of the Executive Committee.

Moved: M. Machan
 Seconded: K. Hewitt-Blackie
 CARRIED

10. Registrar's Report

D. Adams presented highlights from her report. She informed Council that staff recently received notice from the Public Appointments Secretariat (PAS) that J. Snyder has been reappointed for a three-year term (March 28, 2020 to March 27, 2023) and noted appreciation that J Snyder would remain on Council. D. Adams has inquired with the PAS about the possibility of a sixth public appointee; PAS staff have indicated they will take this request to the Minister's office. D. Adams noted that several colleges she is aware of are being kept at their minimum of five public members.

Council was updated regarding CRPO messaging to registrants on the coronavirus. A general reminder will be sent regarding infection control and practical approaches to protecting the health of clients and registrations. If needed going forward, CRPO will provide more specific guidance to registrants.

D. Adams informed Council that S. Fraser and M. Piore will be presenting to the Canadian Life and Health Insurance Association on February 4. They will be addressing questions around scope of practice, billing practices, clinical supervision and any other issues the participants may raise regarding regulation of the profession.

11. Council Question Period

No questions were raised.

12. Consent Agenda

12a. Draft Minutes

12b. Committee Reports

MOTION C-24JAN2020 – M05

That Council approve the consent agenda of January 24, 2020 as presented.

Moved: M. Monastero

Seconded: S. Boychyn

CARRIED

13 IN CAMERA: 2020-2021 Expense Budget

MOTION C-24JAN2020 – M06

That the public be excluded from the meeting pursuant to clause 7.2 (b) of the *Health Professions Procedural Code* of the *Regulated Health Professions Act*, in that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public at 10:45 a.m.

Moved: J. Snyder

Seconded: M. Monastero

CARRIED

MOTION C-24JAN2020 – M07

That the meeting resumes open session at 12:07 p.m.

Moved: S. Boychyn

Seconded: R. Sundar

CARRIED

Adjournment

MOTION

That the meeting be adjourned at 12:08 p.m.

Moved:

Seconded:

CARRIED

Client Relations Committee Report to Council

March 27, 2020

Committee Members

- Shelley Briscoe-Dimock, RP
- Steven Boychyn
- Sue Lymburner, RP, Chair, (Non-Council Committee Member)
- Judy Mord, RP
- Keri Selkirk
- Jane Snyder
- Radhika Sundar, RP

Committee meetings:

- n/a

Panel meetings:

- n/a

Since the last Council meeting, no Client Relations Committee meetings have taken place. Staff are continuing their work on the Sexual Abuse Council and Committee Training Program, as per a project plan presented 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
Chair, Client Relations Committee

Discipline Committee Report to Council

March 27, 2020

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Steven Boychyn
- Shelley Briscoe-Dimock, RP
- Gary Cockman, Chair
- Kathleen (Kali) Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Judy Mord, RP
- Jane Snyder
- Keri Selkirk
- Radhika Sundar, RP

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Referrals

Since the last Council meeting, we have received no new referrals to Discipline.

Hearings

Since the last Council meeting, no hearings have occurred. One hearing is scheduled for March 31, 2020 (CRPO v. MOIR) as well as one pre-hearing conference (CRPO v. Parker) scheduled for March 26, 2020. Five additional hearings are awaiting scheduling.

Motions

No Motions have been submitted to the Discipline Committee.

Training

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

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

March 27, 2020

Committee Members

- Heidi Ahonen, RP (Chair)
- Andrew Benedetto, RP
- Steven Boychyn
- Gary Cockman
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk

Committee meetings:

- n/a

Panel meetings:

- February 27, 2020

Panel Meeting

There was one three-hour videoconference meeting on February 27. Below are the outcomes of that meeting:

Total Files reviewed	26
Appeals Granted	8
Appeals Denied	3
M-PPR directed for second failure candidates	7
First Exam Attempt Extension Request Granted	8

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,

Heidi Ahonen, RP
Chair, Examination Committee

Executive Committee Report to Council

March 27, 2020

Committee Members

- Andrew Benedetto, RP
- Steven Boychyn
- Shelley Briscoe-Dimock, RP (Chair)
- Gary Cockman
- Kenneth Lomp, RP

Committee meetings:

- February 11, 2020
- February 24, 2020 (in camera)
- March 3, 2020
- March 5, 2020 (in camera)

The Executive Committee considered the following matters at the February 11 and March 3, 2020 meetings:

Governance Reform Initiative

a. Executive Committee Terms of Reference

The Executive Committee reviewed the revised committee terms of reference. The terms of reference were revised based on Darrel Pink's recommendation in his report, *Situational Analysis on the State of Governance*. See agenda item 8a.

Public protection rationale: 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.

b. Nominations & Elections Committee Terms of Reference

The Executive Committee discussed the role of the Nominations & Elections Committee. They agreed that the Nominations & Elections Committee should assume the responsibility for non-council member recruitment and screening, ultimately making recommendations to the Executive Committee and Council for competency-based appointments. This expanded role would be possible once the competence matrices are established and all committee members are appropriately trained. First steps toward this change include revising the committee's terms of reference. See agenda item 8a.

Public protection rationale: 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.

c. Operational Risk Management Review

The Executive Committee noted that Darrel Pink's report on CRPO's current governance situation paid particular attention to the need to adopt a comprehensive internal risk management framework; the early steps in this work include codifying current operational practices into more formal policies. The Executive Committee reviewed the draft Executive Limitations Policy.

A risk management framework is being implemented at staff level with all policies and procedures being documented to help distinguish oversight work from operational work and further define how information flows within the organization. These internal policy documents will be brought forward to Council for information at a future meeting. See agenda item 9 for a presentation on the topic.

d. Work Plans

The 2020-2021 CRPO Work Plan is being presented to Council for approval. See agenda item 8b.

e. Committee Panel Competencies & Discipline/FTP Hearing Competencies

The Executive Committee was presented with a first draft of committee panel competencies and specific discipline/FTP hearing competencies. These items will be discussed in more detail in the Registrar's Report. See agenda item 16.

Council & Committee Evaluation Project

See agenda item 6.

Non-Council Member Recruitment

See agenda item 14.

Registrar's Performance Evaluation

The Executive Committee completed the annual Registrar's Performance Evaluation. The February 24 and March 5 in camera meetings were held to discuss the evaluation process.

Public interest rationale: an annual review by the Executive Committee ensures that the Registrar is accountable to Council for the performance and implementation of the CRPO's regulatory programs and activities.

Q3 Financial Statements

J. Falkenburger, Director of Operations & Human Resources, presented the Q3 financial statements to the Executive Committee for information. Executive was satisfied with the report and the financial stability represented.

ACTION TAKEN IN-BETWEEN COUNCIL MEETINGS

Non-Council Member Appointment

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. Council is being asked to ratify this decision. See agenda item 7.

- Muriel McMahon, non-council committee member, was reappointed to serve on the Registration Committee as a non-council member. This marks M. McMahon's second term serving as a non-council member on Registration panels.

Formal Motions to Council

Noted in briefing notes.

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

March 27, 2020

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Steven Boychyn
- Shelley Briscoe-Dimock, RP, President
- Gary Cockman (Chair)
- Kathleen (Kali) Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Judy Mord, RP
- Jane Snyder
- Keri Selkirk
- 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,

Gary Cockman
Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council

March 27, 2020

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

Plenary meetings:

- N/A

Panel meetings:

- February 5, 2020
- February 20, 2020
- February 21, 2020
- February 26, 2020

General Summary

Current fiscal (to date) April 1, 2019-Present		
	Received¹	Decisions Released²
Formal Complaints	58	50
Registrar's Investigations	4	5
Incapacity Investigations	3	1
Discipline Referrals	7	1

The Inquiries, Complaints and Reports Committee (ICRC) recently welcomed Judy Mord, the committee's newest professional member. J. Mord completed committee-specific orientation on January 31, 2020. The committee continues to hold full day panel meetings on a monthly basis in addition to short, ad-hoc panels to address urgent matters.

Committee and staff have been working to enhance case review and preparation processes. This has included piloting a new method for reviewing panel packages and supplementary resources such as a preparation worksheet. The Committee's next plenary meeting is scheduled for May when it will conduct a check-in to evaluate effectiveness of the new implementations.

Respectfully submitted,
Shelley Briscoe-Dimock
Chair, Inquiries, Complaints & Reports Committee

¹ Does not include files opened in previous fiscal years.

² Includes files opened in previous fiscal years.

Quality Assurance Committee Report to Council

March 27, 2020

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Kayleen Edwards, RP (Non-Council Committee Member)
- Kali Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP (Chair)
- Miranda Monastero, RP
- Jane Snyder

Committee meetings:

- February 25, 2020

Panel meetings:

- February 25, 2020 (in person following Plenary)
- January 30, 2020 (teleconference)

The Quality Assurance Committee considered the following matters at the February 25 meeting:

Professional Development (PD) Tools

The Committee reviewed aggregate information from the November 30, 2019 submissions of Professional Development records and the 2019 Peer and Practice Reviews. Issues identified through reviewing the PD submission will be used to provide feedback to all Registrants about common errors in completing the PD tools and how to avoid them for their next submission.

A review of the 135 Registrants' PD tools indicate that more than 50% of registrants are submitting PD tools according to the requirements, more than 40% of registrants are submitting PD tools that are satisfactory (one or two issues), 5% of registrant's PD tools are deemed deficient needing a referral to a Panel for non-compliance and about 5% of registrants are requesting a deferral to complete their PD requirements at a later date.

Peer and Practice Review (PPR) Tools

A total of 47 Peer and Practice Reviews (PPRs) were conducted in 2019 due to random selection. Eight registrants were required complete Step 2 and for the rest the process concluded after Step 1. Results from Step 1 and Step 2 where registrants are not meeting standards include the following:

- Record keeping and documentation related:
 - Receiving supervision
 - Client care
 - Invoices
- Use of title, representing self and testimonials
- PHIPA and confidentiality
 - Client's right to access records

- Maintaining confidentiality while discussing clients with supervisor
- Safe and Effective use of Self
 - Boundaries
 - Managing impasse
 - Sensitivities to power imbalance
- Safety planning for clients at risk

The QA Committee, in reviewing this information through a risk lens, felt assured that the PPR tools are highlighting important issues in registrant’s practice that could be addressed through Specified Continuing Education or Remediation Programs ordered by QA.

The Committee also reviewed the use of the PPR in other College Processes namely registration and ICRC. It is expected that this will continue.

Decision Outcome Checklist

The QA Committee discussed using a Decision Outcome Checklist to ensure consistent administration of QA Panel decisions. Panels of the QA Committee issues notices of intent (NOI) and decisions regarding Peer and Practice Reviews (PPR) results routinely. While the content of decisions are well articulated and clear, various aspects regarding the implementation and logistics for the registrant to comply with the decisions are sometimes less clear. Such a checklist will be developed and ratified by the QA Committee at the next plenary.

Panel Decisions

The table below summarizes the cases that have been reviewed by panel for the 2019-2020 fiscal year including the two most recent panels.

Case Type	Number Reviewed
Deferral requests	8
Incomplete Professional Development (PD) Requirements	16
Peer and Practice Review (PPR) Step 1 Cases	1
Peer and Practice Review (PPR) Step 2 New Cases	2
Peer and Practice Review (PPR) Step 2 Returning Cases	11
Peer and Practice Review (PPR) Step 2 Cases Closed	6

The Committee Recommends:

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

Respectfully submitted,

Kenneth Lomp RP
 Chair, Quality Assurance Committee

Registration Committee Report to Council

March 27, 2020

Committee Members
<ul style="list-style-type: none"> • Andrew Benedetto, RP (Chair) • Heidi Ahonen, RP • Gary Cockman • Carol Cowan-Levine, RP (Non-Council Committee Member; D&R Term Appointment) • David Keast • Malcolm MacFarlane, RP (Non-Council Committee Member; D&R Term Appointment) • Michael Machan, RP • Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment) • Radhika Sundar, RP

Committee meetings:

- February 7, 2020

Panel meetings:

- January 31, 2020
- March 13, 2020

At the February 7, 2020 plenary meeting, Registration Committee considered the following matter:

University of Toronto/OISE Program Recognition Renewal

The Committee approved the renewal of the University of Toronto/OISE Master of Education in Counselling Psychology – Counselling and Psychotherapy program’s recognition for another five years.

Panel Meetings

The January 31 and March 13 meetings were each a half-day and took place via videoconference. Below are the statistics for the January 31 meeting. Results from the March 13 meeting will be included in the next report to Council.

Total applications reviewed	10
Approved	3
Refused	4
Terms, Conditions & Limitations	2
Request Additional Information	1

Health Professions Appeal and Review Board Update

Since the January 24, 2020 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned two decisions. One decision was returned to the Registration Committee for reconsideration. The reconsideration is currently in-progress. The other decision was confirmed.

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

- [A.M. v College of Registered Psychotherapists And Registered Mental Health Therapists of Ontario](#)
- [D. E. S. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)

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, RP
Chair, Registration Committee