

## COUNCIL AGENDA

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**Date:** Thursday, August 20, 2020  
**Time:** 1:00 p.m. to 3:30 p.m.  
**Location:** [Zoom video conference](#)  
 Meeting ID: 818 6552 9665  
 Password: 364260  
**Chair:** Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
<b>WELCOME &amp; INTRODUCTIONS</b>						
1.	1:00	Welcome and Opening Remarks			Information	S. Briscoe-Dimock
2.	1:05	Approval of Agenda	1. Draft Agenda	1-3	Decision	S. Briscoe-Dimock
3.	1:07	Conflict of interest declarations			Information	S. Briscoe-Dimock
<b>DISCUSSION &amp; DECISIONS</b>						
4.	1:10	<b>CRPO Committee-level Work Plan</b>	1. Briefing Note  2. DRAFT CRPO committee-level Work Plan	4-21	Information, discussion	S. Briscoe-Dimock / D. Adams
5.	1:25	<b>Committee Competencies &amp; Composition Framework Documents</b>  <i>Council is being asked to approve the full set of competency documents.</i>	1. Briefing Note 2. Committee Competency Matrix 3. Committee Composition Matrix 4. Council Competency Matrix 5. Discipline & FTP Hearing Panel Competency Matrix	22-41	Decision	S. Briscoe-Dimock / D. Adams
6.	1:40	<b>COVID-19 Update</b>  <i>An update will be provided regarding the Return to In-person Practice Guidance work and the outcomes of the feedback survey sent to registrants in addition to other</i>	1. In-person practice guidance – registrant survey results	43-51	Discussion	S. Briscoe-Dimock / D. Adams

		<i>updates related to the COVID-19 pandemic.</i>				
7.	1:50	<b>Committee appointments</b>  <i>Council is being asked to ratify committee appointment recommendations.</i>	1. Briefing Note	52-53	Decision	S. Briscoe-Dimock / D. Adams
<b>INFORMATION</b>						
8.	1:55	<b>Non-Council Member Recruitment</b>  <i>Council will receive an update on the applications received and next steps in the interview and appointment process.</i>			Information	S. Briscoe-Dimock / D. Adams
9.	2:05	<b>2019-2020 Audited Financial Statements</b>  <i>The audited financial statements have been reviewed by the Executive Committee and are being presented to Council for information. The statements will be included in the 2019-2020 Annual Report, which is scheduled to be submitted to the Minister of Health in September.</i>	1. Briefing Note  2. Audited Financial Statements	54-59	Information	S. Briscoe-Dimock / J. Falkenburger
<b>BREAK 2:20 – 2:35</b>						
10.	2:35	<b>Council position on systemic racism</b>  <i>Council will receive an update on the work that the CRPO has done regarding systemic racism. An update regarding the Disclosure of Harm policy will also be provided.</i>	1. Briefing Note  2. Disclosure of Harm policy	60-70	Information, discussion	S. Briscoe-Dimock / D. Adams
11.	2:50	<b>Registrar's Report</b>	1. Registrar's Report to Council  2. Web analytics	71-88	Information, discussion	D. Adams
12.	3:05	<b>Regulatory problem identification</b>	1. Regulatory Problem Nomination Form		Information, education	M. Piore

		<i>Council is being updated on this work in advance of stakeholder engagement.</i>				
13.	3:20	<p><b>Consent Agenda</b></p> <p><i>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.</i></p>	<p><b>Minutes:</b></p> <p>1. Draft Council Minutes March 27, 2020</p> <p><b>Committee Reports:</b></p> <p>1. Discipline 2. Examination 3. Executive 4. Fitness to Practise 5. Inquiries, Complaints &amp; Reports 6. Nominations &amp; Elections 7. Quality Assurance 8. Registration</p>	91-114	Motion	S. Briscoe-Dimock
14.	3:25	<p><b>Council Question Period</b></p> <p><i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i></p>			Information	S. Briscoe-Dimock
	<b>3:30</b>	<b>ADJOURNMENT</b>			<b>MOTION</b>	
		<p>Next Meetings:</p> <ul style="list-style-type: none"> <li>• October 1, 2020</li> <li>• November 20, 2020</li> </ul>				

## Briefing Note for Council

<b>Meeting Date:</b>	August 20, 2020
<b>Agenda Item #</b>	4
<b>Issue:</b>	CRPO Committee-level Work Plan
<b>Attachment(s):</b>	DRAFT CRPO Committee-level work plan
<b>References:</b>	Final CRPO Council work plan
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

Clear workplans guide the efforts of staff, committees and Council and provide the basis for accountability of CRPO to the public and other stakeholders. They can be used to revise or redirect efforts as well as to mark progress over the course of both fiscal years and the longer strategic planning cycle.

### Background:

Council approved the Council-wide work plan at their March 27, 2020 meeting (attached for reference). The attached committee-level work plans take the priority tasks approved by Council at their March 2020 meeting and presents them as a work plan with broad timelines, staff leads and dependencies identified. The Executive Committee approved the format of the work plans at their June 23, 2020 meeting. The committee work plans will be taken to committees in August and September to inform and engage members in order for the plans to be approved and used as the basis for progress reporting as the plans are finalized.

### Next steps:

Council is receiving the committee-level work plans for information. Committees will meet in August and September to review the plans before finalizing them.

## CRPO Strategic Priority Domains

**Domain 1 Trusted Authority:** build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care

**Domain 2 Clear Communications:** further develop communications to support clear, transparent and dynamic interaction with stakeholders

**Domain 3 Effective Infrastructure:** strengthen operational and governance infrastructure

**Domain 4 Strong System Partnerships:** collaborate with system partners to contribute to better access to mental health services

### Quality Assurance Committee

**Committee Mandate:** To support excellence in practice.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff Lead(s)
1,2	20/21	ongoing submissions in Q 2 and 4	Submit bi-annual report of QA themes and compliance to Council	report format to be adopted		Sue
3	20/21	Q 3/4	Approve tools revision for QA platform in new RMS	RMS implementation timelines	on track for Q3	Sue
1	20/21	Q4	Approve policy and procedure for reviewing Professional Practice Standards including standards review cycle, including triggers that initiate a review			Deb Sue / Lene
1	20/21	Q4	Approve prescribed regulatory education plan for f 21/22	ID problems & measure before implementing		Sue Lene
1	20/21	Q4	Approve revised Informed Consent Workbook			Lene Sue
2,3	20/21	Q4	Direct staff policy work			Sue
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Deb
3	21/22	Q1	Conduct a full review of Professional Practice Standards	external stakeholder consultations		Deb Sue / Lene
1	21/22		Approve targeted audit criteria	ID problems & measure before implementing		Sue Mark

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**Quality Assurance Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead(s)
2	20/21	Q1/2/3/4	Publish minimum of 4 Practice Matters articles		-on track	Lene Deb / Sabina
2	20/21	Q3	Peer circles program delivery	-association support @ conferences TBD	-on track for Q3 delivery	Deb Lene
3	20/21	Q3	Develop proposed plan for revised use of PPR tools		need to initiate this	Sue / Deb
3	20/21	Q3	Develop QA platform within new RMS			Sue Jo Anne
2,3	20/21	Q3	Develop PRE education plan & begin product development (module, video, etc)			Sue / Sabina Lene
2	20/21	Q4	Completed Informed Consent Workbook update			Lene
	20/21	Q4	Develop targeted audit criteria	ID problems & measure before implementing		Sue Mark
	20/21	Q4	Undertake committee directed policy work			Sue
1	20/21 - 21/22	Q4 / Q1	Conduct full review of Professional Practice Standards			Deb Sue / Lene

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### Inquiries, Complaints and Reports Committee

**Committee Mandate:** To review complaints and reports to ensure suitability to practice & support CQI.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff (s) Lead
1,2	20/21	ongoing submissions in Q 2 and 4	Submit bi-annual report of QA themes, timelines and deposition to Council	report format to be adopted		Sue
1	20/21	Q4	Provide registrants with case studies regarding complaints and discipline. <b>Phase 1:</b> Two case studies per low, medium & high risk			Jenna
3	20/21	Q4	Direct staff policy work			Jenna Mark Deb
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Jenna
3	20/21	Q4	Develop and share an inventory of ICRC/discipline outcomes. <b>Phase 1:</b> Develop format for inventory and ongoing communication.			Jenna
3	20/21	Q4	Develop and share an inventory of ICRC/discipline outcomes. <b>Phase 2:</b> Compiling decisions.	contracted expertise for compiling		Jenna
1	21/22		Provide registrants with case studies regarding complaints and discipline. <b>Phase 2:</b> Communicate case studies through media (e.g. podcast)			Jenna
4	21/22		Approve policy/ies directing the sharing and addressing concerns about a registrant with other relevant health regulators and external system partners (e.g. employers, police, long-term care home).	Commitment of external system partners and restrictions within legislation.		Jenna Mark

### Inquiries, Complaints and Reports Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
2,3	20/21	Q3	Develop complaints platform within new RMS, including ability to make file complaints on-line		on track for Q3	Jenna Jo Anne
2	21/22	Q4	Ensure resources for response, appeals, etc. are available and accessible			Jenna
3	21/22		Maintain timelines consistent with other Colleges who regulate psychotherapy; identify where delays are occurring in the process and implement targeted changes to improve these delays.			Jenna Jo Anne
4	22/23		Develop high-level principle documents with agreeable colleges, in particular related to complaints which involve multiple regulated health professionals (support better communication/understanding between regulators re: stage of investigation, processes)	other regulators		Jenna Mark

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### Registration Committee

**Committee Mandate:** To oversee registration to ensure fair access to the profession and suitability to practice.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff (s) Lead
1,2	20/21	ongoing submissions in Q 2 and 4	Submit bi-annual report on registration statistics to Council			Sarah
3,4	20/21	Q3	Approve updated Review and Recognition process		RC Nov 7. Council Nov 20.	Sarah
1,2,3	20/21	Q3	Approve updated Clinical Experience policy and procedures		RC Nov 7. Council Nov 20.	Sarah
1,4	20/21	Q3	Evaluate Indigenous Registration Pathway		RC Nov 7	Sarah
2,3	20/21	Q4	Direct staff policy work			Sue
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Deb
1,2,3	21/22		Approve revised JRP			Sabina
3,4	21/22		Clinical supervision review			Sarah

### Registration Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
4	21.22		Develop pan-Canadian registration working group with other regulated provinces and provinces seeking to regulate through information sharing and meeting coordination, with a particular focus on education and training program recognition.	other provinces		Sarah Deb
2	20/21	Q1	New registrant information update		completed Q1	Sarah / Sabina
3	20/21	Q2	Compile public consultation results for Review and Recognition Policy		Public consultation closes July 31	Sarah
3	20/21	Q2	Compile public consultation results for Clinical Experience for Recognition Policy		Public consultation closes July 31	Sarah
1	20/21	Q2/3	Develop proposed recognized clinical experience process		need to initiate this	Sarah
2,4	20/21	Q2/3	Survey individuals who had asked for the Indigenous Registration Pathway form		List of individuals compiled, need to create survey	Sarah
3	20/21	Q3	Develop registration platform within new RMS		-on track for Q3 delivery	Sarah Jo Anne
3	20/21	Q3	Complete process documentation	outside consultant	started Q2, on track for Q3	
1,3,4	20/21	Q3/4	Compile, research and survey for clinical supervision review			Sarah
2,4	20/21	Q4	Education program outreach plan			



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1,4	20/21	HPDB reporting explained / expanded on - third gender - racialised RPs	Jo Anne Sarah
1,2,3	21/22	Develop revised JRP content & delivery	Sabina Sarah Jo Anne

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### Examination Committee

**Committee Mandate:** To oversee the entry-to-practice examination to ensure fair access to the profession and suitability to practice.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff (s) Lead
1,2	20/21	ongoing submissions in Q 2 and 4	Submit bi-annual report on exam statistics to Council			Sarah
2,4	20/21	Q1	Approve reporting of results to education and training programs		completed Q1	Sarah
1,2	20/21	Q1	Approve revised Appeal policy		completed Q1	Sarah
2,3	20/21	Q4	Direct staff policy work			Sarah
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Deb
1	21/22		Review EUPPR evaluation and determine next steps in educational upgrading			Sarah Sabina

### Examination Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
3	20/21	Q3	Develop exam platform within new RMS		on track for Q3	Sarah Jo Anne
2,4	20/21	Q4	Develop process for reporting of result to education and training programs		direction provided by committee	Sarah
1,3	21/22	Q1	Evaluation EUPPRs completed to date and determining if they are effective.			Sabina Sarah

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**Nominations and Elections Committee**

**Committee Mandate:** To ensure Council and committees include needed skills and attributes.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff (s) Lead
1,2	20/21	ongoing submissions in Q 2 and 4	Submit annual report on recruitment and election statistics to Council			Deb
1,4	20/21	Q3 / 4	Use competency and composition matrices to recruit non-elected Council appointees Note focus on ensuring diversity of perspective and experience		in progress with current recruitment	Deb
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Deb
1,2,4	20/21	Q4	Participate in outreach to District 6			Deb

**Nominations and Elections Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
1,4	20/21	Q2 / 3	develop outreach plan to recruit more diverse representation (through elections and appointments)		in progress with current recruitment	Deb Sabina
1,4	21/22		Attend Indigenous Health Conference.		COVID delay	Sabina

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**Client Relations Committee**

**Committee Mandate:** To address and prevent sexual abuse of clients by registrants.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff (s) Lead
1,2	20/21	ongoing submission in Q4	Submit annual report on access to funding for therapy and other relevant statistics to Council			Deb
1,3	20/21	Q4	Approve and evaluate training program for Council		delayed	Sabina Deb
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Deb
1	21/22		Approve and adopt regulatory risk management framework for addressing sexual abuse by registrants			Deb / Mark / Sabina
2	21/22		Review and provide direction on PD resources for RPs			Sabina Deb

**Client Relations Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
1,3	20/21	Q3	finalise and deliver training program for Council		planned for August / delayed to next in person meeting	Sabina Deb
1,3	20/21		finalise and deliver trauma informed training program for Staff			Sabina Jo Anne
1,3	21/22		Develop committee training on regulatory risk management framework for addressing sexual abuse by registrants			Deb / Mark / Sabina

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**Discipline Committee**

**Committee Mandate:** To address competence and conduct and to ensure registrant fitness to practice through mandated remediation.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff (s) Lead
1,2	20/21	ongoing submission in Q4	Submit annual report on themes and disposition to Council			Deb Mark
1,3	20/21	Q4	All Council members to participate in discipline training			Deb Mark
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures	Ministry CPMF		Deb
3	21/22	Q1	Adopt revised Discipline Committee manual			Deb Mark

**Discipline Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
3	20/21	Q4	revised Discipline Committee manual			Mark

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
3	20/21	Q4	revised Discipline Committee manual			Mark

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### Executive: Communications

**Committee Mandate:** To oversee communications to ensure the College's mandate is being met.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff Lead
4	20/21	Q1	Participate in meeting with education and training program representatives		completed Q1	Deb
4	20/21	Q1	Participate in information meeting with professional associations		completed Q1	Deb
1,2,4	20/21	Q2	Represent Council at town halls in 7 locations		-on track for Q2 delivery (September dates set)	Deb
1,2,4	20/21	Q3 /4	Oversee reports on public consultations/focus groups		-planning for Q3/4 delivery	Sabina
1,2,4	20/21 21/22	Q4 / Q1	Oversee public outreach strategy, including social media and other digital outreach, feedback loops and ongoing surveys.			Sabina
1,2	21/22	Q2	Approve annual report published to report on strategic priorities and broader regulatory mandate		-on track for Q2 delivery	Sabina Deb

### Executive: Communications

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
4	20/21	Q1	Information meeting with education and training program representatives		completed Q1	Deb
4	20/21	Q1	Information meeting with professional associations		completed Q1	Deb
1,2,4	20/21	Q2	Town halls in 7 locations		-on track for Q2 delivery (September dates set)	Deb
4	20/21	Q3	Pan Canadian meeting	CNAR conference	in person delayed due to COVID	Deb
1,2	20/21	Q3	Standing item on Council to report on engagement and web analytics.	report format edit & report Q		Deb / Sabina
1,2	20/21	Q3	Create easy-to-navigate channels for clients and families to ask questions about what to expect from psychotherapy and report concerns	complaints		Deb Sabina / Jo Anne
3,4	20/21	Q3 / 4	Develop user friendly and accessible interfaces on website for registrant knowledge of the role of the College and their own responsibilities	Thentia oversight		Deb / Sabina Jo Anne
1,2,4	20/21	Q3 /4	Public consultations/focus groups in 4 locations		-planning for Q3/4 delivery	Sabina
1,2,4	20/21	Q4	Strengthen existing YouTube videos, podcasts, social media, webinars	report specific needs		Management
1,2,4	20/21 21/22	Q4 / Q1	Create public outreach strategy, including social media and other digital outreach, feedback loops and ongoing surveys.			Deb / Sabina
1,2	21/22	Q2	Annual report published (working toward using Key Performance Indicator framework) to report on strategic priorities and broader regulatory mandate		-on track for Q2 delivery	Sabina Deb

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**Executive: Operations**

**Committee mandate:** To ensure CRPO maintains operational effectiveness to meet its mandate.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff Lead
3	20/21	Q3	Oversee implementation of new RMS		on track for Q3  inventory list started and approved by Exec Q1	Deb Jo Anne Kelly
3	20/21	Q3	Approve full set of ERM policies			Deb Jo Anne Kelly
3	20/21	Q4	Oversee development and publishing of financial control policies for Council approval			Jo Anne

**Executive: Operations**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
3	20/21	ongoing	Develop formal projections to ensure core functions are adequately staffed, with temporary staff as needed		ongoing	Jo Anne Kelly
2	20/21	Q3	Develop more customized communications and push mechanisms – e.g. text, email, phone, etc. – that meet user preferences as part of RMS Develop full set of ERM policies Build risk matrices and implement polices to identify, quantify and manage risks across the organization		on track for Q3  inventory list started and approved by Exec Q1	Jo Anne/ Deb Sarah / Sue
3	20/21	Q3	- operational focus - predictive analytics -risk monitoring			Deb Jo Anne Kelly
3	20/21	Q4	Review and revise all HR policies as needed			Deb Jo Anne Kelly
3	20/21	Q4	Implement policy to ensure hiring processes are free from discrimination.			Deb Jo Anne
2	20/21	Q4	Enhance onboarding and training for staff regarding responsiveness and how to build mutually supportive relationships with registrants			Deb Jo Anne Sabina
3	20/21	Q4	Articulate clear roles and expectations for staff members, including a full set of competencies, shared vision for the role and responsiveness of the College, and evaluate and develop staff accordingly			Deb Jo Anne Kelly
3	20/21	Q4	Review and revise all IT policies as needed			Kelly Jo Anne
3	20/21	Q4	Develop and publish financial control policies for Council approval			Jo Anne

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**Executive: Governance**

**Committee mandate:** To ensure CRPO maintains governance excellence.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status	Staff Lead
1,3	20/21	Q1	Establish regulatory objectives Council and Committee orientation plan		Completed - Q1	
1,3	20/21	Q2,3,4	Strengthen onboarding for Council members to include clear roles and expectations based on established competencies and shared vision for CRPO, including the intention to regulate in a transparent, principled, proportionate, unbiased, proactive manner Council and committee education plan		Council education session August 20 ' 20	Deb / Sabina
1,3	20/21	Q2,3,4	Develop ongoing leadership development of Council members, both ad hoc and formal mix of learning methods (self-study, one-on-one, video presentations, readings)			Deb / Sabina
1,3	20/21	Q2	Develop an annual evaluation of Council and Committees against Council-identified priorities and KPIs Implement revised administrative / meeting material format			Deb
1,3	20/21	Q3	- Agendas tied to adopted strategic framework - Present staff analysis using appropriate risk framework - Annotated agendas, clearly stating public protection aspect of all items - Consent agenda for routine matters			Deb
1,3	20/21	Q4	Establish timeline for full implementation of regulatory risk matrix - determine committee oversight (e.g., Finance and Audit) - outline stat committee reporting requirements Consider need to establish Finance and Audit Committee or Finance Committee			Deb
1,3	20/21	Q4	- Consider by-law amendment to allow 'consultation appt' of CA or other finance professional			Deb Jo Anne
1,3	20/21	Q4	Enhance succession planning and strength of Council through defining eligibility criteria in bylaws, reviewing election timing, developing a formal appointment process and continually assessing Council composition			Deb
1,3	20/21	Q4	Develop publishable RRM framework, with appropriate tools in place for each committee			Mark / Deb
1,3	20/21	Q4	Develop/access formal training in monitoring and evaluation in right touch/risk based governance for staff and Council			Deb
1,3	20/21	Q4	Revise all committee terms of reference to align with new format			First revisions done



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1,3	20/21 21/22	Q4, Q1	Develop and implement key indicator framework including sharing 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.	Ministry CPMF	Deb
4	21/22		develop a government relations strategy to advocate for changes that will improve public experience, foster resilience and a stronger system (e.g., permission to not investigate minor complaints)		Deb / Sabina

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**Domain 4 Strong System Partnerships:** collaborate with system partners to contribute to better access to mental health services

### Executive: Governance

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status	Staff Lead
1,3	20/21	ongoing	Council and Committee orientation plan Strengthen onboarding for Council members to include clear roles and expectations based on established competencies and shared vision for CRPO, including the intention to regulate in a transparent, principled, proportionate, unbiased, proactive manner			Deb / Sabina
1,3	20/21	ongoing	Council and committee education plan Develop ongoing leadership development of Council members, both ad hoc and formal mix of learning methods (self-study, one-on-one, video presentations, readings)			Deb / Sabina
1,3	20/21	Q2	Develop an annual evaluation of Council and Committees against Council-identified priorities and KPIs Implement revised administrative / meeting material format		Council education session August 20 ' 20	Deb
1,3	20/21	Q3	- Agendas tied to adopted strategic framework - Present staff analysis using appropriate risk framework - Annotated agendas, clearly stating public protection aspect of all items - Consent agenda for routine matters		First revisions done	Deb
1,3	20/21	Q4	Enhance succession planning and strength of Council through defining eligibility criteria in bylaws, reviewing election timing, developing a formal appointment process and continually assessing Council composition			Deb
1,3	20/21	Q4	Develop publishable RRM framework, with appropriate tools in place for each committee			Mark / Deb
1,3	20/21	Q4	Develop/access formal training in monitoring and evaluation in right touch/risk based governance for staff and Council			Deb
1,3	20/21	Q4	Revise all committee terms of reference to align with new format		First revisions done	
1,3	20/21 21/22	Q4, Q1	Develop and implement key indicator framework including sharing 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.	Ministry CPMF		Deb
4	21/22		develop a government relations strategy to advocate for changes that will improve public experience, foster resilience and a stronger system (e.g., permission to not investigate minor complaints)			Deb

## CRPO Strategic Priority Domains

**Domain 1 Trusted Authority:** build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care

**Domain 2 Clear Communications:** further develop communications to support clear, transparent and dynamic interaction with stakeholders

**Domain 3 Effective Infrastructure:** strengthen operational and governance infrastructure

**Domain 4 Strong System Partnerships:** collaborate with system partners to contribute to better access to mental health services

## Glossary

CPMF	college performance management framework
ERM	enterprise risk management
F 20/21	April 1, 2020 - March 31, 2021
F 21/22	April 1, 2021 - March 31, 2022
KPI	key performance indicator
Q1	April 1 - June 30
Q2	July 1 - September 30
Q3	October 1 - December 31
Q4	January 1 - March 31
RMS	registrant management system
RRM	regulatory risk management

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>

## Briefing Note for Council

<b>Meeting Date:</b>	August 20, 2020
<b>Agenda Item #</b>	5
<b>Issue:</b>	Committee Competencies & Composition Framework Documents
<b>Attachment(s):</b>	CRPO Council Competency Matrix_June 2020 CRPO Committee Composition Matrix_June 2020 CRPO Committee Competency Matrix_June 2020 CRPO Discipline and FTP Hearing Panel Competency Matrix_June 2020
<b>References:</b>	-
<b>Action:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

As the body charged with ensuring that Registered Psychotherapists provide safe, ethical and competent care to Ontarians, individuals serving on Council and committees must possess the knowledge, skills and experience to discharge their duties effectively. Emerging best practices in regulation suggest that developing and adopting a competency framework, which sets out the required individual and Council 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:

In November 2019, Council adopted a matrix of core competencies for members and committed to the development and adoption of committee competencies, that would be used over time to direct committee appointments and that would provide the basis for evaluation of performance at the Council, committee and individual member levels.

Staff have developed the attached matrices that are intended to provide a comprehensive set of competencies for committees and panels, as well as a composition matrix. The composition matrix addresses the attributes that should be present at each committee, although not necessarily among every member of the committee.

The Executive Committee reviewed the attached matrices at their June 23 meeting and the committee approved of the documents, in principle, to be used as described.

## **Key Considerations:**

There are several activities where the competencies will be needed over the coming months. These include:

- Recruiting non-elected professional members for committee appointments
- Renewing committee terms of reference as part of governance reform
- Working toward development of key performance indicators for the Ministry's College Performance Management Framework, which includes a formal evaluation of committee members and committee performance

## **Recommendations:**

The Executive Committee recommends that Council approve the adoption of the suite of competency documents as presented.

## **Proposed Motion:**

**[Be it moved] that Council approve the adoption of the suite of competency documents as presented.**

## Panel Competency Matrix

Council members and non-elected members serving on committee panels 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 panel members in rendering decisions on complaints and reports, quality assurance and registration matters related to individual applicants and registrants.

### Panel Member Attributes

<b>Fair</b>	Reviews panel materials in an impartial, unbiased and just manner.
<b>Respectful</b>	Demonstrates appropriate consideration and courtesy to everyone who comes before or makes submissions to the panel.
<b>Timely</b>	Performs reviews and rendering decisions within established time frames based on reasonable expectations.
<b>Effective communicator</b>	Listens actively, pays attention to non-verbal communications and deals effectively with challenging individuals and situations.

### Panel Competencies

Area of Competency	Core Understanding	Demonstrated Behaviours
<b>Fiduciary responsibilities</b>	<p>Acts transparently with integrity, discretion and humility to consider a range of perspectives and diverse ways of thinking to reject assumptions and take nothing for granted.</p> <p>Devotes the required time and energy to the role, determined to achieve best possible outcomes in public protection. Prepared to give time, skills and knowledge to developing themselves and others in order to achieve excellent regulatory outcomes.</p>	<p>Asks if decisions are in the public's best interests</p> <p>Adheres to established rules on transparency and communication</p> <p>Effectively locates/centers issues considering the parties and/or concerns involved</p> <p>Weights and discusses competing considerations in a manner that is appropriate and respectful</p>



Area of Competency	Core Understanding	Demonstrated Behaviours
		<p>Complies with College's Code of Conduct and acts in a way that exemplifies and reinforces its culture and values</p> <p>Reviews all meeting materials in advance</p> <p>Understands and complies with the duty to accommodate language rights, other Charter rights, and rights set out in Human Rights codes</p> <p>Understands role of panel in hearing and deciding each matter</p> <p>Understands role of and interacts appropriately with staff and outside counsel</p>
<b>Conflict of interest</b>	<p>Appreciates that a conflict of interest is any interest, relationship, association or activity that interferes with the member's obligations to the panel to make a decision in the best interest of the public.</p> <p>Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of conflict in the mind of a reasonable and informed person.</p> <p>Appreciates the difference between actual, perceived or potential conflicts of interest and understands that all types of conflict must be addressed.</p>	<p>Regularly uses CRPO Conflict of Interest Worksheet to assess potential conflict</p> <p>Can clearly identify what is a conflict in themselves and in others</p> <p>Knows how to deal with a conflict at the time of screening for appointment to the panel and if conflict arises during the panel deliberations</p> <p>Understands when it is appropriate to recuse oneself due to a conflict or perceived conflict</p> <p>Appropriately challenges colleagues who might have a conflict of interest</p>
<b>Bias</b>	<p>Appreciates that bias is a preconceived or unreasoned feeling or inclination that is incompatible with the member's obligations to the panel to make a decision that is impartial.</p> <p>Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of bias in the mind of a reasonable and informed person.</p>	<p>Aware of different types of bias and how they manifest themselves</p> <p>Able to identify personal biases</p> <p>Appropriately challenges colleagues who might be biased</p> <p>Considers only the evidence in front of them when reviewing panel materials</p>

Area of Competency	Core Understanding	Demonstrated Behaviours
<b>Principles and practice of right-touch regulation</b>	Understands the need to strike a balance in regulation by ensuring that decisions are proportionate, consistent and targeted.	<p>Understands the range of appropriate and possible dispositions available to the panel</p> <p>Uses a risk-based approach in assessing seriousness and determining the appropriate outcome of each case</p> <p>Considers relevant precedents</p> <p>Considers enforceability of and unintended consequences to any decision</p> <p>Knows how and when to exercise discretion and the principles that apply to this</p>
<b>Legislative interpretation and sources of authority</b>	<p>Knows and understands the principles and values of administrative law.</p> <p>Knowledgeable about the governing framework for regulating psychotherapists and where each source of authority (regulation, policy standard, guideline) applies.</p>	<p>Acts within the mandate and broader terms of reference for the Committee/panel</p> <p>Is familiar with the legislation relevant to each matter before a panel</p> <p>Applies relevant policies, standards and guidelines</p> <p>Is familiar with the life cycle of a file (intake, investigation/submissions, screening, decision)</p>
<b>Finding fact and managing/weighing evidence</b>	Understands how to apply analytical skills to thorough preparation in reviewing and assessing panel materials.	<p>Efficiently and effectively manages panel materials</p> <p>Understands the framework in which panel is operating</p> <p>Establishes relevant facts</p> <p>Recognises relevant evidence</p> <p>Able to discern onus and burden of proof and how it applies</p> <p>'Weighs' relevant evidence and applies the test for seriousness</p> <p>Understands the panel's function and scope (i.e., does not look for findings or credibility at the screening level, does not explore beyond the facts of the case)</p>

Area of Competency	Core Understanding	Demonstrated Behaviours
<b>Clear and adequate reasons</b>	Appreciates the principles of fairness and transparency as they apply to the need to explain how a decision was made.	<p>Understands what must be decided</p> <p>Is familiar with the legal duty to give reasons</p> <p>Expresses reasons in a risk-based framework in clear and accessible language</p> <p>Provides adequate reasons that explain not only the “what” of the findings but the “why” of the reasons for the decision</p> <p>Provides reasons that demonstrate fairness by proving that the panel heard and understood the evidence and arguments of the parties</p>
<b>Enforceable decisions</b>	Understands the need for decisions to be reasonable and justifiable in order to maintain trust of the public and cooperation of registrants.	<p>Understands what an enforceable decision is within the framework of applicable legislation</p> <p>Understand how little or how much information is necessary for a good decision</p> <p>Builds familiarity with recent HPRAC decisions and reasons for those decisions</p>

## Committee Composition Matrix

Each committee must be comprised to provide the needed mix of experience and skills to fulfill its mandate. The following are specific attributes required of members appointed to statutory and non-statutory standing committees.

all committees will bring the following <b>DIVERSE EXPERIENCE, BACKGROUNDS</b> and <b>PERSPECTIVES</b> :	one or more committee members will have the following specific <b>PROFESSIONAL EXPERIENCE, KNOWLEDGE</b> and <b>SKILLS</b>
<p><b>Culture</b> A variety of cultural and historical backgrounds and experiences, that reflect the community the College serves and the cultural context within health care.</p>	<p><b>Ability</b> Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.</p>
<p><b>Education</b> A variety of educational backgrounds and experiences that reflect the diverse public served by the College.</p>	<p><b>Adjudication and Hearing</b> Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.</p>
<p><b>Gender Diversity</b> A variety of perspectives to support decisions that are balanced, relevant and reflective of the public.</p>	<p><b>Committee/Panel Leadership</b> Experience in facilitating committee or panel meetings, developing a positive culture, conflict resolution, and fostering effective decision making.</p>
<p><b>Region</b> Regional diversity, to reflect the reality that practice, access to healthcare, and the public's expectations of the health care system varies throughout the province.</p>	<p><b>Governance Expertise</b> Understand how governance works, how committees should function, and be able to think critically about committee structures and practices.</p>
<p><b>Registrant Practice</b> Diverse practice experiences, backgrounds and specialties that inform dialogue and decision-making, ensuring decisions meet intended objectives, are practical and, ultimately, protect the public.</p>	<p><b>Standards/Scopes of Practice</b> Understand the standards and scopes of practice that guide psychotherapy practice in Ontario.</p>
<p><b>Sector</b> Diverse leadership experience in the public, private, healthcare, and not-for-profit sectors to promote knowledge and the sharing of best practices.</p>	<p><b>Practice Modalities</b> Experience with at least one modality of psychotherapy practice, to ensure that deliberations are informed by a variety of practice perspectives,</p>

## Registration Committee Member Attributes

<b>One or more Registration Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>
<b>Psychotherapy Practice</b> Familiarity with at least one modality, entry level psychotherapy competence, and domains of practice (clinical, education, research, and administration).
<b>Education Curriculum</b> Experience with program/advanced education changes, trends and innovation, developing, implementing and evaluating curriculum, including representation from diverse post-secondary institutions offering psychotherapy education.
<b>International Health Professional/Graduate</b> Understand the process for becoming a health professional in Canada with foreign credentials, or, ideally, have experience in navigating that process.
<b>Indigenous Practice</b> Indigenous voices, to ensure that deliberations are informed, and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.

## Quality Assurance Committee Member Attributes

<b>One or more Quality Assurance Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>
<b>Quality Improvement</b> Experience and understanding of the quality assurance and quality improvement programs and assessments in health care, and experience in developing tools that enable meaningful feedback and continuous improvement.
<b>Quality Assurance Program</b> Know how to use methods that align with the developmental intention of the College's quality assurance program and philosophy
<b>Standards/Scopes of Practice</b> Understand the standards and scopes of practice that guide psychotherapy practice in Ontario and be able to determine where a breach or potential breach might occur.
<b>Indigenous Practice</b> Indigenous voices, to ensure that deliberations are informed, and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.

Inquiries Complaints Reports Committee Member Attributes

<b>One or more Inquiries Complaints Reports Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>
<b>Traumatic Experience Awareness</b> Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint/report process, and experience in creating safe spaces and trust-building processes.
<b>Lived health care experience</b> Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.
<b>Professional Standards and Professional Ethics</b> Knowledge and experience of the standards of practice and standards of professional ethics at regional, provincial, national and international levels.
<b>Indigenous Practice</b> Indigenous voices, to ensure that deliberations are informed, and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.

Discipline Committee Member Attributes

<b>One or more Discipline Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>
<b>Procedural Fairness</b> Understand administrative law and quasi-judicial processes, commit to the unbiased balancing of issues, meticulously weigh evidence, think critically about issues at hand, consider options within the scope of the College's mandate and power, and bring consistency and sound judgment to decision-making in accordance with procedural fairness principles set out in common law.
<b>Traumatic Experience Awareness</b> Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint process, and experience in creating safe spaces and trust-building processes.
<b>Indigenous Practice</b> Indigenous voices, to ensure that deliberations are informed, and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.

Nominations and Elections Committee Member Attributes

<b>One or more Nominations and Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>
<p><b>Networking/Social Influence</b> Be able and willing, and have the credibility, to tap into personal or professional networks to both communicate college needs and speak to the importance of roles on various committees.</p>
<p><b>Marketing and communications</b> 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.</p>
<p><b>Candidate screening</b> 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</p>
<p><b>Recruitment/Succession Planning</b> Understand recruitment and succession planning processes, how to foster sustainable leadership and teams, and be able to translate and apply those principles to the nominations and election process.</p>
<p><b>Election Administration and Oversight</b> Experience administering elections and understanding the potential complications</p>

Examination Committee Member Attributes

<b>One or more Examination Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>
<p><b>Standards/Scopes of Practice</b> Understand the application of the standards and scopes of practice that guide psychotherapy practice in Ontario</p>
<p><b>International Health Professional/Graduate</b> Understand the process for becoming a health professional in Canada with foreign credentials, or, ideally, have experience in navigating that process.</p>
<p><b>Education Curriculum</b> Experience with program/advanced education changes, trends and innovation, developing, implementing and evaluating curriculum, including representation from diverse post-secondary institutions offering psychotherapy education.</p>
<p><b>Education/Examination</b> Knowledge and experience with the development and administration of education programs and examinations.</p>

**One or more Client Relations Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS**

**Traumatic Experience Awareness**

Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint process, and experience in creating safe spaces and trust-building processes.

**Sexual Violence Awareness**

Understand the social and cultural context of violence and abuse, including factors such as gender, sexual orientation, social class, ethnicity, religion, developmental stage, immigrant or refugee history.



<b>One or more Executive Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b>	
<b>Innovation and Trends in Governance</b>	Knowledge of how organizations within the healthcare system and beyond are reviewing data, processes and various initiatives to improve and transform their governance practices and structures.
<b>Finance and Audit Experience</b>	Have a reasonable understanding of financial and budgeting information, and the confidence to ask questions that safeguard the financial stewardship of the College and enable the College to effectively fulfill its mandate by weighing evidence, thinking critically, considering options and bringing sound judgement to financial decision making.
<b>Regulation and System Context</b>	Understand psychotherapy practice, the regulatory system, and how the College's work affects, or might affect the system.
<b>Political Awareness</b>	Understand how to work within the system, move the evaluation process forward in a sensitive way, and recognize the political interests and sensitivities that might exist.
<b>Heightened Confidentiality</b>	Understand the sensitive nature of executive performance evaluation and compensation, the process information that can be shared, and the information that needs to be held in strict confidence.
<b>Psychotherapy Practice</b>	Familiarity with at least one modality, entry level psychotherapy competence, and domains of practice (clinical, education, research, and administration).
<b>Risk management/oversight</b>	Understand how to sustain and evolve an effective and meaningful risk management and risk oversight program, and the difference between the two allowing them to oversee the College's risk management process, ensuring that the College understands, manages and leverages its risk.
<b>Business Acumen</b>	Business experience, an understanding of what an organization needs to operate effectively, including the economic forces that need to be incorporated into decisions, good management principles, and strategic planning.
<b>Organizational Decision-Making</b>	Understand the development of policy and decision-making in a large, complex system, ensuring that decisions are based on objective principles, and informed by evidence and best practice.
<b>Executive HR</b>	Experience with and exposure to executive performance evaluation and compensation review, allowing them to oversee the Registrar evaluation process and compensation philosophy.
<b>Recruitment/Succession Planning</b>	Understand recruitment and succession planning processes, how to foster sustainable leadership and teams, and be able to translate and apply those principles to the nominations and election process.

# Council Competency Matrix

## Council Attributes

<b>Committed</b>	Devotes 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.
<b>Confident</b>	Of an independent mind, able to lead and contribute to courageous conversations, to express their opinion and to play an active role on Council.
<b>Curious</b>	Possesses an enquiring mind and an analytical approach and understanding the value of meaningful questioning.
<b>Challenging</b>	Provides appropriate challenge to the status quo, not taking information or data at face value and always driving for improvement.
<b>Collaborative</b>	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.
<b>Critical</b>	Understands 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
<b>Governance</b> <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>	
<b>Finance</b> <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 &amp; 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>
<b>Risk Management</b> <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		
<b>Strategy</b> <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
<b>Leadership / Change Management</b> <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
<b>Diversity &amp; Inclusion</b> <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><b>Stakeholder Relations / Communications</b> <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
<b>Critical Thinking</b> <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
<b>Technology Skills</b> <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
<b>Regulatory Knowledge</b> <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
<b>Health System Knowledge</b> <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

# Discipline and Fitness to Practice Hearing Panel Competency Matrix

Council members and non-elected members serving on Discipline Hearing panels are expected to demonstrate the attributes and have the competencies required of all Council members, as well as the competencies for screening panel members. The following are specific attributes and competencies required of those members who participate as panel members in rendering decisions in matters that are referred to discipline and fitness to practice hearings.

## Discipline and Fitness to Practice Hearing Panel Member Attributes

<b>Fair</b>	Reviews panel materials in an impartial, unbiased and just manner.
<b>Respectful</b>	Demonstrates appropriate consideration and courtesy to everyone who comes before or makes submissions to the panel.
<b>Timely</b>	Performs reviews and rendering decisions within established time frames based on reasonable expectations.
<b>Effective communicator</b>	Listens actively, pays attention to non-verbal communications and deals effectively with challenging individuals and situations.

## Discipline and Fitness to Practice Hearing Panel Competencies

Area of Competency	Core Understanding	Demonstrated Behaviours
<b>Rules of procedure</b>	<p>Understands the general process and what should occur in a public hearing.</p> <p>Acts with professionalism and civility, maintaining independence, integrity and high standards of behaviour.</p> <p>Follows appropriate decorum; demonstrating respectful behaviour toward all hearing participants while preserving hearing efficiency.</p>	<p>as Chair:</p> <p>Follows agreed to script for procedural matters with familiarity of the underlying principles underlying a script (e.g., affording both parties their opportunity to speak)</p> <p>Can make introductions of hearing panel members, provide the statement of the authority of the panel, and outline the purpose of the hearing</p> <p>Knows how to plan the day ahead, limit arguments, address preliminary procedural issues, etc.</p>



Area of Competency	Core Understanding	Demonstrated Behaviours
		<p>Provides appropriate assistance to self-represented parties</p> <p>Can effectively facilitate a pre-hearing conference</p>
<b>Active adjudication</b>	<p>Understands the need to remove unnecessary barriers by helping the parties navigate the rules and processes, ensuring a perception of fairness and the best possible public protection outcome.</p>	<p>Effectively questions, avoiding improper questioning, when something is unclear</p> <p>Responds to unexpected issues by appropriately relying on Independent Legal Counsel</p> <p>Engages with appropriate sense of decorum to avoid perceptions of bias</p>
<b>Privacy law</b>	<p>Is familiar with the various requirements affecting how information is presented and shared as well as privacy best practices in maintaining confidentiality</p>	<p>Protects parties' privacy by providing reasons that avoid personal information</p> <p>Understands the concepts of open vs. closed hearings, privilege, confidentiality and publication bans, and can apply them to manage private info (e.g. medical info) in the course of deliberations and decisions".</p>
<b>Making and explaining credibility findings</b>	<p>Understands what does and does not make a witness credible, is aware of the perils of demeanour as an indicator.</p> <p>Considers personal differences, reliability of evidence as well as credibility and makes findings of facts based on the evidence.</p>	<p>Showing how evidence is weighed, e.g. looking at detail of recall, etc.</p> <p>Considering power imbalance between registrant and complainant (member of public).</p>

# In-Person Practice Guidance – registrant survey results

Complete Responses: 66

42/114

# Modalities of Practice Represented

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- **addiction counselling**
- **animal therapy**
- **art therapy**
- **Biofeedback/Neurofeedback**
- **CBT/DBT/ Mindfulness meditation**
- **CBT/Mindfulness**
- **EAP Consultant**
- **EMDR, ImTT, IFS, CBT**
- **EMDR, ImTT, IFS, CBT**
- **Gestalt**
- **Integrative/eclectic, strong psychodynamic / mindfulness focus**
- **Jungian analyst**
- **play therapy**
- **Private Practice (Self-Employed)**
- **Psychodynamic psychotherapy**
- **Psychosocial Spiritual Care**
- **Video SFBT**

## Q2: Were the Updated Guidance: Return to In-Person Practice document and accompanying supporting resources useful to you in planning your return to in-person practice?

Answered: 66 Skipped: 0

	VERY USEFUL	SOMEWHAT USEFUL	NOT REALLY USEFUL	NOT AT ALL USEFUL	(NO LABEL)	TOTAL	WEIGHTED AVERAGE
(no label)	39.39% 26	36.36% 24	22.73% 15	1.52% 1	0.00% 0	66	1.86

### Q3: Did the guidance documents address all areas that concern you as you plan to return to in-person practice?

Answered: 66 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	43.94%	29
No	56.06%	37
TOTAL		66

## Areas of concern are not addressed by CRPO guidance

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be less prescriptive

- too much is being asked of registrants

be more prescriptive

- “just tell us what to do”

business practices

- seeking guidance related to non-clinical aspects of practice

client safety

- responsibility for client safety outside therapy session (e.g., shared waiting space)

clinical assessment of need

- guidance on how to determine who needs in-person care

confidentiality

- sharing info with public health
- use of virtual platforms

# Areas of concern are not addressed by CRPO guidance

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dissatisfied

- generally unhappy with guidance

employment issues

- conflict between employer requirements/expectations and CRPO requirements
- concern re: personal safety and employer requiring return to in-person practice

infection prevention and control (IPAC) measures

- too onerous

IPAC re modality

- does not address specific issues related to practice modality

personal protective equipment (PPE)

- concerns re: obtaining it
- reluctance to using it

space

- office / workspace that won't allow for required IPAC measures

## Requirements that will be difficult to meet

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- employment or shared practice preventing compliance with CRPO guidance
- Infection prevention and control
  - *specific to modality*
  - *related to space*
- mandatory use of masks preventing good therapy
- offering in person care while protecting personal safety
- obtaining, using and requiring PPE
- maintaining mote practice



## Q6: Have you implemented or do you plan to implement any measures not included in the CRPO guidance documents?

Answered: 65 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	33.85%	22
No	66.15%	43
TOTAL		65

## General comments / suggestions for future guidance

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- appreciation of support
- please be more prescriptive
- dissatisfied with guidance
- focus more on employment-related issues
- general concern about practicing during the pandemic
- IPAC
- mandatory masks
- overly prescriptive
- personal safety

## Q8: Are there any requirements included in the CRPO guidance documents that it will be difficult or impossible for you to meet?

Answered: 65 Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	50.77%	33
No	49.23%	32
TOTAL		65

51/114

## Briefing Note for Council

<b>Meeting Date:</b>	August 20, 2020
<b>Agenda Item #</b>	7
<b>Issue:</b>	Committee Appointments
<b>Attachment(s):</b>	-
<b>References:</b>	<a href="#">Health Professions Procedural Code</a>
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

On April 24, 2020, CRPO staff received notice from the Public Appointments Secretariat (PAS) that Kathy-Ying Zhao of Mississauga, Ontario had been appointed to CRPO Council as a public member. K. Zhao was appointed to serve a one-year term on Council.

In order to begin contributing to the work of committees, thus contributing to fulfilling the CRPO's mandate of public protection, K. Zhao must be duly appointed to committees.

### Background:

When considering appointing council members to committees, staff considers the needs of the College and committee by consulting staff committee leads, and the noted expertise of the individual. Based on this needs assessment, staff recommends appointing K. Zhao to the following committees:

- Inquiries, Complaints and Reports
- Nominations & Elections
- Quality Assurance

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

The Health Professions Procedural Code (Schedule 2, 12.1, of the *Regulated Health Professions Act*) states that, “[b]etween the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.” As such, the Executive Committee appointed K. Zhao to the above noted committees so CRPO staff can begin the committee-specific orientation process.

**Recommendation:**

It is recommended that Council ratify the direction provided by the Executive Committee to appoint Kathy-Ying Zhao to the Inquiries, Complaints and Reports, Nominations and Elections, and Quality Assurance Committees.

**Proposed Motion:**

**[Be it moved] that Council ratify the Executive Committee’s decision to appoint:**

- **K. Zhao to the Inquiries, Complaints and Reports, Nominations & Elections and Quality Assurance Committees.**

## Briefing Note for Council

<b>Meeting Date:</b>	August 20, 2020
<b>Agenda Item #</b>	9
<b>Issue:</b>	2019-2020 Audited Financial Statements
<b>Attachment(s):</b>	Audited Financial Statements
<b>References:</b>	<a href="#">Health Professions Procedural Code</a>
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	J. Falkenburger
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

The *Regulated Health Professions Act* (RHPA) states that each College must report annually to the Minister of Health on its activities and financial affairs (6 (1)). This is achieved via the CRPO's Annual Report.

### Background:

Welch LLP representatives presented the CRPOs audited financial statements to the Executive Committee at their June 23, 2020 meeting. They noted that it was a clean audit and commended staff for the proactive support they provided throughout the process. Executive was invited to ask questions regarding the statements and no questions or concerns were raised.

In accordance with the Health Professions Procedural Code (Schedule 2, 12.1, of the *Regulated Health Professions Act*) states that, "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." As such, the Executive Committee approved the audited financial statements as presented.

### Next steps:

The audited financial statements will be included in the CRPO's 2019-2020 Annual Report. The draft report is currently being reviewed by staff and will be sent to the designer later this month. Once finalized, the report will be provided to the Minister of Health and posted to the CRPO website.

**FINANCIAL STATEMENTS**  
**For**  
**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND**  
**REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO**  
**For year ended**  
**MARCH 31, 2020**

**INDEPENDENT AUDITOR'S REPORT**

To the Council of

**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND  
REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO***Opinion*

We have audited the financial statements of College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2020 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

*Basis for Opinion*

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.



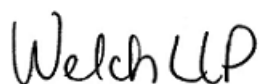
## *Auditor's Responsibilities for the Audit of the Financial Statements*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Chartered Professional Accountants  
Licensed Public Accountants

Ottawa, Ontario  
June 23, 2020.

**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND  
REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO**

**STATEMENT OF OPERATIONS**

**YEAR ENDED MARCH 31, 2020**

	<u>2020</u>	<u>2019</u>
<b>Revenue</b>		
Membership	\$ 3,952,582	\$ 3,524,777
Jurisprudence	177,109	107,099
Application	208,298	96,095
Administration	140,047	62,096
Interest income	<u>92,421</u>	<u>51,948</u>
	<u>4,570,457</u>	<u>3,842,015</u>
<b>Expenses</b>		
Salaries and benefits	1,865,079	1,727,046
Complaints and discipline (note 4)	503,512	278,682
Occupancy	257,424	258,886
Database and e-learning	231,746	215,000
Council and committees	105,776	113,302
Office	117,044	94,687
Registration	62,996	66,221
Professional services	44,990	44,165
Quality assurance	66,887	41,387
Communications	6,926	9,686
Insurance	7,848	6,975
Sexual abuse therapy fund (note 5)	5,287	4,985
Amortization of capital assets	<u>95,580</u>	<u>91,086</u>
	<u>3,371,095</u>	<u>2,952,108</u>
<b>Excess of revenue over expenses</b>	<u>\$ 1,199,362</u>	<u>\$ 889,907</u>

(See accompanying notes)

**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND  
REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO**

**NOTES TO THE FINANCIAL STATEMENTS - Cont'd.**

**YEAR ENDED MARCH 31, 2020**

**STATEMENT OF CASH FLOWS**

**YEAR ENDED MARCH 31, 2020**

	<u>2020</u>	<u>2019</u>
<b>CASH PROVIDED FROM OPERATING ACTIVITIES</b>		
Excess of revenues over expenses	\$ 1,199,362	\$ 889,907
Items not involving cash:		
Amortization of capital assets	95,580	91,086
Amortization of deferred rent payable	<u>(11,589)</u>	<u>(11,588)</u>
	1,283,353	969,405
Changes in non-cash working capital items:		
Prepaid expenses	(9,966)	(30,964)
Accounts payable and accrued liabilities	321,035	161,217
Government remittances payable	(23)	70,576
Deferred revenue	<u>8,186</u>	<u>431,117</u>
	<u>1,602,585</u>	<u>1,601,351</u>
<b>CASH USED IN INVESTING ACTIVITIES</b>		
Purchase of capital assets	<u>(46,792)</u>	<u>(13,236)</u>
<b>INCREASE IN CASH</b>	1,555,793	1,588,115
<b>CASH, BEGINNING OF YEAR</b>	<u>6,292,458</u>	<u>4,704,343</u>
<b>CASH, END OF YEAR</b>	<u>\$ 7,848,251</u>	<u>\$6,292,458</u>

## Briefing Note for Council

<b>Meeting Date:</b>	August 20, 2020
<b>Agenda Item #</b>	10
<b>Issue:</b>	Council position on systemic racism
<b>Attachment(s):</b>	-
<b>References:</b>	
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

Considering the acknowledged negative impact of systemic racism on mental health and the use of mental health services, CRPO's public protection mandate encompasses support for equitable access to safe and ethical mental health services.

### Background:

Over the past number of weeks, there has been a shift in the international dialogue on racism. As the bodies charged with protection of the public interest, this moment compels regulators to consider how they can combat racial injustice for Black, Indigenous and People of Colour (BIPOC).

In response to the demonstrations that have been happening across our province, country and the rest of the world to protest racism, staff sought direction from the Executive Committee in considering CRPO's work plans and priority initiatives. In particular, the Executive was asked to consider:

- As efforts are being made to ensure the needed mix of competence and attributes are present at Council and committee, how can CRPO begin to ensure that diversity – including representation from BIPOC communities and RPs – is represented?
- In conducting planned public consultations about the type and format of information that CRPO provides to the public about RPs, the College's role and mental health services more broadly, how can the perspective of BIPOC best be sought out and included in the responses that will shape our public information sharing going forward?

- Do the CRPO standards and entry-to-practice competencies adequately and appropriately contemplate the provision of service to racialized clients? How can CRPO ensure that any required updates or revisions are well-informed by the perspective of racialized clients and RPs?
- Are there data we should be collecting that would support work in this area? For instance, the race of registrants or the racial makeup of the communities they serve?
- Does CRPO have a role to play in supporting systemic change through engagement with groups beyond our usual stakeholders? For instance: police, child protection services or other community providers? If so, what would that entail?

### **Next steps:**

Staff took this information into account on efforts to date. For example, work plans were reviewed with a view to ensuring that the initiatives already identified as priorities included a consideration of if and how they could be framed to address the regulatory role in combatting systemic racism.

Council is being made aware of how priority-setting and decision-making related to CRPO's public protection mandate can contribute to efforts to combat systemic racism within the regulatory realm.

The following is a high-level summary of the work that is planned and underway at CRPO that can or does address the possible regulatory role in addressing systemic racism.

### **Regulatory Objectives**

Following a strategic planning session in September 2019, Council adopted [Regulatory objectives](#) that include the following: ***Promote equality, diversity and inclusion in the provision of psychotherapy services.***

This objective, along with the others, will be used across CRPO Council and committee work to ensure alignment with the RHPA mandate and Council-identified strategic priorities to support accountability.

### **Council competence and composition**

CRPO has been developing and adopting [Council Competencies](#), committee and panel competencies as well as a committee composition matrix to articulate the required individual and council-level competencies needed to support the election, recruitment and appointment of qualified individuals and to guide appropriate training and professional development to ensure continued competence across all regulatory and governance functions.

Among other skills and attributes, the Council Composition Matrix includes:

#### Culture

- A variety of cultural and historical backgrounds and experiences, that reflect the community the College serves and the cultural context within health care.

#### Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

#### Gender Diversity

- A variety of perspectives to support decisions that are balanced, relevant and reflective of the public.

#### International Health Professional/Graduate

- Understand the process for becoming a health professional in Canada with foreign credentials, or, ideally, have experience in navigating that process.

#### Indigenous Practice

- Indigenous voices, to ensure that deliberations are informed, and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.

#### Traumatic Experience Awareness

- Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint/report process, and experience in creating safe spaces and trust-building processes.

#### Lived health care experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.

#### Sexual Violence Awareness

- Understand the social and cultural context of violence and abuse, including factors such as gender, sexual orientation, social class, ethnicity, religion, developmental stage, immigrant or refugee history.

### **Recruitment**

Staff, working with the Executive and the Nominations and Elections Committees are currently recruiting seven non-Council professional members. Staff have put out a [Call for Non-Council Member Appointments](#). Guided by the committee competency and composition matrices, we are actively recruiting BIPOC RPs to ensure the needed diversity of perspective, skills and experience to inform committee work.

## **Review of standards and guidelines**

### **Immediate review of Disclosing Information to Prevent Harm guideline**

With the heightened public awareness, RPs are requesting clarification about CRPO's expectations around the need to call 911 for a client who is in crisis. While the guideline on *Disclosing Information to Prevent Harm* (attached as a separate PDF) contains useful principles and procedures, several of the case examples provided to aid registrants in understanding, interpreting and applying the guideline referred to calling 911 or the police without enough discussion of the risks or alternatives to doing so.

The Quality Assurance Committee will be asked to review the guideline and direct needed changes. A version without the case examples has been posted in the meantime.

For your reference: the guiding principle of this guideline is to balance client autonomy (by discussing safety planning with the client), with the need to prevent harm to the client or others. How that plays out depends on the situation. There is no explicit legal requirement to involve emergency services. The appropriate decision will vary based on various factors, including the client's wishes, and which third party (e.g. emergency contact person, family physician, mental health crisis service, 911, etc.) is best able to respond to a particular emergency situation. CRPO has no requirement or guideline that RPs call emergency services for clients who may be a danger to themselves or others.

### **Planned review of Professional Practice Standards**

A significant initiative to be undertaken by CRPO staff and Council over the coming year is to review and update the Professional Practice Standards. As noted above, ensuring BIPOC RPs are at the table for this work will inform the process so that it considers the needs of racialized clients, families and the therapists who serve them.

As a starting point to the review, Council is being asked to consider the following: Do the CRPO standards adequately and appropriately contemplate the provision of service to racialized clients? How can CRPO ensure that any required updates or revisions are well-informed by the perspective of racialized clients and RPs?

### **Public engagement**

Four public focus groups were scheduled for October 2020 as part of CRPO's work plan. These consultations were planned to inform and improve the type and format of information that CRPO provides to the public about RPs, the College's role and mental health services more broadly.

These consultations will now be virtual and can be used to determine how the perspective of BIPOC clients and those from other equity-seeking communities can best be sought out and included in the responses that will shape our public information sharing going forward.

### **System partnerships**

The Ministry of Health's proposed College Performance Management Framework includes the domain 'system partnerships' and this has been considered as an input into strategic and work planning. Remaining cognizant of the scope of the regulatory role, Council is being asked to appreciate the need to ensure that CRPO is an effective contributor to Ontario's mental health system. At this point in time, when systemic change is clearly necessary, Council is called to

consider the need to work in collaboration with other invested stakeholders to ensure that the people of Ontario have access to adequate numbers of qualified, skilled and competent Registered Psychotherapists. Also in line with the performance management framework, CRPO needs to be in a position to identify signals of shifts in the mental health environment, including the emergence of best practices in care delivery models and challenges with the delivery of mental health care services and to work to address these.



## Disclosing Information to Prevent Harm

### Professional Practice Guideline

**Approved by:** Council

**Date:** June 28, 2018

#### Introduction

Registered Psychotherapists have an obligation to maintain client confidentiality. In some circumstances, however, disclosure of client information is permitted or required by law. The *Personal Health Information Protection Act, 2004*<sup>1</sup> (PHIPA) allows health information custodians to disclose personal health information about an individual, without that individual's consent,

if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.<sup>2</sup>

This guideline document explores when and how a Member of the College can disclose information under this provision.

The question of whether to disclose confidential information to prevent harm is multifaceted, involving aspects of law, ethics, and professional practice standards. The College advises Members that they may be held accountable for failing to take steps to prevent harm. Members have lost their employment, been the subject of complaints or reports to the College, and can be sued in court, for failing to respond appropriately to situations involving risks to clients or third parties.

The expectation that a professional disclose confidential information to prevent harm is sometimes referred to as the 'duty to warn'. This exception to confidentiality is *in addition* to other reporting obligations, for example reporting to a Children's Aid Society about a child in need of protection. Members should review the College's *Professional Practice and Jurisprudence* manual, and *Professional Practice Standards*, for an understanding of these obligations.

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<sup>1</sup> SO 2004, c 3, Sch A.

<sup>2</sup> *Ibid.*, s. 40(1).

## Interpretation

The following are brief explanations of key concepts quoted above:

<i>Reasonable grounds</i>	A concern that is based on more than suspicion, rumour or speculation.
<i>Necessary</i>	There is no other reasonable way (such as continuing therapy with the client) to prevent the risk of harm to the client or others. If disclosure is necessary, as little information as possible is disclosed to eliminate or reduce the risk of harm; that is, extraneous information is not shared.
<i>Significant risk</i>	Requires a case-by-case evaluation of both the likelihood and magnitude of harm. "Significant risk" falls in between the extremes of low risk and certainty.
<i>Serious bodily harm</i>	Death or "any hurt or injury, whether physical or psychological, that interferes in a substantial way with the integrity, health or well-being of a victim." <sup>3</sup>
<i>Person or group of persons</i>	The victim(s) are identifiable or their characteristics are described specifically.

## Professional Judgment, Consultation and Documentation

Each situation involving a potential risk of harm is different. The Member is responsible for using professional judgment to determine whether and how to disclose information appropriately.

Part of developing and applying professional judgment is knowing when to seek consultation. Consulting with supervisors and colleagues allows multiple perspectives and options to be presented, allowing the Member to make an informed decision. Consultation is especially important in complex situations, or where a Member is accountable as part of a team or organization. A Member should consult early, as potential risks begin to emerge, and not wait until harm is imminent. As the law regarding disclosure of confidential information to prevent harm is complex and evolving, members may find it helpful to consult with their legal advisor.

Deciding whether to make a report requires serious consideration. Members should recognize that the therapeutic relationship may be compromised as a result of disclosing information without the consent of the client. Concern about maintaining the therapeutic relationship, however, should not prevent a Member from disclosing information where doing so is needed. Members should use their judgement in determining when it is therapeutically relevant and safe to inform the client that they are disclosing information to a third party.

Members should document their actions, including consultations made and action taken. Doing so can show that a Member made reasonable efforts, even if it was not possible to prevent or reduce harm in a given situation.

## Working with Clients at Risk

When working with clients who are at risk of harm, it is strongly recommended that Members consider ways of facilitating their own self-care and strengthening resilience. They may do this by engaging in education, supervision, personal therapy or other personal care activities, e.g. meditation, connecting with personal supports, taking a break, etc. While this should be ongoing, it may be particularly important after dealing with more challenging clinical issues or in the unfortunate event that a client has been injured or dies as a result of suicide or homicide.

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<sup>3</sup> *R. v. McCraw*, 1991 CanLII 29 (SCC), [1991] 3 SCR 72, at p. 88.

## Example Situations

This section covers types of situations a Member could encounter. Actual situations are likely to be nuanced and involve elements of uncertainty. The examples given here are simplified for basic learning purposes.

### *Client self-harm or suicide*

Members are expected to have competence in risk assessment. Minimally they should know when and how to conduct a risk assessment (during intake, the initial session, and/or at some point during the course of therapy). There are various methods for conducting a risk assessment, which may include having the client completing a written form, orally asking the client a series of standard questions, or some combination of the two. Risk may need to be re-assessed based on new information presented by the client or after following up with the client at a later session.

It is important to explain the limitations to confidentiality at the outset of therapy, to request that clients provide an emergency contact person, and to maintain up-to-date contact information of the client. The Member should have the client's address in case the Member learns in between sessions that the client is at risk and needs to contact emergency services.

Members should be familiar with the safety planning process, including helping the client identify internal and external resources and strengths, and discussing when the client should seek additional help. Members should be aware of treatment and referral options for suicidal ideation or other self-harming behaviours. In situations where the risk of harm is not imminent, treatment may be effective and disclosure may not be necessary.

Members should be alert to distinguish between 'passive' suicidal ideation (where there is no intention to take action), and active planning. Depending on the situation, it may be appropriate to offer to escort the client to hospital, get in touch with the client's emergency contact person, call the client's other known healthcare providers, contact police or dial 911.

**Example:** The client regularly discusses thoughts of suicide. To date the idea of suicide has been hypothetical in nature with no indication of active planning. In between sessions, the client emails the therapist indicating that they plan to take their own life in the next several days. The therapist replies that they will need to report this to police and the client's family physician, and does so.

**Example:** An individual calls a community mental health agency threatening to die by suicide. Agency staff phones the police. The police inform the agency that the individual in question is known to police for making false reports of suicidality, and tell the agency that they do not need to contact the police if the individual calls again. The individual calls again stating that they will take their own life. Notwithstanding the advice from police, agency staff contacts the police again about the individual.

Suicide is distinct from medical assistance in dying (MAID). A therapist whose client discusses or plans to receive MAID in accordance with Canadian law is not expected to disclose client information to any third party about these discussions or plans.<sup>4</sup>

### *Client knowledge of a third party at risk, e.g. of suicide*

Sometimes a client will share that someone they know is at risk, for example planning to die by suicide. Where disclosure is warranted, the client can be involved in the process if this can be of therapeutic benefit. Therapists should be cautious in assuming the client will make a report about a third party at risk. Relying on the client to report may be appropriate if the risk is not imminent and the therapist

<sup>4</sup> For information about MAID, see Ministry of Health and Long-Term Care, online: <http://health.gov.on.ca/en/pro/programs/maid/>.

believes it is likely the client will follow through; however, once the therapist is aware of an imminent risk, the therapist may have a responsibility to disclose information themselves to prevent harm.

It is understandable that the therapist may not be able to fully assess the situation using second-hand information. Likewise, the therapist may not be able to obtain the contact information of the individual at risk. The expectation is that members make reasonable efforts when the client informs them that a third party may be at risk.

Example: The client tells the therapist about their friend's social media posting that they plan to take their own life shortly. The therapist explains their duty to report, and offers to phone the police together with the client. The client agrees and they do so.

#### *Risk of harm to the client by a third party*

In some situations, the client may be at risk of serious injury or death from another person. Examples may include intimate partner violence or elder abuse. The client may be reluctant to share this information with anyone else. This can put the therapist in a very difficult position for deciding whether or not to disclose information. Members must respect the client's autonomy in deciding whether or not a report should be made. In addition, reporting a client's partner or family member to police can potentially increase risk and re-traumatize the client. A thorough history and risk assessment is required.<sup>5</sup>

Example: The client discloses to the therapist concern for their safety and that they may be at risk of harm by their partner. The therapist assesses risk and lethality and in establishing a safety plan<sup>6</sup> with the client, explores a variety of options (e.g. accessing a shelter, supportive resources in the client's life, the client's calling police).

Related, Members should view threats of self-harm by a third party communicated to the client as potentially *both* an attempt to exercise control over the client, as well as a legitimate risk to the third party.

#### *Risk to a third party by the client*

The client may disclose in session their intention to harm a specific person or group. The therapist should assess the level of risk on an ongoing basis, by considering factors such as specificity of planning, history of violence and access to weapons. If the risk is significant, contacting police will generally be sufficient to fulfill one's responsibility. There is debate about whether warning the intended victim of a threat is necessary in addition to advising police (assuming it is reasonably possible to obtain contact information of the intended victim). In contemplating this step, a Member needs to weigh the severity of the risk to the intended victim against the negative impact disclosure may have on the intended victim. That is, the greater the risk of harm, the more important it may be to alert the intended victim, if it is possible to do so.

Once information is disclosed, Members should consider whether it is reasonable in the circumstances to follow up with the recipient of the information, in particular if circumstances change. Expect that police may not be able to provide updates about their investigation.

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<sup>5</sup> For safety planning resources specific to violence against women, see e.g. Peel Committee Against Woman Abuse, online: <https://www.pcawa.net/safety-planning-guide.html>; Neighbours, Friends and Families, online: <http://www.neighboursfriendsandfamilies.ca/how-to-help/safety-planning>.

<sup>6</sup> Members should assess the client's risk, and their own competence to create a safety plan. Members should be familiar with safety planning in general, and consult with centres specializing in intimate partner violence, elder abuse or other forms of violence when the level of risk or complexity exceeds their competence.

**Example:** The client confides in the therapist that he plans to kill his former spouse. After the session, the therapist immediately contacts police. In addition, the therapist's records include the former partner's name and workplace, and the therapist provides this to the police as well.

In some cases, risk may not be to an identifiable individual, but to a group. For example, road users, e.g. motorists, cyclists, pedestrians, may be at risk where a client tells the therapist they struggle with substance use and have driven while intoxicated. In many cases, treatment may be more effective at reducing risk than disclosing client information to the police. However, where risk is imminent, disclosure may be warranted.

**Example:** The client is about to drive away from the session and appears to be intoxicated. The therapist asks them about their state and offers to call a taxi, or wait until someone else can drive them home. If the client does not agree, the therapist is prepared to report to police by dialing 911.

The issue of a client's disease status, particularly HIV, can raise questions about the need to disclose information to prevent harm. A client's HIV status is confidential personal health information. Improvements in treatment are drastically reducing the risk of sexual transmission of the virus. This will form part of the analysis of whether the client's conduct constitutes a "significant risk" of serious bodily harm.

**Example:** The client discloses to the therapist that they are having unprotected sex with partners who are unaware of the client's disease status. Because this is a specific and evolving area of law and medicine, the therapist consults clinical literature, as well as individuals and organizations with specialized knowledge.<sup>7</sup>

#### *Risk to the therapist by the client*

Clients expressions of anger or hostility 'toward' a therapist are often part of the therapeutic process and can most often be worked out through therapeutic conversation. However, there may be situations where it is most therapeutic to refer the client elsewhere or terminate the therapeutic relationship altogether. In rare circumstances, a client may pose a risk of harm to a therapist, and it may be necessary to contact police in order to ensure the safety of the Member.

**Example:** A client becomes angered by the outcome of therapy, which very quickly escalates into resentment and clear threats of physical violence. The therapist terminates the therapeutic relationship and provides referral options to community resources. The therapist then contacts police to discuss safety planning and available legal measures.

#### **Reflection Questions**

Members can ask themselves the following questions when facing a situation that may call for disclosure of information to prevent harm. This list is not exhaustive (there may be additional or different questions to ask). The italicized words are defined on page 2.

- Does this situation present a *significant risk of serious bodily harm to a person or group*?
- Is the therapist's assessment or opinion based on *reasonable grounds*?
- Is disclosure *necessary* to prevent or reduce the risk of harm?
- Is this a situation that would benefit from consultation?
- Is disclosure required by law, e.g. to a children's aid society?

<sup>7</sup> See e.g. HIV & AIDS Legal Clinic Ontario, online: <http://www.halco.org/>; Canadian HIV/AIDS Legal Network, online: <http://www.aidslaw.ca/>.

- When not required by law, would disclosure put the person (client or third party) at risk?
- Would discussing the possibility of disclosure with the client be therapeutic and safe?

**See Also**

[\*Professional Practice Standards for Registered Psychotherapists\*](#), standards 1.3: Reporting Unsafe Practices, and 3.1: Confidentiality.

[\*Professional Practice & Jurisprudence for Registered Psychotherapists\*](#), pages 51-56 and 83-87.

[CRPO web page: Reports about Members](#)

[\*Mandatory Reporting Obligations for Registered Psychotherapists\*](#)

## Registrar's Report to Council

August 20, 2020

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### 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 continued to provide up-to-date information to registrants in a series of ten [Coronavirus Bulletins](#) between March 20 and July 16. [Guidance on Developing a Return to In-Person Practice Plan](#) was provided in line with the directives of the [Chief Medical Officer of Health](#) and the [Operational Requirements: Health Sector Restart](#).

As noted in the Practice Advisory report (below), staff responded to questions related to mandatory mask orders, return to in-person practice, employee concerns related to infection prevention along with general enquiries around practice during the pandemic.

Staff are working to develop a webinar focused on conducting assessments and intake interviews using e-therapy. This is in response to concerns raised by registrants related to virtual practice.

### **Operations**

#### ***Staffing Flexibility***

As part of the operational response to the pandemic, senior management has been working to provide flexibility that will allow staff to work virtually. This has included support for home office equipment, varied work hours and family leaves. There has been some re-organization of responsibilities and work plan timelines but I am pleased to be able to report that we are meeting key deliverables in terms of core functions and registrant services.

#### ***New Staff***

Tiffany Dookhee has joined the Professional Conduct team as an Assistant with the Professional Conduct team.

#### ***Registrant Management System***

With Executive Committee approval, staff have negotiated a contract with [Thentia Corporation](#) to develop and implement a new registrant management system. Thentia's platform is purpose-built for regulators and will allow CRPO better manage the core functions of registration and QA, will integrate complaints and reports work, and will allow for significant improvements in our ability to mine data and manage communications. Additionally, it will present a more user-friendly platform for applicants and registrants and provide a mechanism for the public to file complaints on-line.

A go-live date will be determined in the coming weeks and staff will keep Executive Committee apprised of progress. Council will receive a status report at their next meeting.

## Finance

Audited financial statements for the fiscal year April 1, 2019 to March 31, 2020 are being presented for information at this meeting and will be included in the annual report.

## Annual Report

Final work is being completed on the annual report with the designer undertaking layout and formatting of content. The electronic copy will be circulated to Council before the September 20 submission deadline.

## Updates

### ***Practice Advisory Service***

From January 1 to June 30, 2020, we received 1,046 inquiries. This brought us up to 541 inquiries in the fourth quarter of 2019-20 and 504 inquiries in the first quarter of 2020-21.

		<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Q1	Apr- Jun	98	325	504
Q2	Jul- Sep	216	352	
Q3	Oct- Dec	243	432	
Q4	Jan- Mar	357	541	

Many recent inquiries have been related to COVID-19, including:

- Switching to electronic practice
- Returning to in-person practice
- Using Personal Protective Equipment (PPE)
- Confidentiality and contact tracing

Other common topics include:

- Cross-jurisdictional practice
  - RPs working remotely with clients outside Ontario
  - Practitioners outside of Ontario working remotely with clients in Ontario
- Disclosure of personal health information
  - Releasing client records in specific situations (e.g. custody, court proceedings)
  - Duty to report
- Providing and receiving clinical supervision
- Record-keeping

### ***Registration***

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

As of writing, total registrants numbered 7,750

- RP 6,132
- Qualifying 1,479
- Inactive 139



	March	April	May	June	July
Applications started	86	113	141	92	114
Total applications submitted	93	84	102	100	88
Applications from recognized programs submitted	61	57	77	75	61
Applications from non-recognized programs submitted	32	27	25	25	27

As noted in my memo to Council on June 30, 2020 the decision to extend the renewal period payment deadline to June 1, 2020 was made in response to the province's initial declaration of an emergency on March 17, 2020. Registration renewal information was still required by the March 31.

The total number of registrants suspended for failing to complete renewal was 64: 22 failed to submit both the form and payment; 42 failed to submit payment only.

### **ICRC**

CRPO has received 18 reports since the beginning of this fiscal year. Two of these have become formal investigations. Staff are reviewing remaining 16 files and conducting preliminary risk assessments and informal investigations to determine whether we have reasonable and probable grounds to suspect misconduct has occurred.

### **Compliance Monitoring**

The files currently being monitored are as follows:

<b>Registration Committee:</b>	<b>21</b>	<b>active</b>
Clinical supervision/monitoring	16	
Personal/Group Therapy/Drug Screening	1	
Cease using the term "Dr"	1	
Currency upgrading	1	
Education	5	
Practice Assessment	3	
Not Completed: result of resignation/revocation	1	
On Hold: other reasons (e.g. on leave or Interim Order suspension)	1	
<b>ICRC:</b>	<b>27</b>	<b>active</b>
Clinical supervision/monitoring:	12	

Personal/Group Therapy/Drug Screening	2
Ethics or education courses	17
Practice Restrictions	1
Remedial agreements	2
Reflective Paper	4
Practice Assessment	2
In-Person Caution	2
Undertakings	3
On Hold: currently under appeal at HPARB	3
Not Completed: result of resignation/revocation	7
On Hold: other reasons (e.g. on leave or Interim Order suspension)	4
<b>QA:</b>	<b>6 active files</b>
Clinical supervision/monitoring	4
Deferral of PD Requirements	2
Reflective Paper	1
Review Standards	1
Submit revised advertising material	2
Practice Restrictions	1
<b>Discipline:</b>	<b>1 active file</b>
Education	1
Costs	1
Reflective Paper	1
Reprimand	1

## Social Media

Please see the attached Website Analytics report.

## Professional Development

### Staff

- March 18th to May 8th - uWaterloo - MS Access – one staff member
- June 15th to 18th – uOttawa – Policies & Procedures for Compliance and Consistency – 3 members registration team
- June 17th to Aug 7th – uWaterloo – Intermediate MS Word – one staff member

### Council

- HPRO Conducting a Discipline Hearing Workshop - Basic Session - June 12, 2020.-  
4 Council members

## Stakeholder Engagement

### *Education Program and Professional Associations*

Meetings were held on June 2 and 16 with representatives from the psychotherapy education and training programs and professional associations. These sessions were used to update the

representatives on work at the CRPO, to provide education about regulatory problem identification and to invite discussion on any issues raised by attendees.

## **Regulatory Developments**

The Health Profession Regulators of Ontario (HPRO) Executive was informed by Ministry of Health staff that they would be providing an update on the proposed College Performance Management Framework in August. HPRO was given to understand that this would include a timeline for implementation of the framework. The committee work plans (agenda item 4) anticipate the need to report on key performance indicators laid out in the framework and staff are confident that CRPO is well positioned to undertake this work.

A reminder that CRPO has two proposed regulations before the Ministry:

- Draft Regulation Defining Client for Sexual Abuse Provisions (submitted June 26, 2019)
- Draft Regulation: Categories of Prescribed Therapies Involving the Practice of Psychotherapy (submitted June 29, 2018)

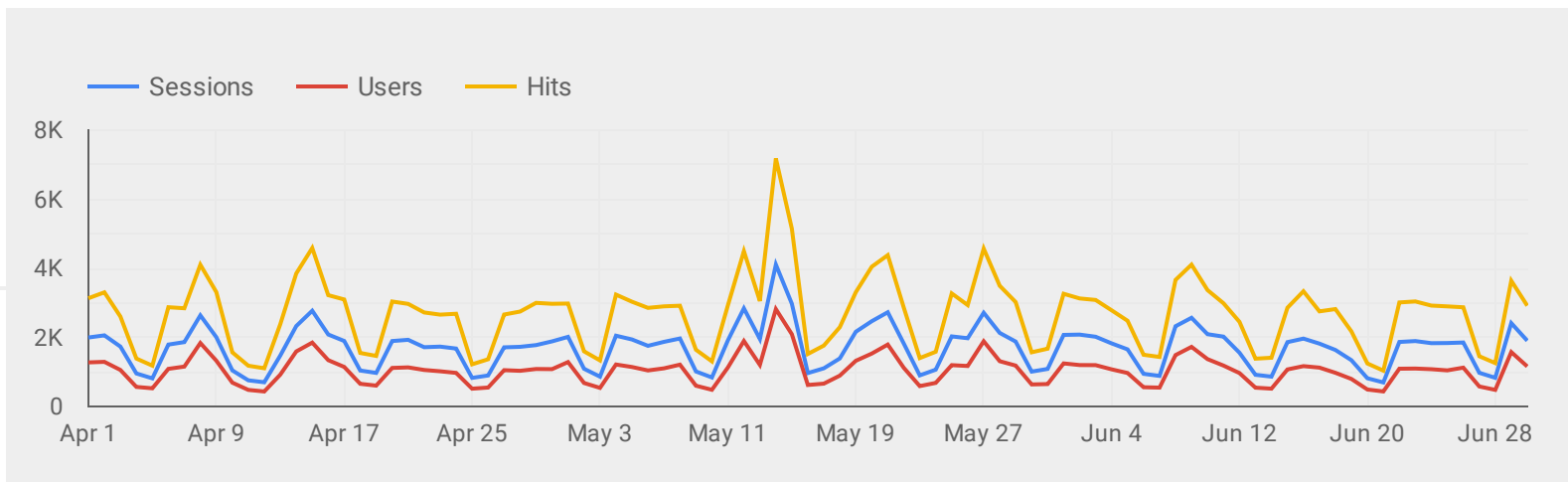
Staff received follow up from the Ministry on the status of these proposed regulations in July; no update is available at time of writing but the Executive Committee will be provided with information once staff is apprised of any progress.



## 1

### Overview

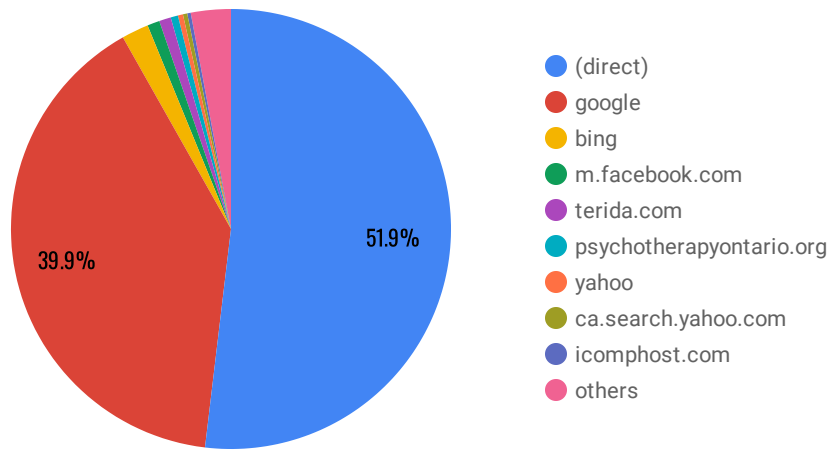
Hits vs sessions vs users



## 2

### Referral sources

Half of our users are going directly to the site; just over a third are finding us through searches; the other 12% are coming in from a variety of sources.

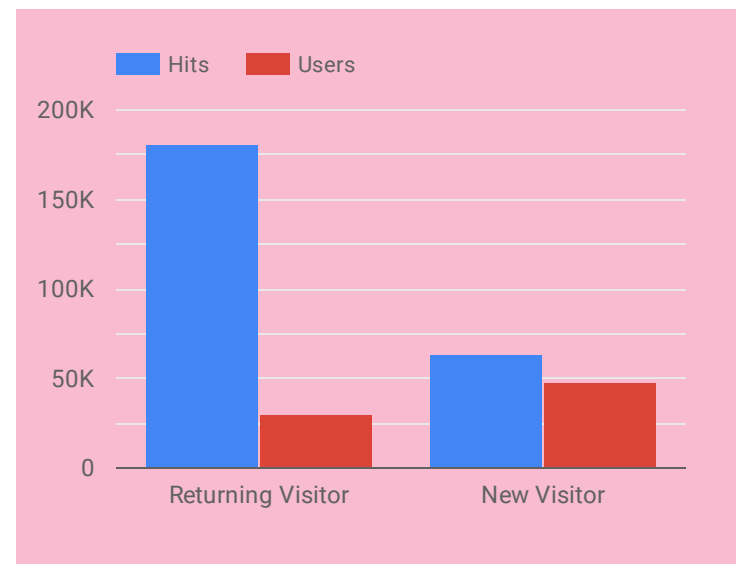


## 3

### Total Users & Hits April - June 2020

Users  
**55,191**

Hits  
**244,397**

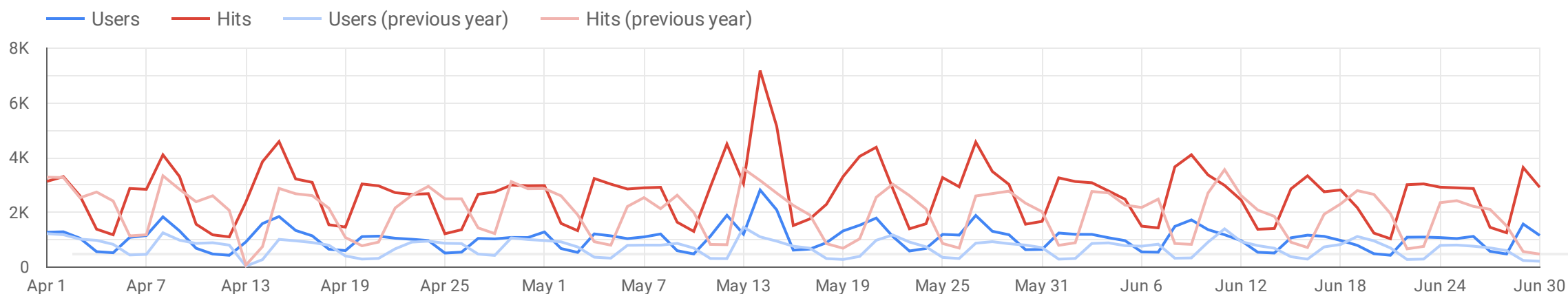




## 4

### Comparisons to previous website

In 2020, there was significant growth in the number of users and hits during Q2. This is important because we want to keep directing members to the website as the prime source of information for them.



## 5

### Sessions & Users During Member Renewal

Apr 1, 2019 - Jun 30, 2019		April 1, 2020 - June 30, 2020	
Sessions	62,905	Sessions	154,712
Users	22,078	Users	55,191



# What Are Users Accessing?

What value are we providing to the public, registrants and prospective registrants?

## 7

### So what are users accessing?

A few notable findings here.

-The "applying to CRPO" sessions are still going strong, even at this stage in CRPO's existence.

-COVID-related sessions dominate the top 20 & 40

-Also notable is that sessions related to 'File a complaint about a member' and 'Discipline' don't appear in the top 40. In comparison, Q2 2019 data showed 'Discipline' at #16 and 'File a complaint about a member' was #30.

-QA program sessions went down several spaces from #15 in Q2 2019 to #27.

- Practice Matters sessions went up to #19 from #36 in Q2 2019.

	Landing Screen	Sessions ▾	Avg. Time...
1.	www.crpo.ca/	54,678	00:01:55
2.	www.crpo.ca/applying-to-crpo/	9,664	00:01:56
3.	www.crpo.ca/education-programs/	9,357	00:02:33
4.	www.crpo.ca/find-a-registered-psychotherapist/	8,724	00:02:33
5.	www.crpo.ca/faqs-covid-19/	4,837	00:01:55
6.	www.crpo.ca/guidance-for-return-to-in-person-practice/	3,818	00:01:57
7.	www.crpo.ca/?s=login	2,953	00:00:30
8.	www.crpo.ca/supervision/	2,625	00:02:18
9.	www.crpo.ca/what-is-psychotherapy/	2,605	00:02:14
10.	www.crpo.ca/new-members-registered-psychotherapist-q...	2,534	00:02:16
11.	www.crpo.ca/selecting-communications-platform/	2,291	00:02:30
12.	www.crpo.ca/in-person-plan/	1,771	00:03:20
13.	www.crpo.ca/9-steps-to-crpo-registration/	1,640	00:01:43
14.	www.crpo.ca/implementing-electronic-practice/	1,624	00:02:16
15.	www.crpo.ca/transition-to-in-person-practice/	1,576	00:03:00
16.	www.crpo.ca/transmission/	1,572	00:02:50
17.	www.crpo.ca/registration-exam/	1,562	00:02:13
18.	www.crpo.ca/contact-us/	1,559	00:02:04
19.	www.crpo.ca/practice-matters/	1,451	00:02:25
20.	www.crpo.ca/definitions/	1,394	00:02:39
21.	www.crpo.ca/2020-registration-exam-update-faq/	1,385	00:02:34
22.	www.crpo.ca/standard-3-1-confidentiality/	1,251	00:02:58
23.	www.crpo.ca/advice-to-rps-regarding-covid-19/	1,234	00:02:11
24.	www.crpo.ca/professional-liability-insurance/	1,194	00:02:43
25.	www.crpo.ca/self-assessment-tool/	1,059	00:01:38
26.	www.crpo.ca/a-note-to-psychotherapy-clients-about-covi...	1,044	00:02:25
27.	www.crpo.ca/quality-assurance-program/	1,008	00:02:09
28.	www.crpo.ca/standard-5-1-record-keeping-clinical-records/	846	00:00:50
29.	www.crpo.ca/standard-3-4-electronic-practice/	815	00:01:56
30.	www.crpo.ca/who-can-supervise-who/	813	00:02:09
31.	www.crpo.ca/all-resources/	802	00:01:53
32.	www.crpo.ca/clinical-supervision-faq/	777	00:01:48
33.	www.crpo.ca/call-for-non-council-member-appointments/	760	00:03:00
34.	www.crpo.ca/code-of-ethics/	736	00:01:45
35.	www.crpo.ca/ministry-launches-workforce-matching-port...	690	00:01:51
36.	www.crpo.ca/3-2-consent/	683	00:01:58
37.	www.crpo.ca/crpo-fees/	643	00:02:05
38.	www.crpo.ca/crpo-mapping-tool-for-individual-applicants/	623	00:02:03
39.	www.crpo.ca/registration-categories/	623	00:01:41
40.	www.crpo.ca/about-crpo/	544	00:01:49

1 - 100 / 2014 < >

## 8

Obviously, the people who come directly to the site have a much lower bounce rate than those who come through search engines or other means.

A viable solution to this issue is looking at our SEO and what users are looking for before they land on the site is still .

	Source	Sessions ▾	Bounce Rate
1.	(direct)	80,275	61.37%
2.	google	61,786	99.62%
3.	bing	3,073	99.67%
4.	m.facebook.com	1,399	99.36%
5.	terida.com	1,335	99.63%
6.	psychotherapyontario.org	833	99.04%
7.	yahoo	580	99.83%
8.	ca.search.yahoo.com	492	99.8%
9.	icomphost.com	395	98.99%
10.	duckduckgo	262	100%
11.	wlu.ca	246	100%
12.	cpca-rpc.ca	238	99.16%
13.	facebook.com	212	99.06%
14.	health.gov.on.ca	205	100%
15.	mail.google.com	204	99.02%
16.	surveymonkey.com	191	98.95%
17.	l.facebook.com	190	98.42%
18.	ccpa-accp.ca	131	100%
19.	myemail.constantcontact.com	130	98.46%

1 - 100 / 331 < >



# Mobile vs Desktop: How are users accessing the site?

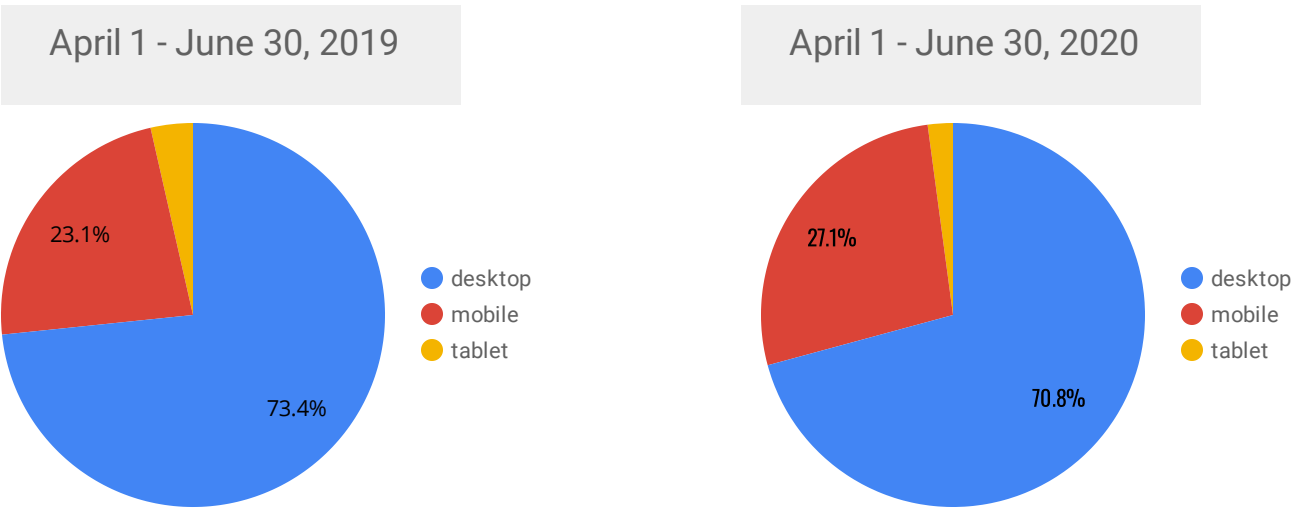
A key website objective was supporting mobile usage.

# 7

## Mobile users & devices

Most users are still accessing the website on a desktop (70.8%) versus a smartphone (27.1%) or tablet (2%).

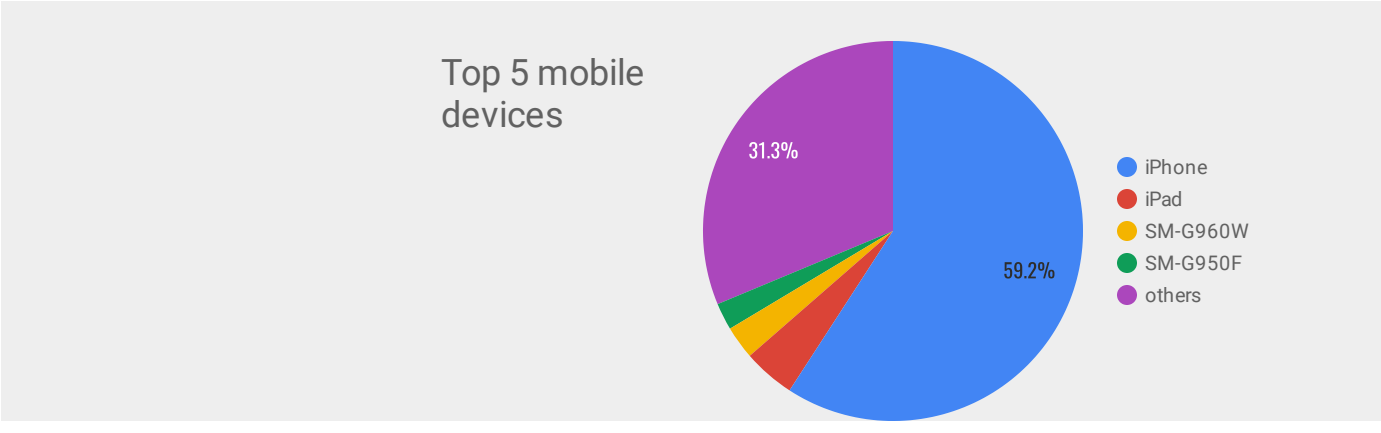
Although the change is small, the website does now have greater numbers of mobile users than it did in the same period a year ago.



# 8

## Device & Usage

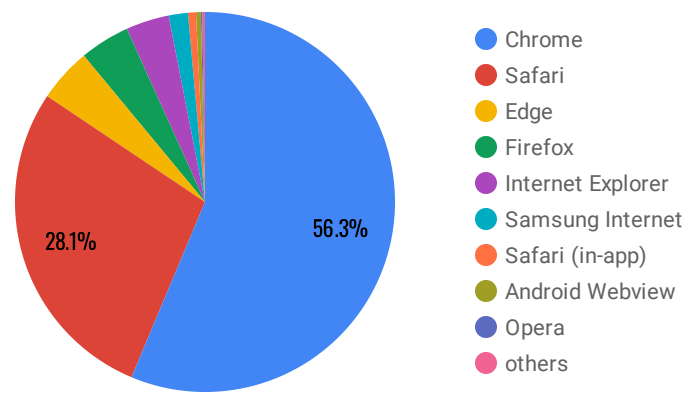
Close to 60% of all mobile users are on iPhones.



# 9

## Browsers

The number of IE users continues to be lower than ever.





# User Profiles

What do we know about members and others who are using our site?

# 11

## Demographics

A little demographic snapshot: most users are from Ontario's biggest communities (no surprise), though Montreal ranks up there with the 8th biggest number of users.

The VAST majority of users speak English.

	City	Users ▾
1.	Toronto	15,724
2.	Ottawa	4,224
3.	(not set)	2,157
4.	Hamilton	1,978
5.	Mississauga	1,955
6.	Brampton	1,653
7.	London	1,479
8.	Montreal	1,308
9.	Kitchener	1,169
10.	Richmond Hill	1,084
11.	Markham	1,020
12.	Vaughan	932
13.	Guelph	774
14.	Kingston	769
15.	Barrie	712
16.	Oakville	660
17.	Burlington	574
18.	Waterloo	548
19.	Oshawa	526
20.	St. Catharines	507
21.	Greater Sudbury	505

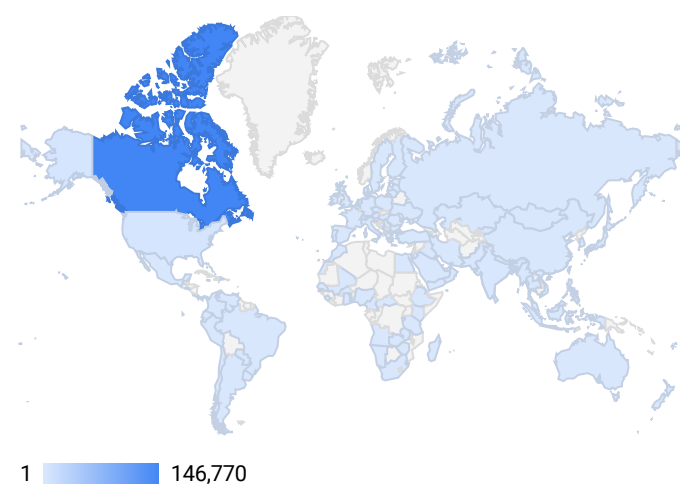
1 - 100 / 1427 < >

	Language	Users ▾
1.	en-us	24,615
2.	en-ca	17,238
3.	en	9,356
4.	en-gb	3,484
5.	fr-ca	331
6.	fr-fr	286

1 - 10 / 107 < >

Sessions  
**154,712**

Pageviews  
**242,145**





**Communiqué Q2 2019:**

60% open rate (+41% compared to industry average)  
13% click through rate (+3% compared to industry average)

**Communiqué Q2 2020:**

66% open rate (+47% compared to industry average)  
19% click through rate (+19% compared to industry average)

**Top 10 Performers of Q2 2020:**

**Coronavirus Bulletin #4 (1873 clicks):** Selecting a Communication Platform 33.3% of 914 clicks  
**Public Consultation (1624 clicks):** Clinical Experience for Registration Policy (49.2% & 1112 clicks) Review and Recognition Policy (45.5% & 1029 clicks)  
**Coronavirus Bulletin #7 (1405 clicks):** COVID FAQ 19.2% of 515 clicks  
**Coronavirus Bulletin #8 (1149 clicks):** Guidance for Return to Practice 46.1% of 759 clicks  
**April (1019 clicks):** Selecting a Communication Platform 30.2% of 434 clicks  
**June (933 clicks):** Guidance for Return to Practice 26.4% of 394 clicks  
**Coronavirus Bulletin #9 (921 clicks):** Guidance for Return to Practice 25.2% of 367 clicks  
**May (910 clicks):** Transition to In-person Practice 28.3% of 357 clicks  
**Coronavirus Bulletin #7 (880 clicks):** COVID FAQ 21.4% of 321 clicks  
**Coronavirus Bulletin #5 (816 clicks):** Selecting a Communication Platform 32.3% of 337 clicks



We have 385 Twitter followers as of August 5, 2020.

## April's top tweet:

**College of Registered Psychotherapists of Ontario**  
 @crpontoario  
 The Ontario Ministry of Health has published a list of resources for those experiencing mental health and addictions issues during the pandemic.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/corona\\_virus/docs/resources\\_ontarians\\_experiencing\\_mha.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/corona_virus/docs/resources_ontarians_experiencing_mha.pdf) ...

Impressions	2,409
Total engagements	74
Link clicks	36
Detail expands	18
Retweets	11
Likes	9

## May's top tweet:

**College of Registered Psychotherapists of Ontario**  
 @crpontoario  
 RPs, are you thinking about how you'll transition back to in-person practice? We've got some tips for you to begin considering. <https://www.crho.ca/transition-to-in-person-practice/> ...

Reach a bigger audience

Impressions	739
Total engagements	21
Link clicks	15
Detail expands	4
Retweets	1
Likes	1

## June's top tweet:

**College of Registered Psychotherapists of Ontario**  
 @crpontoario  
 As a regulator working in the interests of the public, CRPO condemns anti-Black racism, systemic oppression and violence. We stand with Black communities across Ontario and have made a donation to Black Health Alliance to support their Pathways to Care project.

Reach a bigger audience  
 Get more engagements by promoting this Tweet!

Impressions	677
Total engagements	57
Detail expands	43
Likes	7
Profile clicks	5
Replies	1
Retweets	1

## July's top tweet:

**College of Registered Psychotherapists of Ontario**  
 @crpontoario  
 CRPO is actively looking to appoint BIPOC RPs to serve on a number of committees. Do you want to make a contribution to public protection? Click here for more info.  
<https://www.crho.ca/call-for-non-council-member-appointments/> ...

Reach a bigger audience  
 Get more engagements by promoting this Tweet!

Impressions	731
Total engagements	48
Link clicks	25
Detail expands	9
Profile clicks	8
Retweets	4
Likes	2



We have 798 users liking our page and 951 users following our page.

When someone likes a Page, they're showing support for the Page and that they want to see content from it. The Page will show up as being liked in the About section of that person's profile. When someone follows a Page, it means they may receive updates about the Page in their News Feed. People who like a Page will automatically follow it.

Here are our top performing Facebook posts for the period beginning April 1, 2020 and ending June 30, 2020:

**CRPO**  
April 8 · 🌐

Ontario's Ministry of Health has launched an online portal to match available healthcare workers with employers to increase capacity of hospitals, clinics, etc. to stop the spread of #COVID19. Find all the details and links to resources on our website: <https://crpo.ca/ministry-launches-workforce-matching-portal/>



✔ **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

<b>738</b> People Reached	<b>209</b> Engagements	<b>Boost Post</b>
------------------------------	---------------------------	-------------------

**CRPO**  
June 8 · 🌐

In a week when protests over the death of George Floyd and others have taken place across the world, CRPO condemns racism and racial discrimination in all its forms. Research demonstrates that Black communities face significant mental health impacts due to anti-Black violence. As a regulator working in the interests of the public, CRPO stands opposed to systemic oppression and violence. We stand with Black communities across Ontario and have made a donation to the Black Health Alliance to support their Pathways to Care project, which is aimed at removing barriers and improving access to mental health and addictions services for Black children, youth and their families.

✔ **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

<b>713</b> People Reached	<b>119</b> Engagements	<b>Boost Post</b>
------------------------------	---------------------------	-------------------

**CRPO**  
May 20 · 🌐

Good news, RPs. CRPO staff are now reviewing applications received in April.

✔ **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

<b>676</b> People Reached	<b>138</b> Engagements	<b>Boost Post</b>
------------------------------	---------------------------	-------------------

**CRPO**  
May 4 · 🌐

Good news, applicants. CRPO staff are now reviewing applications received in March.

✔ **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

<b>650</b> People Reached	<b>125</b> Engagements	<b>Boost Post</b>
------------------------------	---------------------------	-------------------

# MEMO

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<b>To:</b>	<b>CRPO Council Members</b>
<b>CC:</b>	CRPO Management Team Executive Committee
<b>From:</b>	Deborah Adams, Registrar
<b>Re:</b>	Council Update
<b>Date:</b>	June 30, 2020

In advance of the August 20<sup>th</sup> meeting, I am writing to provide Council with an update on items considered by the Executive Committee as well as work in progress at the staff level.

Just a reminder that section 12.1 of the RHPA allows that [“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 will note that, where this power has been exercised, any decisions that are made by the Executive Committee will be formally reported to Council so that they can be ratified if needed.

## 1. Fiscal 2020 audited financial statements

At its meeting on June 23, the Executive Committee received a report from the audit team at Welch LLP and approved the audited statements for the fiscal year April 1, 2019 to March 31, 2020. Details of the report (which concluded in a clean audit) will be available to Council at the August meeting. Abbreviated financial statements will be included, as per usual and as per government requirements in the 2020 Annual Report.

## 2. Outreach update

### *a. Education and Professional Association meetings*

Representatives from the education and training programs and from the professional associations were invited to virtual meetings on June 2 and June 16, respectively. Shelley Briscoe-Dimock and Andrew Benedetto presented along with staff at the education program meeting to provide updates on issues related to registration and to discuss areas of interest to the program representatives. At the meeting with professional association representatives, S. Briscoe-Dimock and staff presented updates on core functions and answered questions from those in attendance. Both meetings included presentations on Peer Circles and Regulatory Problem Identification (these items will be address in August with an educational presentation from Mark Pioro on the work he is heading on problem identification) and an invitation to participate in both initiatives.

### *b. Upcoming Town Halls, Peer Circles, Public Consultations*

Outreach that was planned for the fall will continue in a virtual format. Staff are on track with work to run seven town hall meetings (one in each electoral district) in September, to offer Peer Circles in collaboration with professional association sponsors in October and to run public engagement consultations over the fall months.

### 3. Member management system

Prior to proclamation, CRPO staff and the transitional Council were charged with establishing the administrative infrastructure that was required to operate as a regulatory body. As part of this infrastructure, decisions were made to develop and deploy a registration management database, to set up a quality assurance portal and to host a jurisprudence e-learning module on a separate web platform. All three systems make up a registrant management system (RMS) that requires ongoing management.

At this point, investments of staff time and CRPO budget are needed to further incorporate changes related to routes of registration (e.g., to incorporate the management of the entry-to-practice exam), to support a rapidly growing registrant base and to make improvements based on feedback from applicants, registrants and in response to staff learning. Integration of the administration of complaints and reports is also required as is an enhanced ability to mine core function-related data to report on key performance indicators.

Staff sought direction from the Executive Committee to assess the best options for moving forward. Executive provided this direction, advising staff to report back on costs and other resource implications in any work that might be proposed.

Staff will be able to provide an update on this work at the August meeting.

### 4. Work plans

At its June meeting, the Executive Committee approved the work plan format proposed by staff. This format will be used to engage with committee chairs and to return to committee members to direct their work over the coming year. Since committee plenaries have already been scheduled, some committees will see these work plans before the August council meeting; some will see them after. Going forward, the plans will form the basis for tracking progress and making any adjustments required to achieve CRPO's identified priorities.

### 5. Council appointments

#### a. *Competency and composition documents*

The Executive Committee reviewed the final set of draft documents detailing expected competencies for Council, for specific committees and for the panel work of the committees. They also reviewed a draft committee composition matrix that provides guidance in determining what skills, attributes and experiences should be represented on each committee, although not necessarily be each committee member. The Executive Committee approved the use of these draft documents for the purposes of beginning to recruit non-elected professional members to committees, as per Council direction at its March 2020 meeting.

Council as reminded that they have been asked to complete a brief survey (one for [professional](#) and one for [public members](#)) on competency representation on committees; July 13 is the new deadline for completing this.

#### b. *Non-Council Member Appointments*

As noted above, the council and committee competency documents along with the committee composition matrix will be used to direct recruitment of non-elected professional members. The [call for expressions of interest](#) from RPs went

out this week and the Executive Committee will be working with the Nominations and Elections committee to interview anyone wishing to be considered.

*c. Public appointment*

Some Council members may have already met our new public appointment Kathy Zhao. However, I wanted to take this opportunity to welcome her to the Council. Kathy was appointed for a one-year term, beginning April 23, 2020.

**6. College response to systemic racism**

Over the past several weeks, there has been a shift in the international dialogue on racism. As the bodies charged with protection of the public interest, this moment compels regulators to consider how they can combat racial injustice for Black, Indigenous and People of Colour (BIPOC).

In response to the demonstrations that have been happening across our province, country and the rest of the world to protest racism, staff took the step of posting on social media to affirm CRPO's support for Black communities and acknowledge the impact of anti-Black racism on mental health.





**College of Registered Psychotherapists of Ontario**  
@crpontario



As a regulator working in the interests of the public, CRPO condemns anti-Black racism, systemic oppression and violence. We stand with Black communities across Ontario and have made a donation to Black Health Alliance to support their Pathways to Care project.

9:25 AM · Jun 8, 2020 · [Twitter Web App](#)

View Tweet activity

1 Retweet 7 Likes



**CRPO**  
June 8 at 9:22 AM ·



In a week when protests over the death of George Floyd and others have taken place across the world, CRPO condemns racism and racial discrimination in all its forms. Research demonstrates that Black communities face significant mental health impacts due to anti-Black violence. As a regulator working in the interests of the public, CRPO stands opposed to systemic oppression and violence. We stand with Black communities across Ontario and have made a donation to the Black Health Alliance to support their Pathways to Care project, which is aimed at removing barriers and improving access to mental health and addictions services for Black children, youth and their families.

**611**  
People Reached

**116**  
Engagements

[Boost Post](#)

58

1 Share

The Executive Committee was updated on this work and provided with a summary of the concrete steps that are in place as part of work plans, initiatives that will be added to planned work or focused more clearly on addressing systemic racism and proposed steps that staff sees as being relevant and appropriate efforts on the part of a regulator. Council will receive a full update on this work at the August meeting.

## 7. Pandemic planning

### a. Operations

Staff continues to work remotely and will continue to do so until further notice. The management team is monitoring the situation and is developing a process and taking necessary steps to ensure safety of all staff before any plan or firm dates are set. It is envisaged that some remote work will be required of and / or wanted by staff for the foreseeable future. Our operational systems have proven effective and management has no concerns about continued remote operations at this point. Regular check ins

with staff are being done to ensure that everyone has required support and staff productivity continues to be solid.

No in-person meetings are planned for committees or panels at this time. We have held three 3 discipline hearings using video conferencing. Screening and review panels have continued their regular schedules. The August 20 Council meeting will be a full day that is partially devoted to education (this part of the meeting will not be open to the public). Appropriate breaks will be built into the agenda to ensure that Council members can participate effectively.

*b. Registrant support*

Staff continue to monitor the emerging information related to the pandemic, with a focus on information that is needed by registrants to develop and implement necessary infection prevention and control measures. [Guidance or return to in-person practice](#) was posted to CRPO's website once the Chief Medical Officer of Health revised his directive for non-essential services to cease. A consultation is open to ask stakeholders for feedback on the guidance resources; at time of writing, 66 people has provided responses. Staff will be using this information to make any needed revisions to the materials if and before they are finalized as formal guidelines. A full report on the feedback and the status of the work will be provided at the August meeting.

On a final note, I wanted to provide a bit more information about the meeting agenda, which you will see I have noted will include a significant education component. In addition to M. Piore presenting on regulatory problem identification, we will have a presentation from our governance consultant, [Darrel Pink](#). D. Pink will be presenting on *The Lifecycle of our Skills Matrix* as part of the work we are doing on Council and committee evaluation. The goal of the presentation is to prepare Council for its self-evaluation process by working with skills and attributes in a critical way so members are comfortable with critical assessment of themselves and each other.

I look forward to 'seeing' you in a few weeks. Please feel free to reach out if you have any questions or concerns.

Best,  
Deb



## Regulatory Problem Nomination Form<sup>1</sup>

### Background

CRPO's mission is to regulate registered psychotherapists in the public interest, striving to ensure competent and ethical practice. CRPO follows a risk-based model, focusing on issues where harm is likely to occur. This form allows anyone to nominate a problem for attention. A problem is pattern or trend of harm, malpractice or non-compliance within the profession.

This form is **not** intended for the following issues:

- If you have a complaint or concern about a specific registrant, review CRPO's [complaint and investigation process](#)
- If you have feedback or concerns about CRPO personnel or processes, please email [info@crpo.ca](mailto:info@crpo.ca)
- To request advocacy on behalf of the profession, e.g. compensation, insurance coverage, HST exemption, contact your professional association

CRPO will select problems for intervention based on the following criteria:

- Addressing the problem is in the public interest
- The issue falls within the mandate of CRPO
- The problem is unlikely to be improved without regulatory intervention
- There is some likelihood of improving the situation in a reasonable timeframe

Once a problem is selected, the process involves:

- Carefully defining the problem
- Measuring impact
- Making a plan
- Implementing the plan
- Closing the file, monitoring and reporting

Please complete the requested information on the following page. CRPO will not respond to each problem nomination individually but will publicly report on its activities in the aggregate.

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<sup>1</sup> Based on Malcolm Sparrow, *The Regulatory Craft: Controlling Risks, Solving Problems, and Managing Compliance* (Washington, DC: Brookings, 2000); Malcolm Sparrow, *The Character of Harms: Operational Challenges in Control* (New York: Cambridge University Press, 2008).

Brief description of the problem (approximately three or four sentences – be as precise as you can)

What makes this problem significant or important?

Can you point us to any data or evidence regarding the problem?

What has been done to address this problem, and why do you believe it has not worked?

If we have follow-up questions and you are willing to share your insights, this will allow us to reach you (optional).

Name:

Email address:

Please submit this form to: [m.pioro@crpo.ca](mailto:m.pioro@crpo.ca)

# COUNCIL MINUTES

Friday, March 27, 2020  
9:30 a.m. to 12:30 p.m.  
Zoom videoconference

## Council Members:

Heidi Ahonen, RP  
Andrew Benedetto, RP  
Steven Boychyn  
Shelley Briscoe-Dimock, RP (President)  
Kali Hewitt-Blackie, RP

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

## Regrets:

Gary Cockman

## Staff Members:

Deborah Adams, Registrar  
Amy Fournier, Executive Coordinator (Recorder)  
Sabina Hikel, Manager, Policy & Strategy  
Mark Pioro, Deputy Registrar & General Counsel  
Monica Zeballos-Quiben, Coordinator, Registrant Services

### 1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 9:37 a.m. and welcomed all present at the CRPO's first entirely virtual Council meeting. The Chair noted that several observers were signed in to view the Zoom live stream of the Council meeting.

### 2. Approval of Draft Agenda

The Chair introduced the draft agenda.

#### **MOTION C-27MAR2020 – M01**

That the agenda of the March 27, 2020 meeting of Council be approved as presented.

Moved: M. Machan  
Seconded: J. Snyder  
CARRIED

### 3. Conflict of Interest

None declared.

### 4. Council and Committee Evaluation Project

D. Adams, Registrar, provided Council with an update regarding the committee and council evaluation project that staff have been developing with Darrel Pink. D. Pink met with L. Marttinen,

Manager, Practice Advisory, and D. Adams to discuss how the evaluation process could incorporate the CRPO's Quality Assurance 'conscious competence' approach into the peer evaluations. D. Pink will present a workshop to Council at an educational meeting.

## 5. **Committee Appointments**

### *Nominations and Elections*

S. Briscoe-Dimock introduced the topic, and informed Council that the Nominations and Elections Committee is currently without a committee chair. Considering the evolving role of the committee, 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.

### **MOTION C-27MAR2020 – M02**

That Council appoint M. Machan as chair of the Nominations & Elections Committee.

Moved: K. Hewitt-Blackie

Seconded: A. Benedetto

CARRIED

### *Registration*

Council was asked to ratify the Executive Committee's decision to reappoint Muriel McMahon to the Registration Committee as a non-council committee member. Muriel McMahon, RP, was appointed to the Registration Committee as a non-council member in February 2019 to participate in panel meetings to review applications made using the Indigenous Pathway tool. 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.

### **MOTION C-27MAR2020 – M03**

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.

Moved: M. Monastero

Seconded: S. Boychyn

CARRIED

## 6. **Update: Governance Reform Initiative**

### **6.a. Executive Committee Terms of Reference Review**

S. Briscoe-Dimock introduced the revised Executive Committee Terms of Reference. The changes to the format and overall approach of the terms of reference were informed by D. Pink's *Situational Analysis on the State of Governance*. Council agreed with the new format and style of the terms of reference.

**ACTION: Staff to revise all committee terms of reference using the approved template and format.**

### **6.b. Nominations and Elections Committee Terms of Reference Review**

S. Briscoe-Dimock introduced the revised Nominations and Elections Committee Terms of Reference. The revised terms expand on the committee's role in making recommendations to Council regarding competency-based non-council member appointments. The Nominations and Elections Committee will undergo training with staff in the summer to prepare them for their new roles and responsibilities. Until the committee is appropriately trained, the Executive Committee will be responsible for the work of competency-based appointments.

### **MOTION C-27MAR2020 – M04**

That Council approve the Nominations and Elections Committee terms of reference as presented.

Moved: S. Boychyn

Seconded: J. Mord

CARRIED

### **6.c. Work Plan Development**

D. Adams introduced the Council work plan, noting that staff were developing more detailed versions that will be brought forward as committee work plans. The Council work plan aligns with regulatory objectives, the Ministry of Health's College Performance Measurement Framework, and Council-identified strategic goals. A comprehensive reporting framework is being developed by staff and will be presented at a future Council meeting. Council approved the work plan as presented.

### **7. Presentation: Bias and Professional Expertise**

D. Adams provided a presentation on Bias and Professional Expertise.

### **8. Presentation: Use of Expertise**

M. Piro, Deputy Registrar & General Counsel, provided a brief presentation on use of professional expertise.

### **9. Update: Privacy Law**

M. Piro provided an update on privacy law.

### **10. Non-Council Member Recruitment**

S. Briscoe-Dimock introduced the topic and informed Council that the Executive Committee recommended that staff go forward and begin recruiting non-council member appointments using the Non-Council Member Appointments Policy and the Competency Evaluation Framework. CRPO will be seeking eight (8) non-council member appointments to serve on various committees:

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

- Quality Assurance: + 1 non-council appointment

The goal is to communicate with registrants over the spring and summer months, with the Executive Committee reviewing applications in August. The committee will then bring forward recommendations to Council in the fall.

## 11. Compliance Monitoring

D. Adams presented Council with an update on compliance monitoring. Monica Zeballos-Quiben, Coordinator, Registrant Services, has been providing support to registrants who are required to satisfy terms, conditions and limitations on their practice resulting from a decision of one of the CRPO's committees (e.g., complete various remediation activities, undertake clinical supervision, etc.). This support allows staff to monitor the progress registrants are making on these requirements and to identify risks to their completion. Compliance monitoring reports will be made available in the Registrar's report at each council meeting.

## 12. Registrar's Report

D. Adams provided highlights from her report, including web analytics and communication that has been shared with stakeholders related to the COVID-19 pandemic. Council was informed that while registrants are required to complete their renewal form by March 31, an extension has been provided with regards to payment of renewal fees. Due to the pandemic and its potential to impact registrant income, staff made a decision to extend the renewal payment deadline to June 1, 2020.

## 13. Consent Agenda

S. Briscoe-Dimock introduced the items in the consent agenda:

- Draft Council minutes from January 24, 2020
- Committee Reports to Council

### **MOTION C-27MAR2020 – M05**

That the consent agenda of March 27, 2020 be approved as presented.

Moved: S. Boychyn

Seconded: K. Lomp

CARRIED

### **Adjournment**

### **MOTION C-27MAR2020 – M06**

That the meeting be adjourned at 12:15 p.m.

Moved: M. Machan

Seconded: K. Hewitt-Blackie

CARRIED

## Discipline Committee Report to Council

August 20, 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 three new referrals to Discipline.

#### Hearings:

Since the last Council meeting, we have had three hearings as follows:

- March 31, 2020: Two hearings in writing: One resulted in findings of professional misconduct by the panel; the other was a request to withdrawal the allegations in the NOH which was granted by the panel.
- June 5, 2020: One hearing in writing: a request to withdrawal the allegations in the NOH which was granted by the panel.

We are in the process of scheduling 3 virtual hearings for September and October 2020: one is uncontested and 2 are contested. In preparation of these hearings, the Discipline Committee will hold a virtual mock hearing in August/September 2020. Dates are to be confirmed.

#### Pre-hearing Conference:

Since the last Council meeting, one PHC occurred on July 24, 2020. Direction was to proceed with scheduling an uncontested hearing in September 2020.

Four additional hearings are awaiting scheduling.

**Motions:**

No Motions have been submitted to the Discipline Committee.

**Training**

Since the last Council meeting, seven Committee members attended the virtual HPRO Discipline Orientation Workshop - Spring 2020 - Basic Session.

**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

August 20, 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:

- May 12, 2020

#### Panel meetings:

- n/a

The Examination Committee considered the following at the May 12 meeting:

#### Revised Exam Appeal Policy

The Committee approved a revised exam appeal policy that promotes early reporting of issues while keeping the current timeline to make an appeal within 30 days of receiving the results.

#### COVID-19 Update & Mass Extension

The April 2020 exam was postponed due to the pandemic. A second date was added to the October 2020 sitting.

The Committee granted an extension for any registrants impacted by the COVID-19 pandemic who are unable to make their first or final exam attempt within the timelines specified in the Registration Regulation to within one of the next two exam administrations.

#### Sharing Exam Results

The Committee directed staff to share a program's Registration Examination pass rate and number of writers once a year to recognized programs.

#### Committee Decisions

The table below summarizes the cases that were reviewed by the Committee during the meeting:

<b>Total Files reviewed</b>	<b>38</b>
<b>Learning Plan Approved</b>	<b>7</b>
<b>First Exam Attempt Extension Request [for prolonged time] Granted</b>	<b>1</b>
<b>Administrative Extensions for 24-Month Deadline</b>	<b>30</b>

**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

August 20, 2020

### Committee Members

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

### Committee meetings:

- April 21, 2020
- May 5, 2020
- June 23, 2020
- August 4, 2020

The Executive Committee considered the following matters at the April 21, May 5, June 23, and August 4, 2020 meetings:

### Work Plans

The CRPO Work Plan is being presented to Council for approval. See agenda item 4.

### Committee Competencies and Composition Framework Documents

See agenda item 5.

### Non-Council Member Recruitment

See agenda item 8. A verbal update will be provided.

### Anti-Black Racism and Council Diversity

On July 2, 2020, an open letter was sent to Ontario's health regulators from a group of regulated health professionals, including many RPs, writing under the collective [End Police Involvement in Mental Health Checks](#). The letter can be found on the group's website. The CRPO's response is attached as an appendix to this report. See agenda item 11 for more information on CRPO's anti-racism initiative.

### Q1 Financial Statements

J. Falkenburger, Director of Operations & Human Resources, presented the Q1 financial statements to the Executive Committee for information. Executive was satisfied with the report and the financial stability represented.

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## ACTION TAKEN IN-BETWEEN COUNCIL MEETINGS

### Committee Appointments

In accordance with the Regulated Health Professions Act (12(1)), "[b]etween the meetings of

the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law." As such, the Executive Committee made the following committee appointment in order to begin appropriate orientation. Council is being asked to ratify this decision. See agenda item 7.

- Kathy-Ying Zhao, public member, was appointed to CRPO Council on April 23, 2020 by the Public Appointments Secretariat

### **Audited Financial Statements**

At the June 23 meeting, Welch LLP presented the Executive Committee with the audited financial statements. The Executive Committee approved the statements as presented in accordance with the above noted provision in the RHPA. The audited financial statements will be included in the final version of the CRPO's 2019-2020 Annual Report. The report is currently being reviewed and finalized by staff. See agenda item 9.

### **Fee Increase Deferral**

CRPO By-law 19.05 states that a fee increase is required every two years. However, in light of the COVID-19 pandemic, staff is recommending that a fee increase not be implemented this year. The Executive passed a motion noting that the Committee supports the staff recommendation to defer the planned June 2020 fee increase to June 2021 given the current economic strain and uncertainty resulting from the pandemic.

### **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

July 10, 2020

College of Registered Psychotherapists of Ontario response to the open letter to Ontario's Health Regulators:

When international protests were sparked by the death of George Floyd, CRPO made statements acknowledging the protests and the goals of the Black Lives Matter movement. And, while discussions had begun internally about what further steps to take, those initial statements CRPO made only referenced the death of a Black American, and not the racialized Canadians who have died in encounters with police during wellness checks, including Ontarians Regis Korchinski-Paquet, D'Andre Campbell and Ejaz Choudry. This was an oversight and we are committed to doing better. We want to be clear now in acknowledging the suffering experienced by individuals and families because of systemic racism.

As RPs will be aware, CRPO has a guideline on [Disclosing Information to Prevent Harm](#), which is intended to clarify Professional Practice Standards. To be clear, ***the guiding principle is to balance client autonomy (by discussing safety planning with the client), with the need to prevent harm to the client or others.*** There is no explicit legal requirement to involve emergency services. The appropriate decision will vary based on situational factors, including the client's wishes, and which third party (e.g., emergency contact person, family physician, mental health crisis service, 911, etc.) is best able to respond to a particular emergency situation.

As a regulatory college, CRPO's public protection mandate is set out in statute. The [Regulated Health Professions Act](#) is a framework that is intended to serve the public interest, provide an open and accountable system of self-governance and be one mechanism to improve quality of care. In recent weeks, CRPO has been examining its role in the mental health system and what responsibility we have in contributing to stopping systemic racism against Black, Indigenous and people of colour, as well as the discrimination faced by other equity-seeking communities.

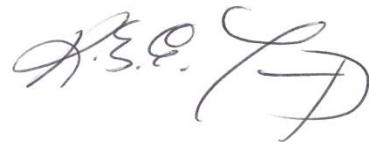
/2

CRPO is committed to communicating transparently with RPs and stakeholders about our anti-racism efforts. In the spirit of accountability, we want to share with stakeholders the steps we have undertaken and what we have planned; please see the attached bulletin that provides a summary.

Respectfully,



Shelley Briscoe-Dimock, RP  
President



Kenneth Lomp, RP  
Vice-President



Andrew Benedetto, RP  
Executive Committee  
Professional Member



Steven Boychyn  
Executive Committee  
Public Member



Gary Cockman  
Executive Committee  
Public Member



Deborah Adams  
Registrar

## July 2020 Regulatory Response to Systemic Racism

### Work undertaken:

- Following the September 2019 strategic planning session, Council adopted [Regulatory objectives](#) that include the following: **Promote equality, diversity and inclusion in the provision of psychotherapy services**. This objective, along with the others, will be used across CRPO Council and committee work to ensure alignment with *the [Regulated Health Professions Act](#)* mandate and Council-identified strategic priorities to support accountability.
- Stemming from a March 2020 Council decision, CRPO is actively recruiting RPs from BIPOC and other equity-seeking communities to sit on committees. While colleges cannot dictate which public members get appointed by government and which professional members get elected by registrants, we do have the ability to make committee appointments. Bringing more racialized RPs to the committee process to participate in decision-making and policy development will help to ensure that a forthcoming review of standards, guidelines and policies can include the perspective of registrants from and who serve these communities.
- CRPO has been developing and adopting [Council Competencies](#), committee and panel competencies as well as a committee composition matrix to articulate the required individual and Council-level competencies needed to support the election, recruitment and appointment of qualified individuals. These competency requirements will also guide appropriate training and professional development to ensure continued competence across all regulatory and governance functions. Among other skills and attributes, the Council Composition Matrix includes cultural experience of the communities CRPO registrants serve, lived experience accommodating a spectrum of abilities, knowledge of gender diversity, understanding of international health professionals' experience, Indigenous cultural competence and humility, awareness of the effects of traumatic experiences, lived health care experience and sexual violence awareness.
- Case examples accompanying the guideline on [Disclosing Information to Prevent Harm](#) have been removed. Guidelines are intended to clarify Professional Practice Standards. In the case of this guideline, the standard is the obligation to maintain client confidentiality and the clarification is related to when and how information can and should be shared to prevent harm. We have pulled case examples accompanying this guideline because the ways in which they include calling 911 or the police about a client who is in crisis need to be re-considered.

## Ongoing and planned work:

- **System partnerships.** While CRPO staff and Council are cognizant of the scope of the regulatory role, we appreciate the need to ensure that we are an effective contributor to Ontario's mental health system. In keeping with our existing [position on access to care](#), we are seeking to work in collaboration with other stakeholders to ensure that access to needed mental health care is not impeded by any regulatory barriers. As part of this work, we are committed to engaging with members of BIPOC and other equity-seeking communities, including RPs from these groups.
- **A review of [Professional Practice Standards](#).** A significant initiative to be undertaken by CRPO staff and Council over the coming year is to review and update the Professional Practice Standards. As noted above, ensuring BIPOC RPs are at the table for this work will inform the process so that it considers the needs of racialized clients, families and the therapists who serve them. As a starting point to the review, Council will be asked to consider the following: Do the CRPO standards adequately and appropriately contemplate the provision of services to racialized clients? How can CRPO ensure that any required updates or revisions are well-informed by the perspective of racialized clients and RPs?
- **Public engagement plan.** Virtual consultations will be used to determine, among other things, how the perspective of BIPOC clients and those from other equity-seeking communities can best be sought out and included in the responses that will shape our public information sharing going forward.
- **Reviewing the possibility of collecting racial identity data about registrants.** We don't know what we don't track, so CRPO does not have a method of knowing how many BIPOC registrants we have and whether those registrants face barriers in regulatory processes. As such, Council will be asked to consider if it would be appropriate and efficacious to implement a mechanism for RPs to volunteer their racial identification during the registration or renewal processes. Input from racialized RPs will be sought on this matter.
- **A revision of [Disclosing Information to Prevent Harm guideline](#).** We will be undertaking a thorough review of the guideline to provide other guiding resources and options. Our hope is to engage system stakeholders who are involved with RPs in intervening and providing care for clients experiencing a mental health crisis. Requests that these stakeholders participate are being sent out with a goal of having people and organizations at the table to ensure that not only is any guidance we develop relevant and useful, but that it is part of the broader systemic response that is needed to prevent harm.



## Fitness to Practise Committee Report to Council

August 20, 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

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

August 20, 2020

<b>Committee Members</b>
<ul style="list-style-type: none"> <li>• Steven Boychyn</li> <li>• Shelley Briscoe-Dimock, RP (Chair)</li> <li>• Miranda Monastero, RP</li> <li>• Kathleen (Kali) Hewitt-Blackie, RP</li> <li>• Kenneth Lomp, RP</li> <li>• Judy Mord, RP</li> <li>• Keri Selkirk</li> <li>• Jane Snyder</li> <li>• Kathy Zhao</li> </ul>

### Plenary meetings:

- May 20, 2020

### Panel meetings:

- March 20, 2020
- April 23, 2020
- April 29, 2020
- May 19, 2020
- May 27, 2020
- June 18, 2020
- July 10, 2020
- July 17, 2020
- July 23, 2020
- August 19, 2020

### General Summary

<b>Current fiscal (to date) April 1, 2020-Present</b>		
	<b>Received<sup>1</sup></b>	<b>Decisions Released<sup>2</sup></b>
<b>Formal Complaints</b>	14	15
<b>Registrar's Investigations</b>	0	2
<b>Incapacity Investigations</b>	2	1
<b>Discipline Referrals</b>	3	0

The Inquiries, Complaints and Reports Committee (ICRC) recently welcomed Kathy Zhao, the Committee's newest public appointee. K. Zhao completed committee-specific orientation sessions and has begun observing and participating in panel work.

<sup>1</sup> Does not include files opened in previous fiscal years.

<sup>2</sup> Includes files opened in previous fiscal years.

**Panel Meetings**

The Committee continues to hold full day panel meetings on a monthly basis in addition to short, ad-hoc panels to address urgent matters. Of the 10 panel meetings listed in this report, three meetings included incapacity matters addressed by Health Inquiries Panels.

**Plenary Meeting**

On May 20, 2020, ICRC held a virtual plenary meeting which included an end of year update to summarize the 2019-2020 year. The Committee discussed timelines associated with the complaint process and an analysis of the types of issues and outcomes within ICRC's panel work. The Committee reviewed recent decisions made the Health Professions Appeal and Review Board (HPARB) and other feedback received from complainants and registrants. ICRC discussed the implementation of the new case review and preparation processes and determined the method to be effective and thorough.

Other topics on the agenda included:

- A refresher on access to family records in Ontario.
- Summary of staff's discussion with Toronto Police to gain an understanding of police processes and build system partnerships.
- Changes to processes, investigations, and compliance monitoring as a direct result of COVID-19.
- Staff procedures to assess risk when disclosing client record.
- In-person cautions and right-touch regulation.
- A review of new resources accessible to ICRC when issuing a Specified Continuing Education and Remediation Plan (SCERP).

Respectfully submitted,

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

## Nominations & Elections Committee Report to Council

August 20, 2020

<b>Committee Members</b>
<ul style="list-style-type: none"><li>• David Keast</li><li>• Michael Machan, RP (Chair)</li><li>• Judy Mord, RP</li><li>• Jane Snyder</li><li>• Radhika Sundar, RP</li><li>• Kathy-Ying Zhao</li></ul>



**Committee meetings:**

- July 6, 2020
- August 11, 2020

At the time of writing this report, the August 11 meeting had not yet taken place. The Nominations & Elections Committee considered the following matters at the July 6, 2020 meeting:

**Non-Council Member Recruitment**

The Nominations & Elections Committee met briefly to review the timeline for non-council member recruitment and their role in the recruitment process.

The Nominations & Elections Committee will work with the Executive Committee throughout the non-council member recruitment process, including participating in interviewing applicants and making recommendations to Council.

Thirty-two (32) resumes have been submitted to fill seven (7) non-council member vacancies. Interviews will take place beginning August 17, 2020. Non-Council member recommendations will be made at the October 1, 2020 Council meeting.

**Formal Motions to Council**

None.

**The Committee Recommends:**

That the Nominations & Elections Committee's Report to Council be accepted as presented.

Respectfully submitted,

Michael Machan, RP  
Chair, Nominations & Elections Committee

## Quality Assurance Committee Report to Council

August 20, 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:

- May 14, 2020 (remote)

#### Panel meetings:

- May 14, 2020 (remote)

The Quality Assurance Committee considered the following matters at the May 14, 2020 Committee meeting:

#### **Appointment of New Assessors**

The Committee appointed three new assessors to the roster of assessors. This brought the total of assessors to 14 and created more diversity in practice areas. There are now two assessors who are fluent in French. The Committee would like to see a further increase in assessors to cover even more modalities for example RP's who practice somatic therapies.

#### **Checklist for QA Panel Decisions (clinical supervision)**

At a previous meeting, the Committee discussed using a Decision Outcome Checklist to ensure consistent administration of QA Panel decisions. At this meeting, the Committee finalized a list of assumptions that can be relied upon when SCERPs include clinical supervision.

#### **2020 PPR and Future PPRs**

The Committee discussed the 2020 PPR in view of COVID-19 and that number of registrants engaged in the Peer and Practice Reviews (PPRs) in the past does not meet percentage outlined in Policy namely 2% of registrants. Previously 50 PPRs were conducted each year.

Putting the 2020 PPR in a compassionate context in view of what is happening in the country and world at this time, the Committee determined that it would be best for the College to keep the status quo which is to randomly select 50 registrants (RP and RP qualifying) for the PPR as we have done in the past.

The Committee intends to look at the PPR Tools and stratification of the selection process relative to risk with the intention of increasing the number of Registrants undergoing PPR in the future in the most cost effective and efficient manner.

### Summary of 2020 PPR to date:

Number of registrants randomly selected = 50 + 1 deferred from previous  
Number removed from cohort due to resignation or other reason e.g. an assessor etc. = 3  
Number notified on June 2nd = 10  
Number notified on June 29th = 38  
Number of deferrals = 10  
Number of Step 1 completed = 9  
Number in progress = 31

### 2020 PD and November 30, 2020 deadline

The Committee discussed the upcoming November 30, 2020 Professional Development submission deadline for 2016 and 2018 registrants in view of COVID-19. Committee members expressed concerns about maintaining this deadline. They noted that the College staff is monitoring the situation daily and so concluded that the deadline can be kept the same, but that this be monitored as the COVID situation is fluid.

The Committee wanted to ensure that a strong communication strategy was in place to keep registrants informed.

### Panel Decisions

The Quality Assurance Committee considered the following cases at the May 14, 2020 Panel:

Case Type	Number Reviewed
Incomplete Professional Development (PD) Requirements for New Registrants	6 (bulk)
Peer and Practice Review (PPR) Step 2 New Cases <b>20-03-9430 – Review of Registrant’s PPR reports and submission</b> <b>20-04-9280 – Review of Registrant’s PPR reports and submission</b>	2
Peer and Practice Review (PPR) Step 2 Returning Cases <b>20-01-10398 – review of Registrant’s submission in response to NOI</b>	1

**Decisions:** Bulk cases – no further action as registrants had fulfilled their New Registrants requirements upon receipt of notice of referral to a QA Panel

In all three PPR cases, the Panel made recommendations and no further action.

Recommendations include:

- In view of the Registrant 10398 being in the Qualifying class and receiving supervision, the recommendation was to continue with current supervision working on the areas for improvement identified by the QA PPR process.
- Recommendation that Registrant 9430 continue to seek out ongoing supervision to ensure that self-reflection and SUES are consistent components of their practice.
- In view of Registrant 9280 engagement with peers for the purpose of learning, recommendation was that the Registrant continue to engage with his peers or engage in more formal group supervision focusing on the areas for improvement identified by

the QA PPR process. In addition, noting that the Registrant keeps records in a language other than English or French, it was further recommended that the Registrant review the College Practice Standards 5.1 Record-keeping – Clinical Records.

**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

August 20, 2020

<b>Committee Members</b>
<ul style="list-style-type: none"> <li>• Andrew Benedetto, RP (Chair)</li> <li>• Heidi Ahonen, RP</li> <li>• Gary Cockman</li> <li>• David Keast</li> <li>• Michael Machan, RP</li> <li>• Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment)</li> <li>• Radhika Sundar, RP</li> </ul>

### **Committee meetings:**

- April 23, 2020
- May 29, 2020

### **Panel meetings:**

- March 13, 2020
- April 28, 2020
- May 8, 2020
- May 22, 2020
- May 29, 2020
- June 12, 2020
- June 26, 2020
- August 14, 2020

At the April 23, 2020 plenary meeting, Registration Committee considered the following matters:

### **Draft Policies Approved for Consultation**

The Committee reviewed two draft policies on recognizing education programs and acceptable clinical experience. The Committee recommended that Council circulate both policies for public consultation.

### **Clinical Experience Recognition for Education and Training Programs**

The Committee discussed the possibility of CRPO recognized programs having the option to apply for approval of clinical experience. Staff will prepare a draft policy for review at the next meeting.

### **New Education and Training Programs Recognized**

The Committee approved recommendations to recognize the Adler Graduate Professional School Inc. Master of Psychology and Toronto Centre for Psychotherapy and Counselling Education Certificate in Psychotherapy programs.

### **COVID-19 Updates**

The Committee approved temporary changes to the application process in response to the pandemic, including:

- Permitting students to apply once they have completed 90% of their coursework, not including practicum placements;
- Permitting applicants and registrants to request exemptions to the currency requirement based on the pandemic; and



- Accepting unofficial transcripts or written attestations that the program is 90% complete (on the condition that official transcripts are received prior to writing the Registration Examination).

The Committee discussed the fact that changes to the registration requirements could not be made, as these are set out in legislation. Application processing times have not been affected as staff are able to work remotely. The renewal fee deadline was extended by two months.

At the May 29, 2020 plenary meeting, Registration Committee considered the following matter:

**Toronto School of Theology Program Update**

The Committee reviewed updates to the Toronto School of Theology recognized program.

**Panel Meetings**

All meetings took place via videoconference. The March 13, May 8, May 22, June 12, and August 14 meetings were each a half-day. The April 28, May 29, and June 26 meetings were one hour long. Below are the statistics for the meetings from March to June. Results from the August 14 meeting will be included in the next report to Council.

<b>Total applications reviewed</b>	51
<b>Approved</b>	7
<b>Refused</b>	32
<b>Conditional Approval</b>	4
<b>Terms, Conditions &amp; Limitations</b>	3
<b>Request Additional Information</b>	2
<b>Modify Terms, Conditions &amp; Limitations</b>	1
<b>Transfer out of Qualifying Category – Refused</b>	1
<b>Affirmation of Previous Panel Decision</b>	1

**Health Professions Appeal and Review Board Update**

Since the March 27, 2020 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned five decisions. All five decisions to refuse registration were confirmed.

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

- [K.T.M. v College of Registered Psychotherapists And Registered Mental Health Therapists of Ontario](#)
- [A-M.A. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [P.C. v College of Registered Psychotherapists And Registered Mental Health Therapists of Ontario](#)
- [A.M.J.L. v College of Registered Psychotherapists And Registered Mental Health Therapists of Ontario](#)
- [R.W. 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