

## COUNCIL AGENDA

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**Date:** Thursday, October 1, 2020  
**Time:** 1:00 p.m. to 3:30 p.m.  
**Location:** Zoom video conference  
**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>Election of Officers</b>  <i>Before the vote, candidates shall be given the opportunity to speak briefly. Elections will then be held using the voting function in the Zoom meeting.</i>	1. Briefing Note  2. CRPO By-laws Schedule 1		Decision	D. Adams
<b>BREAK 1:50-2:05</b>						
5.	2:05	<b>Non-Council Member Committee Appointment Recommendations</b>	1. Briefing Note  2. ARTICLE: Antiracist Approaches for Shaping Theoretical and Practice Paradigms  3. CRPO Committee Composition Matrix  4. CRPO Committee Competencies Matrix	4-21	Information, decision	S. Briscoe-Dimock
6.	2:25	<b>Committee Composition</b>  <i>Council is being asked to approve the slate of Council members, including committee composition.</i>	1. Briefing Note  2. Proposed 2020-21 Committee Composition		Decision	S. Briscoe-Dimock

INFORMATION						
7.	2:50	<b>Committee-Level Work Plans</b>  <i>Council will be asked to approve the committee-level work plans.</i>	1. CRPO Work Plans		Decision	S. Briscoe-Dimock
8.	2:55	<b>College Performance Measurement Framework (CPMF) Update</b>  <i>Council will receive an update on the Ministry of Health's CPMF.</i>	1. Memo from Ministry of Health		Information	D. Adams
9.	3:05	<b>2019-2020 Annual Report</b>  <i>The 2019-2020 Annual Report including the approved audited financial statements have been submitted as required to the Minister of Health. Council is receiving the final report for information only.</i>	1. 2019-2020 CRPO Annual Report		Information	S. Briscoe-Dimock
10.	3:10	<b>Registrar's Report</b>	1. Registrar's Report to Council  2. Web analytics		Information, discussion	D. Adams
11.	3:15	<b>2021 Proposed Council Meeting Dates</b>  Thursday, January 14  Thursday, March 25  Thursday, May 13  Thursday, July 15  Thursday, September 16  Thursday, November 18			Information, discussion	S. Briscoe-Dimock
13.	3:20	<b>Consent Agenda</b>	<b>Draft Minutes:</b> August 20, 2020		Motion	S. Briscoe-Dimock

		<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>	<b>Committee Reports:</b> 1. Discipline 2. Examination 3. Executive 4. Fitness to Practise 5. Inquiries, Complaints & Reports 6. Nominations & Elections 7. Quality Assurance 8. Registration			
14.	3:25	<b>Council Question Period</b>  <i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i>			Information	S. Briscoe-Dimock
	<b>3:30</b>	<b>ADJOURNMENT</b>			<b>MOTION</b>	
		Next Meetings: <ul style="list-style-type: none"> <li>November 20, 2020</li> </ul>				

## Briefing Note for Council

<b>Meeting Date:</b>	October 1, 2020		
<b>Agenda Item #</b>	4		
<b>Issue:</b>	Election of Officers		
<b>Attachment(s):</b>	Schedule 1		
<b>References:</b>	<a href="#">CRPO By-laws</a>		
<b>For:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams		

### Background:

On August 20, 2020, Council members were provided with the notice of election of officers and nomination forms in accordance with Schedule 1 of the CRPO by-laws. Council members were invited to submit their nominations to run for the positions of President, Vice-President, and three members (at-large) by September 17, 2020 with the election of officers taking place at the October 1 Council meeting.

Section 13.01 of the by-laws state: “The Executive Committee shall be composed of the President, the Vice-President and three (3) members of Council. Three (3) members of the Executive Committee shall be Members and two (2) members of the Executive Committee shall be Public Members.”

The following Council members were nominated for the position of **President**:

- Shelley Briscoe-Dimock, RP

As no other nominations were received for the position of President, Shelley Briscoe-Dimock will assume the role by acclamation.

The following Council members were nominated for the position of **Vice-President**:

- Kenneth Lomp, RP

As no other nominations were received for the position of Vice-President, Kenneth Lomp will assume the role by acclamation.

The following Council members were nominated for a position as **Member (Professional)** of Executive Committee:

- Andrew Benedetto, RP
- Kali Hewitt-Blackie, RP
- Michael Machan, RP

As three nominations were received for the position of Member (Professional), an election will take place. The successful candidate will assume the role of Member (Professional).

The following Council members were nominated for a position as **Member (Public)** of Executive Committee:

- Steven Boychyn
- Gary Cockman

Since the submitted nominations fulfill the requirement that two members of the Executive be public members, S. Boychyn and G. Cockman will be acclaimed as Executive Committee members (public).

**Proposed Motion:**

[Be it moved]

1. that Council accepts the acclamation of Shelley Briscoe-Dimock as President;
2. that Council accepts the acclamation of Kenneth Lomp as Vice President;
3. that Council accepts the acclamation of Steven Boychyn as Member (Public)
4. that Council accepts the acclamation of Gary Cockman as Member (Public)
5. that Council accepts the election of \_\_\_\_\_ as Member (Professional)

## **SCHEDULE 1 TO THE BY-LAWS**

### **Process for Election of Officers**

The elections will be supervised by the Registrar. The Registrar may be assisted by staff.

Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, the Registrar shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the President, Vice-President and Executive Committee member to indicate so, in writing, to the Registrar.

A Member's written intent must be supported by the signatures of two other Council Members and be returned to the Registrar no later than 5:00 p.m. fourteen days before the meeting of Council when the election of officers shall take place. A Member may not withdraw his or her nomination later than 5:00 p.m. fifteen days before the meeting of Council when the election of officers shall take place. The College shall post the names of nominees on its website as nominations are received.

At the meeting of Council when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of President.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting will be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Where there are no nominations for a position, nominations can be made from the floor.

Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting.

Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and the Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

In the event of a tie, a second ballot will take place. Candidates will have an opportunity to speak briefly before the vote. If the second ballot also results in a tie, the winning candidate will be determined by lot.

The results of each election will be tabulated and reported by the Registrar and staff, with the number of votes accorded to each candidate to remain confidential.

Once the President is elected, the Vice President shall be nominated and elected in a similar manner. Once the Vice President has been elected, the remaining Executive Committee positions shall be filled in a similar manner ensuring that there is an appropriate number of Members and Public Members.

Once the election is completed, the Registrar shall call for a motion to destroy the ballots. The elected members of the Executive Committee may then speak briefly.

The above process shall be followed for every election of officers after section 6 of the Act is proclaimed into force.

## Briefing Note for Council

<b>Meeting Date:</b>	October 1, 2020
<b>Agenda Item #</b>	5
<b>Issue:</b>	Non-Council Member Committee Appointment Recommendations
<b>Reference(s):</b>	<a href="#">Call for Non-Council Member Appointments</a> <a href="#">Recruiting for Board Diversity - Without Disrespecting People of Colour</a>
<b>Attachment(s):</b>	<ul style="list-style-type: none"> <li>• Antiracist Approaches for Shaping Theoretical and Practice Paradigms (PDF)</li> <li>• CRPO Committee Composition Matrix</li> <li>• CRPO Committee Competencies Matrix</li> </ul>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee and Nominations & Elections Committee

### Background

Over the past year, Council has made a number of decisions and taken steps toward addressing an acknowledged need for increased diversity on Council and committees. This work started with the governance review report, was codified with the adoption of [Regulatory Objectives](#) that include the goal of promoting equality, diversity and inclusion in the provision of psychotherapy services and then subsequently used to inform the work plan for Council and committees.

At the same time, Council was identifying the individual and collective competencies needed for effective regulation. Competence matrices for the Council as a whole, statutory committees and their panels as well as related to the composition of committees have been developed and adopted. These matrices allow CRPO to evaluate the competencies are present and that are needed at each committee.

A call for applicants was included in the [July Communique](#). This call noted the following:

CRPO is actively looking to appoint Black, Indigenous and RPs of colour to serve on a number of committees. Applicants with specific areas of knowledge, skill and expertise are particularly in demand, including RPs who work in community settings and hospitals, have experience working with children, families, immigrants, and people with disabilities, and who have knowledge of internationally trained practitioners

Working together, members of Nominations and Elections Committee and the Executive screened and interviewed registrants who put themselves forward to be considered for non-Council committee appointments. In arriving at recommendations for these appointments, the

members considered the competencies, attributes and experience that are missing from current committee composition:

- Practice modality that is not represented at Council / committee
- Practice setting that is not represented at Council / committee
- Member of a BIPOC community
- Possesses competencies that are required at Council / committee

In addition to the interviews just completed, an RP was vetted for a committee position using the competence matrix as an evaluative framework when the District 2 Council seat was vacant. This RP completed the competence assessment and was interviewed as to their ability to represent the perspective of northern practice.

### **Key Considerations:**

The by-laws provide for the appointment of non-Council members as follows:

#### **13.11 – Appointment of Non-Council Members**

Subject to any specific composition requirements in these by-laws, Council may, at its discretion, appoint Members who are not members of Council to any Committee.

#### **13.12 – Term of Office of Committee Members**

The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one (1) year, unless the appointment was to fill a vacancy in which case the Committee member shall complete the original term of office.

### **Next Steps:**

A total of eight non-Council committee positions are being proposed for Council to approve. Once this is done, staff will work with committee chairs to conduct orientation and on-boarding so that they can be deployed to the various committees as active members.

### **Recommendations:**

The Executive Committee recommends that Council approve the appointment of the candidates identified by the Executive and Nominations committees as presented.

### **Proposed Motion:**

TBD



## CHAPTER 8

# Antiracist Approaches for Shaping Theoretical and Practice Paradigms

KENNETH V. HARDY

Regardless of the setting or circumstance, addressing intense interpersonal racial interactions remains a monumental endeavor. Whether these interactions are between colleagues, family members, or estranged racial groups hopelessly divided and unable to find common ground, progressive conversations involving race remain a major challenge. This chapter will provide a framework for conducting progressive conversations about race within the workplace and beyond. Establishing antiracist approaches for facilitating effective engagement around the difficult issues of race is one of the key elements in transforming health and human services systems. Demonstrating the willingness and skill to effectively navigate conversations about race that circumvent the usual paths of polarization and rapid escalation are central to the process of transforming health and human services systems.

### THE PRIVILEGE AND SUBJUGATED TASK (PAST) MODEL

The prevailing views regarding racial conversations are either that they should be avoided completely or they should just happen spontaneously. Unfortunately, neither of these perspectives appears to be very effective. The “not talk about it” strategy is ineffectual because it contributes to an undercurrent of racial tension that sabotages most racial encounters. It also promotes the flawed assumption that we live in a “colorblind society.” The “let’s just dive into it” approach seldom renders positive outcomes and usually quickly disintegrates into a type of interpersonal spontaneous combustion. Given the history of strained race relationships in the

United States, it is virtually impossible to have a spontaneous conversation about race that doesn't explode, implode, or spiral into a cauldron of suppressed anger, rage, and divisiveness. These typical and predictable reactions highlight the necessity for creating a more methodical and structured approach to talking about race.

The PAST Model is a power/privilege-sensitive framework designed to defuse contentious conversations and to facilitate constructive engagement across the divides of race and other dimensions of diversity. The model is predicated on the notion that power and privilege are two salient factors underpinning the creation, maintenance, and resolution of racially based conversations. These interlocking and overlapping principles undergird the PAST Model and serve as the basis for how it is constructed and implemented. The actual implementation of the model requires participants to do a racial self-analysis and to determine where their racial identities and broader cultural narratives regarding their identities locate them in the current conversation. Each participant must be clear whether his or her racial identity places him or her in a privileged or subjugated position (Berman Cushing et al., 2010). The outcome of this process should not be dictated or determined by whether the person in the privileged position "feels" or believes he or she is privileged or whether the person in the subjugated position personally feels privileged. It is common for many whites to denounce their racial privilege because they never felt privileged or because they simultaneously occupy other social identities that are undeniably subjugated positions (e.g., class, sexual orientation, religion, nationality). Similarly, it is also challenging for some people of color to embrace their racial subjugation, either because such an admission is tantamount to claiming inferiority or because they simultaneously occupy one or more social identities that are highly privileged in our society (e.g., class, education). It is essential that race is the critical determining factor and must be the singular focus of the interaction. Failure to do so refocuses the conversation from one that is skewed toward race to a free-flowing, splintered, ill-focused shouting match regarding whose pain and suffering is worse. This preparatory work is crucial because it helps to thwart many of the predictable and common pitfalls associated with having constructive and progressive conversations about race.

A central premise of the model is that each of us has multiple identities, one of which is a racial identity, which is the focal point of this chapter. Through a host of socially constructed messages and practices, race and more specifically racial identity is either associated with value and therefore privileged, or devalued and subsequently assigned to positions of inferiority and subjugation. In the United States, being white is a racially privileged position and being a person of color is a racially devalued position. The entire U.S. social structure has been and remains organized around a white supremacist ideology that unrelentingly reifies the reality that white is good, pure, better, and so forth, while black and other hues are inferior, animalistic, barbaric, and threatening. For this reason, within the framework of the PAST Model it is widely assumed that whites will be routinely assigned to the privileged position.

For the purposes of constructive conversations, the PAST Model recognizes two positions among those engaging to talk about race: (1) privileged and (2) subjugated. Each person or group occupying a given position is expected to perform certain tasks to facilitate a constructive conversation. The PAST Model posits that racial conversations can be constructive and progressive if one or more of the following conditions are adhered to:

1. Those in the privileged and subjugated positions rigidly adhere to performing their assigned tasks during an intense conversation about race.
2. Those in the privileged position rigidly adhere to performing their assigned task but those in the subjugated position fail to perform theirs.
3. Those in the subjugated position rigidly adhere to performing their tasks but those in the privileged position fail to perform theirs.

Obviously the first is the ideal option and holds the greatest promise for meaningful transformation. While the other options can be instrumental in promoting a positive shift in racial interactions, they can also be quite challenging and are not casualty-proof.

Whether in the workplace or other contexts, whites interested in having more progressive, less polarizing conversations with people of color can take a huge first step by exercising the tasks of the privileged. People of color also have a significant role in ensuring that conversations are constructive and progressive and can accomplish this feat by adhering to the tasks of the subjugated.

## THE TASKS OF THE PRIVILEGED

The tasks of the privileged are not specific to race, although this is the context in which they are presented in this chapter. These tasks, instead, are applicable to any situation, circumstance, or identity where one holds a position of power and privilege that is superior to that of those with whom one shares a relationship. The tasks are systemic and thus gain considerable potency and poignancy from their confluence. The tasks of the privileged are as follows:

1. Differentiate Between Intentions and Consequences and Always Start with an Acknowledgment of the Latter

It is common for whites, when discussing race and particularly after feeling attacked, misunderstood, or unappreciated by a person of color, to enter the conversation by clarifying and at times restating (even overstating) their intentions. When a conversation focuses on the (pure) intentions of the white person who

feels misunderstood, it obscures, possibly even “unintentionally” ignores, the original disclosure advanced by the person of color. Although “unintentional,” a conversation that highlights the pure and good intentions of whites merely becomes another privileged conversation. The implication is that “having the good intentions” of the white person clarified takes precedence over whatever concern, hurt, or slight has been expressed by the person of color. This dynamic unfortunately and unwittingly reinforces a broader societal perception about who is valued and who isn’t.

The hope is that the person in the privileged position would use his or her privilege responsibly and do so on behalf of (repairing) the relationship. When intentionality is introduced too quickly into the conversation, it primarily serves the person in the privileged position in lieu of the relationship. This is not to suggest that the intentions of the person in the privileged position are irrelevant, but it instead sounds a cautionary note regarding the significance of the timing of the disclosure. Once space (verbal and emotional) has been created (by the privileged position) and acknowledgment and validation have been extended, there may be a point where the clarification of intentions can be shared and received in a manner that appears less intrusive, evasive, and dismissive.

**Tactic #1:** Focus conversations on the consequences experienced by the subjugated person.

## 2. Avoid the Overt and Covert Negation of Subjugated Conversations and Disclosures

Conversations and disclosures that negate are never intended to do so, yet they do—and seldom inconsequentially. In conversations where whites and people of color have obvious differences in perceptions and experiences, it seems difficult for some whites to embrace, entertain, or authentically hold the position of the person of color without dismissing, correcting, reinterpreting, or attempting to expand their worldview by “teaching” them. All of these seemingly benign, innocent, and benevolent acts are tools of negation. The process of negation is a rather complex and sophisticated one. It is relatively easy to negate without knowing that it has happened. The most frequent acts of racially motivated negation are (a) challenges disguised as questions; (b) challenges disguised as advice; (c) silence; (d) “privempathy,” and (e) undisguised challenge.

*Challenges disguised as questions* negate conversations/disclosure by appearing to seek information but really challenge the validity of a disclosure that has been made by a person of color.

Mulani, an African American therapist, reported to her white supervisor, Helen, that she thought her white client, Rita, was racist as she continually made racially hostile comments throughout her sessions. Helen responded by asking, “Do you really

think she is racist, which is a very strong word, or do you think she just struggles with authority? . . . Do you think it is possible that she may be triggering an emotional memory for you of someone in your family?"

The supervisor's questions were irrefutably clinically relevant, especially for clinical supervision. However, the timing of the questions and the invalidation of Mulani's perspective were problematic. The interaction would have been infinitely more effective and less racially charged had Helen validated Mulani's sentiment. She could have first invited Mulani to share more of her thoughts and feelings before posing "questions" that essentially called into question her version of the clinical experience. Mulani's response was to withdraw from the conversation and to conclude, as she later reported to her black colleagues, "white people always protect each other when it comes to race. Why should I have expected anything different from Helen just because she is a supervisor? At the end of the day she is still white!" Unfortunately, the conversation between Helen and Mulani was painfully reminiscent of most conversations about race that end prematurely and without resolution.

*Challenges disguised as advice* are also used to negate conversations about race.

Lupa, a first-generation immigrant from Columbia and one of two Latinas working in a low-income multiracial community steeped in racial conflict, stated to her African American coworker Marva: "As a Latina I feel disrespected here. I feel like me and Selena get no respect because we are not African American. I feel like we don't fit in here and you don't want us here. It's a terrible feeling and it doesn't feel fair: it's not our fault that we aren't black!" Marva, listening attentively but shaking her head disapprovingly throughout Lupa's entire disclosure, responded, "I really think you and Selena would feel better about all of this if you learned more English. I think it would be helpful for you to enroll in one of the ESL classes at Community College—and they are free!"

It is conceivable that Marva's "advice" was relevant and could have been helpful to Lupa and Selena. However, what she did under the (dis)guise of disseminating helpful advice was to effectively dismiss and negate the heartfelt claims that Lupa made about race and their relationship. At no point did Marva acknowledge or validate any aspect of Lupa's claim.

*Silence* is another powerful tool of negation that is often used as an instrument of disconfirmation. When a person in the subjugated position makes a comment, particularly one that is laced with affect, and it engenders no comment or (expressed) reaction from the person in the privileged position, the original disclosure is de facto negated. The unintentional underlying message that gets communicated is "your message was not worthy of recognition or response."

*Privempathy* is the term I have coined to refer to the empathy of the privilege. It often negates the disclosures of persons in the subjugated position by offering

parallels or similarities to the shared disclosure while simultaneously negating it by advocating false notions of equality.

In a graduate-level cultural diversity course, Jaipaul nervously stated: “As the only brown person in the class I often feel racially marginalized. I feel like when we talk about race it is always about black people. I have no objections about talking about blacks, but I just wonder why there isn’t space for people like me. I feel totally invisible, like I really don’t matter.” Both the tension and the silence in the classroom were deafening. Richard, the only white male in the class, nervously scanned the room and then stated: “Jaipaul, I know what you mean and I feel your pain. As a white male I have that same thought every class. It’s like I’m either invisible or demonized. When do I get to talk about all of the reverse racism that I experience from people of color, especially blacks? I always have to hear shit like ‘you’re white, YOU DID THIS, YOU DID THAT.’ You talk about being invisible—I am totally invisible in here!”

What commenced as Richard’s “empathy” for Jaipaul quickly shifted to a disclosure about his suffering as a white male. In the process there was very little, if any, overt acknowledgment of or attention devoted to Jaipaul’s painful disclosure. Richard made a number of painful disclosures in his own right that certainly warrant close and acute attention, but not at the moment he shared them and not at the expense of his classmate. Richard’s *equalization* of his and Jaipaul’s “suffering” essentially overshadowed and negated the latter’s experience as “a brown person” who felt uniquely marginalized within the class culture. The subtext of Jaipaul’s message was “this is how I am marginalized in this class based on my unique identity” and Richard countered by (indirectly and unintentionally) implying that the experience that Jaipaul considered unique was anything but, because it applied to him as well.

The tension in the classroom intensified as Monique, an African American student, passionately shared her perspective. She appeared to be oblivious to Richard’s comments and directed her comments to Jaipaul. Without seemingly taking a moment to breathe, she turned to Jaipaul and stated tersely: “In THIS country it IS about black and white. As black people we have had to deal with shit that no other group has ever had to deal with. Before some cultures ever came to this country, we were slaves, we were denied the right to vote, beaten up, hosed down, and raped. THIS is why we talk about black and THIS is why we SHOULD keep talking about black issues!”

Unlike her classmate Richard, Monique did not engage in *privempathy*; instead, her negation of Jaipaul’s disclosure was a direct rejection of his point of view. It was an *undisguised negation*. Jaipaul’s perspective was completely and categorically rejected. As in the case with Richard’s disclosure, what reasonable-thinking human being could deny the cogency of her remarks? Yet her disclosure and

subsequent negation of Jaipaul's comments were just as problematic as Richard's. Both responses demonstrate some of the inherent complexities in discussing race and avoiding conversations that negate.

**Tactic #2:** Practice the art and skill of validation.

### 3. Avoid Reactive Reflexes: Acts of Relational Retrenchment, Rebuttal, and Retribution

Conversations about race, especially cross-racially, can be very emotionally taxing for all parties involved, and in some ways can be even more so for many whites. These conversations are often emotionally destabilizing for many whites and provoke a bevy of intense feelings ranging from sadness and guilt to anger and fury. Accordingly, it is also relatively easy for many whites to quickly feel personally attacked and/or hurt by the unbridled and expressed rage of many people of color. Under these emotionally evocative circumstances it becomes almost instinctual for many whites to reactively retreat toward self-soothing and/or self-protective strategies for coping. Unfortunately, these tactics do very little to facilitate the effective engagement of a progressive conversation about race.

In light of these dynamics, it is imperative for whites to avoid reactions that will either facilitate their withdrawal from the conversation (and ultimately the relationship) or contribute to the escalation of conflict. Comments such as "I have nothing else to say . . . I'm done with the matter . . . I can't convince you, so why bother" are all statements of *relational retrenchment*. These are statements of surrender. They become expressions of exasperation, frustration, and futility that justify retrenchment from both the conversation and the relationship. Relational retrenchment ultimately eradicates the *will* to stay in the conversation.

While staying in the conversation is critical to having a progressive conversation about race, its benefits can be quickly undermined if *rebuttal* is used as the primary tool for accomplishing the task. When those in the privileged position, in this case whites, rely heavily on *acts of rebuttal* to remain in the conversation/relationship, a dynamic analogous to a sparring match typically ensues. These types of interaction are often characterized by incessant talking, perhaps even yelling, blame-affixing, little listening, and a principal focus on who is "right." Other than offering an opportunity for the immediate release of underlying, deeply felt affect, these types of encounters seldom offer anything constructive.

*Acts of retribution* is another reactive reflex commonly used by those in the privileged position. These acts can range from thinly veiled threats directed toward those in the subjugated position to verbal disclosures deliberately designed to provoke strong affect or to emotionally injure in the spirit of revenge.

Although each of these acts has been presented here discretely, they are intricately intertwined, which makes their dynamics hard to identify and deconstruct



in the midst of conversation. Becoming more mindful of these “reflexes” and consciously avoiding reliance on them can be one of the most challenging and beneficial tasks executed by the privileged.

**Tactic #3:** Develop thick skin.

#### 4. Avoid the Issuance of Prescriptions

*The issuance of prescriptions* refers to a seemingly benign but often explosive dynamic that involves those in the privileged position offering what is believed to be value-free, “objective,” and benevolent advice to those in the subjugated group regarding their well-being. The underlying implication of the prescription issuance is that those in the privileged position know the needs of those in the subjugated position better than they do themselves. This dynamic reinforces extant broader societal messages regarding superiority/inferiority and who is intelligent and who isn’t. Although it clearly may not be the “intention” of the privileged to reify such polarizing and devaluing messages, the “consequence” is almost always to the contrary.

Awinita, a Cherokee social worker, stated to Stephanie, her white coworker, that she was frustrated with the lack of respect that the agency they worked for demonstrated toward Native people and their healing methods. “I’m sorry, but it’s the same old way it’s always been. It’s as if the ONLY way and the RIGHT way is always the white way,” Awinita stated with a sense of anguish. Stephanie, appearing slightly irritated, responded firmly: “Well, Awinita, I don’t know what to say. Maybe you and the other Native people here should just focus on learning how to be the best social workers you can be and stop worrying about whether it’s ‘Native’ or not . . . healing is healing. I think all of you will be less frustrated if you stop obsessing over whether it’s Native or not.”

Stephanie’s response to Awinita was to issue her a prescription for how she could be less troubled about their agency’s failure to expand its intervention practices to take into consideration the cultural needs of some of its clients. Implicit in Stephanie’s response was the notion that it was she, not Awinita, who knew what was in the best interest of the Native Americans in the agency.

**Task #4:** Supplant prescriptions with vulnerable disclosures about one’s self.

#### 5. Avoid Speaking from the KNOE (Knowledgeable, Neutral, Objective, Expert) Position

One of the major impediments to conversations between the privileged and the subjugated is the presumption that the former speak from a position of neutrality,



objectivity, and, in some cases, expertise. Thus, in conversations about race, the phenomenon and influences of whiteness are rarely if ever overtly acknowledged (Hardy, 2008). Positions taken by whites and the opinions they express are often considered knowledgeable, neutral, objective, and free of the influence of race. There is a persistent and predictable disconnect between the whiteness of whites and what they say. It is common to assume that the disclosures of many whites are free of racial contamination and bias. For example, a person of color makes a reference to race, and a white person responds, "Why are you playing the race card?" It is rarely commented on or considered that the mere asking of the question could also be construed as playing a race card. This rarely happens because exploring how race informs the attitudes and behaviors of whites in their execution of everyday life is a foreign concept. The unacknowledged, unexplored, hidden dimensions of whiteness (racial privilege) on whites are a major impediment to having effective conversations about race. It is this dynamic that provides the fuel for every task discussed in this section.

**Tactic #5:** Always locate one's racial self in the conversation.

Several other tasks of the privileged cannot be discussed here due to space limitations, but the five that have been presented can have a powerful positive impact on otherwise difficult racial conversations.

## THE TASKS OF THE SUBJUGATED

It is equally important for people of color to use the tasks of the subjugated as a guide to their participation. The following is a description of these tasks and the tactics for implementation.

### 1. Challenge Silencing and Voicelessness

Silence is the hallmark of oppression. Regardless of the type or origins of oppression, "voicelessness" is a common denominator. Voicelessness is a hidden trauma wound that is a response to the process of "silencing," a principal tool used by those who oppress. Silencing is a powerful tool of oppression that teaches the oppressed that "speaking" and "self-advocacy" can have severe consequences. Thus, voicelessness, the counterpart to silencing, refers to an "inability" to speak on one's behalf, specifically in regard to self-advocacy. Voicelessness can be manifested as remaining silent when one *wants* to speak but *can't* or by assuming positions of subservience or hypercompliance, or adopting a sense of selflessness. The reticence or "inability" to speak or act on one's behalf is usually rooted in a fear of reprisal by whites or is a byproduct of a racial socialization process that teaches people of color that silence is not only golden but is integral to one's survival. "I don't want to come across as an angry black male," "I don't want to be perceived

as the minority who is always complaining about race,” and “I didn’t say anything when that racist comment was made; I just tried to ignore it and let it go” are all expressions of voicelessness. No matter how much these claims are rationalized or euphemized, they mask a deeply seated underlying pain for many people of color that contributes to the birth of other conditions that make healthy race relationships and conversations virtually impossible. One of the major detrimental and unintended consequences of voicelessness is that it is a prelude to rage, which is a strong emotion inextricably tied to experiences of degradation, devaluation, and/or domination. Once rage invades a relationship, it either overshadows or destroys the potential for trust, goodwill, and respectful engagement.

People of color cannot initiate or participate in constructive conversations about race if their voices remain muted. Attempts at conversations are often quickly short-circuited by trepidation and highly constrained disclosures on the one hand or emotional explosiveness and rage on the other. Either way the result is always the same: misunderstanding, polarization, and continued strained racial relationships.

Overcoming voicelessness and reclaiming and exercising one’s voice require risk taking. The process involves making a concerted effort to make just one comment more than one is comfortable making and not worrying about whether anyone is listening, whether anything will change, or how one might be perceived. After all, the principal purpose in speaking is to reclaim one’s voice and overcome voicelessness.

**Tactic #1:** Use “I” messages and embed all statements within the framework of “I think, I feel, and I wish.” Practice and take risks in making just one comment more than you are comfortable making.

## 2. Regulate and Rechannel Rage

Rage is a common and predictable byproduct of silencing and voicelessness (Cose, 2011). In fact, the two phenomena are very closely intertwined. The more one has been silenced, the greater the degree of voicelessness, which inevitably intensifies rage. As rage increases in intensity, the more difficult it is to manage effectively. Rage is a normal reaction to experiences of injustice and can be a powerful resource when it is appropriately managed and rechanneled (Hardy & Laszloffy, 1995). On the other hand, it also can be quite destructive when it is improperly managed and free-floating. In conversations about race, particularly cross-racially, it is often the intense semifiltered, free-floating, unmanaged rage expressed by some people of color that compromises attempts to engage in constructive dialog. Thus, it is the failure of people of color to appropriately manage and rechannel their rage, coupled with the failure of whites to exhibit “thick skin” (see “Tasks of the Privileged” #5) during these moments, that significantly hampers attempts to have productive conversations about race.

The goal for those who are “enraged” is to mobilize their energy to become “outraged” (Hardy, 2013). The latter requires overcoming voicelessness and establishing the ability to express rage proactively and constructively. The goal is never to eradicate rage, but to use rage appropriately, people of color must *identify, embrace, and ultimately rechannel* rage. Since rage is often entangled with a host of other feelings and experiences, people of color need to sharpen their rage-detection abilities to develop a more comprehensive understanding of how rage infiltrates their lives. Rage can be manifested in a number of expressions and experiences, ranging from sadness and depression to self-destructiveness and violence. Identifying rage is an essential and fundamental step to moving toward effective management of it.

Once rage has been identified, the next crucial step is to embrace it. When people of color begin to embrace rage, they inevitably begin to develop a clearer understanding of the distinctions between rage and anger. They become willing to relinquish their preoccupation about whether they are reinforcing the stereotype of “being angry.” Instead, embracing rage enables people of color to own these complex feelings without shame or disavowal. This is an important developmental step because repudiating one’s anger is often an attempt to counteract a description of people of color that has been predominantly promulgated by whites (see “Tasks of the Subjugated” #3). Finally, embracing rage allows people of color to be more fully integrated. No longer will it be necessary to be enraged by assaults on one’s dignity, and then have to deny them to avoid “appearing angry,” and then being left to live with the “anger” of being angry but not being “allowed” to express it. This is the perfect recipe for the buildup of destructive rage.

**Tactic #2:** Use rage as an energy source to foster and reinforce your voice and self-advocacy. Resolve to stay engaged in difficult conversations. Attack ideas, not people.

### 3. Engage in a Process of Exhaling

The process of embracing rage is directly related to the task of exhaling. Part of the privilege of privilege is that those who possess it are empowered to define others’ experiences, behaviors, and realities. As a result, it is more common for those in the subjugated position to “be defined” than it is to “define their being.” The process of defining, which often leads to the “manufacturing of other,” creates a series of narratives regarding who and what (in this case, people of color) are and are not. Since such definitions are usually based on limited and skewed data and devote scant attention (at best) to social context, they are often negative, stereotypical, and psychologically damaging. Unfortunately, these narratives become not only “internalized noise” for many people of color, but very potent life-shaping organizing principles as well. Many people of color live with a consciousness of these narratives while simultaneously remaining unconscious

to the ways in which they become internalized. The everyday life experiences of most people of color are profoundly organized (controlled) by the internalized noise. If the external narratives are that people of color are angry, dangerous, and violent, this becomes an organizing principle that is hard to ignore, especially when the external world often responds as if it were factual. Consequently, it becomes the burden of people of color to prove that they are exceptions to the narrative. Like silencing, being defined often leaves people of color feeling powerless, helpless, and trapped between spurious choices: they choose either to ignore the internalized noise and risk reinforcing broader narratives or to make a concerted effort to disprove them and ultimately be controlled by them.

People of color must engage in a process of exhaling as a prerequisite to having effective conversations about race. The process will enable them to identify all of the racially debilitating toxic messages that they have internalized and that ultimately interfere with their full participation in meaningful conversations about race. Through the process of exhaling, people of color can expunge from their psyches and soul many of the internalized messages that constrain them, such as those about whether they are smart enough, articulate enough, or good enough. The process is self-liberating and allows for a much freer and more uninhibited participation in challenging conversations about race.

**Tactic #3:** Focus on *being* congruent and communicating accordingly. Say what you mean and mean what you say.

#### 4. Cease and Desist Caretaking of the Privileged

Many people of color have been historically and systematically “socialized” to provide caretaking for the privileged (Diller, 2007). This phenomenon has been reinforced by the systematic assignment of disproportionate numbers of people of color to positions as maids, butlers, janitors, nannies, cooks, and other servants. Along with these positions of servitude was an informal code of conduct that required the subjugated—people of color—to be deferential, self-sacrificing, nonconfrontational, and hypercompliant in order to be considered good citizens. Since the code of conduct also allowed many whites to enjoy their lives free of a sense of injustice, guilt, or compassion for the suffering of others, the failure of people of color to uphold and adhere to it often resulted in some form of a punitive consequence that had to be endured.

Although people of color occupy a broader and more diverse range of occupations in the workforce today, vestiges of the code of conduct largely remain with regard to the interpersonal interactions between many whites and people of color. The contemporary expressions of caretaking have shifted from physical tasks such as tilling the soil, preparing food, and caring for children to more subtle emotional-psychological manifestations. For example, in

cross-racial conversations, especially those involving race, many people of color will self-censor, use coded language, and resort to silence (voicelessness) to protect whites from experiencing discomfort. The motivation for the emotional caretaking is neither solely altruistic nor one-dimensional, as it serves the safety needs of both groups. It can be precipitated by the desire to pacify whites as a mechanism to avoid punishment or disapproval, or it can be a function of powerful internalized messages and voicelessness. Regardless of the motivation, it becomes virtually impossible to have effective and meaningful conversations when one party is not fully present, honest, or authentic in the relationship.

The prohibition against caretaking is not tantamount to being rude, disrespectful, or uncaring; instead, it means being authentic with oneself and others. It requires people of color to manage their anxiety and to remain emotionally centered and narrowly focused on the conversation even if whites are noticeably uncomfortable. There is a fundamental difference between being caring and caretaking; it is the latter that is under scrutiny in this section.

**Tactic #4:** Stay intimately engaged, but grant uninterrupted emotional space to whites to explore, understand, and experience the myriad of complex thoughts and feelings that race conversations are likely to provoke. Be caring without caretaking.

## 5. Maintain Investment in the Conversation

For many people of color, conversations about race are often fraught with frustration, emotional escalation, a sinking sense of futility, and withdrawal disguised as closure. For those in both the privileged and subjugated positions, the temptation to withdraw from the conversation is enormous. The importance of whites developing “thick skin” as a mechanism for staying in the conversation was discussed earlier. For people of color, maintaining investment in the conversation is an important key to effectively navigating it. Because racial conversations are often nonprogressive and symmetrical, many people of color often conclude that “white people just don’t get it and don’t want to get it.” This sentiment often breeds contempt as well as a sense of futility, the consequence of which is usually a resignation from the conversation once it fails to progress beyond a certain point. While withdrawal from the conversation is understandable, the cut-off, unexpressed, suppressed feelings associated with it neither dissipate nor diminish over time. Instead they become the seeds for rage and an accumulated sense of angst that make future conversations more difficult and truly futile.

It is important for people of color to *stay in the conversation* even when convinced that “whites will never get it.” After all, the purpose of the conversation should never be to convince whites or lecture or educate them. The purpose of the conversation and staying in it is to afford people of color the opportunity

to define, not defend, themselves; to overcome voicelessness; and to increase the possibilities of having a transformative cross-racial interaction. The demonstrated understanding by whites should not be a precondition for remaining invested in the conversation. There is tremendous healing and transformative potential in dialog and conversation, and maintaining investment in the process is essential.

**Tactic #5:** Refrain from analyzing “the other” while simultaneously speaking from the core of one’s thoughts, feelings, and experiences.

As noted earlier, these tasks are most effective and hold the greatest potential for promoting progressive conversations when they are executed simultaneously by the privileged and subjugated. They are not a panacea for racial injustice or transforming those who use them. Instead, the tasks are designed to provide a foundation for constructive engagement by outlining a set of rudimentary ground rules and principles for how we can begin to forge a different type of conversation across a vast racial divide and can actually dignify each other in the process (Smith, 1992). If we can do this, it certainly will place us on a promising path toward healing and transforming racial strife.

## CONCLUSION

Although race is, has been, and will be for the foreseeable future a major organizing principle in our society both inside and outside the workplace, conducting meaningful conversations remains a daunting feat. Attempts to discuss race often culminate in quickly aborted failed attempts, rapid escalation, and/or polarization. Our failure to engage in progressive conversations about race makes it difficult to address or transform antiracist practices in a thoughtful and productive manner. The PAST Model has been introduced as a semistructured framework for guiding conversations about race. Adherence to the model requires all participants to think critically about their racial positioning in a given conversation and then to execute the tasks associated with either their “privileged” or “subjugated” positions. Effective conversation is a precursor to transforming health and human services systems. Being a good steward of effective racial conversations requires one to “know thyself,” particularly in terms of the relative power and privilege that one holds in a relationship.

## DISCUSSION QUESTIONS

1. In the vignette involving Mulani, the African American therapist, and her white supervisor, Helen, how could the PAST Model be used to help them effectively restart their conversation?

2. In the vignette involving Jaipaul, Richard, and Monique, if you were in a position to coach them through their contentious and failed conversation, using the PAST Model as your guide, where would you start? Whom would you start with and why?
3. Why do you think it is common during heated racial encounters for each of us to resort to our subjugated positions?

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## 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.

<p><b>One or more Executive Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS</b></p>
<p><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.</p>
<p><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.</p>
<p><b>Regulation and System Context</b>                      Understand psychotherapy practice, the regulatory system, and how the College’s work affects, or might affect the system.</p>
<p><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.</p>
<p><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.</p>
<p><b>Psychotherapy Practice</b>                      Familiarity with at least one modality, entry level psychotherapy competence, and domains of practice (clinical, education, research, and administration).</p>
<p><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.</p>
<p><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.</p>
<p><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.</p>
<p><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.</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>

## Committee Competency Matrix

Council members and non-elected members serving on committees are expected to demonstrate the attributes and have the competencies required of all Council members. The following are specific attributes and competencies required of those members who participate as Committee members in carrying out committee workplans as well as 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>Weighs 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>

## Briefing Note for Council

<b>Meeting Date:</b>	September 15, 2020
<b>Agenda Item #</b>	6
<b>Issue:</b>	Committee Composition
<b>Attachment(s):</b>	2020-2021 Proposed Committee Composition
<b>References:</b>	<a href="#">CRPO By-laws</a>
<b>For:</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:

Each year, the Executive Committee reviews CRPO Council's current committee composition and makes recommended changes to Council. Change in the composition of committees on a regular basis can build capacity within the organization; maintaining a degree of consistency in committee composition can be beneficial for allowing members to develop depth of knowledge and skill in a particular area of the college.

The College by-laws state specific composition and selection of committees (section 13), noting the number of professional and public members required on each committee. The by-laws also state that a term of office of a committee member lasts approximately one year (13.12).

### Background:

Committee composition has been a frequent point of discussion over the last two years largely resulting from the uncertainty of the status of publicly appointed members, professional members choosing not to run for re-election, or choosing to resign before the end of the electoral term.

Committee composition has remained consistent since October 2018 when the Council agreed not to make changes to the committee composition, in large part to maintain the Registration Committee composition as the grandparenting route closed and the committee was running panels every two weeks. This approach recognized the significant expertise developed in the committee members' tenure on the committee and allowed them to effectively manage the more than 2,400 applications received in the last 90-days that grandparenting was available.

Since then, consistent committee membership has allowed Council to focus on governance reform, to address workload increases associated with the rapid growth of registrants and to continue to function while unconstituted due to lack of public appointees.

### Key Considerations:

Although committee composition has remained consistent, there has been a steady flow of public appointments (four new public appointments were made in 2019 and one new public appointment made in 2020), two by-elections, which acclaimed or elected three Council members and one appointment. Since June 2019, new Council members have completed the Council and committee orientation process. As of January 2020, staff has revised the orientation process to include a Zoom meeting introduction/Council 101, modules that are completed independently, a fillable work sheet and a check-in with the President. Committees then conduct committee-specific orientation and onboarding.

### **Next Steps:**

Given the current efforts to implement governance-led improvements – including increasing onboarding and training requirements for new members, the broader use of competence and composition matrices to direct appointments and the addition of new Committee members through non-Council appointments – the Executive Committee recommends that the current composition of committees remain in place for another year. In the meantime, the Executive will be considering a longer-term view of how best to determine appropriate committee changes.

### **Recommendations:**

The Executive Committee recommends that Council approve the 2020-2021 committee composition as presented.

### **Proposed Motion:**

**[Be it moved] that Council approve the 2020-2021 committee composition as presented.**

Council Members 2019-2020	Executive	Client Relations	Discipline	Examination
<p><b>Professional</b>  1. Andrew Benedetto  2. Heidi Ahonen  3. Shelley Briscoe-Dimock (President)  4. Kali Hewitt-Blackie  5. Kenneth Lomp (VP)  6. Michael Machan  7. Miranda Monastero  8. Judy Mord  9. Radhika Sundar</p> <p><b>Public</b>  10. Steven Boychyn  11. Gary Cockman  12. David Keast  13. Keri Selkirk  14. Jane Snyder  15. Kathy-Ying Zhao</p>	<p><b>Professional</b>  Shelley Briscoe-Dimock ©  Kenneth Lomp  TBD</p> <p><b>Public</b>  Steven Boychyn  Gary Cockman</p>	<p><b>Professional</b>  Shelley Briscoe-Dimock  Judy Mord  Radhika Sundar</p> <p><b>Public</b>  Steven Boychyn  Keri Selkirk  Jane Snyder</p> <p><b>Non-Council</b>  Sue Lymburner ©</p>	<p><b>Professional</b>  Heidi Ahonen  Andrew Benedetto  Shelley Briscoe-Dimock  Kali Hewitt-Blackie  Kenneth Lomp  Miranda Monastero  Judy Mord  Radhika Sundar</p> <p><b>Public</b>  Steven Boychyn  Gary Cockman ©  David Keast  Keri Selkirk  Jane Snyder  Kathy-Ying Zhao</p> <p><b>Non-Council</b>  Carol Cowan Levine</p>	<p><b>Professional</b>  Heidi Ahonen ©  Andrew Benedetto  Kali Hewitt-Blackie  Michael Machan  Miranda Monastero</p> <p><b>Public</b>  Steven Boychyn  Gary Cockman  Keri Selkirk</p> <p><b>Non-Council</b>  NAME</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p><b>Professional</b>  Heidi Ahonen  Andrew Benedetto ©  Michael Machan  Radhika Sundar</p> <p><b>Public</b>  Gary Cockman  David Keast</p> <p><b>Non-Council</b>  Muriel McMahan  NAME  NAME</p>	<p><b>Professional</b>  Andrew Benedetto  Shelley Briscoe-Dimock  Kali Hewitt-Blackie  Kenneth Lomp  Michael Machan  Miranda Monastero  Judy Mord  Radhika Sundar</p> <p><b>Public</b>  Steven Boychyn  Gary Cockman ©  David Keast  Keri Selkirk  Jane Snyder  Kathy-Ying Zhao</p>	<p><b>Professional</b>  Shelley Briscoe-Dimock ©  Kali Hewitt-Blackie  Kenneth Lomp  Miranda Monastero  Judy Mord</p> <p><b>Public</b>  Steven Boychyn  Keri Selkirk  Jane Snyder  Kathy-Ying Zhao</p> <p><b>Non-Council</b>  NAME  NAME  NAME  NAME</p>	<p><b>Professional</b>  Michael Machan ©  Judy Mord  Radhika Sundar</p> <p><b>Public</b>  Jane Snyder  David Keast  Kathy-Ying Zhao</p>	<p><b>Professional</b>  Heidi Ahonen  Andrew Benedetto  Kali Hewitt-Blackie  Kenneth Lomp ©  Miranda Monastero</p> <p><b>Public</b>  David Keast  Jane Snyder  Kathy-Ying Zhao</p> <p><b>Non-Council</b>  Kayleen Edwards  Brenda Sedgwick  NAME</p>

**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 stakeholder

**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 service:

**Quality Assurance Committee**

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

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables
			ongoing submissions
1,2	20/21	Q 2 and 4	Submit bi-annual report of QA themes and compliance to Council
3	20/21	Q 3/4	Approve tools revision for QA platform in new RMS
1	20/21	Q4	Approve policy and procedure for reviewing Professional Practice Standards including standards review cycle, including triggers that initiate a review
1	20/21	Q4	Approve prescribed regulatory education plan for f 21/22
1	20/21	Q4	Approve revised Informed Consent Workbook
3	21/22	Q1	Conduct a full review of Professional Practice Standards
1	21/22	Q4	Approve targeted audit criteria
1,3	20/21	ongoing	Complete education related to: diversity, sexual abuse prevention, care for equity-seeking communities, therapeutic modalities
2,3	20/21	Q4	Direct staff policy work
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures

**Quality Assurance Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
2	20/21	Q1/2/3/4	Publish minimum of 4 Practice Matters articles
2	20/21	Q3	Peer circles program delivery
3	20/21	Q3	Develop proposed plan for revised use of PPR tools
3	20/21	Q3	Develop QA platform within new RMS
2,3	20/21	Q3	Develop PRE education plan & begin product development (module, video, etc)
2	20/21	Q4	Completed Informed Consent Workbook update
	20/21	Q4	Develop targeted audit criteria
	20/21	Q4	Undertake committee directed policy work
	20/21 -		
1	21/22	Q4 / Q1	Conduct full review of Professional Practice Standards

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

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

<b>Inquiries, Complaints and Reports Committee</b>			
<b>Committee Mandate:</b> To review complaints and reports to ensure suitability to practice & support CQI.			
<b>Domain</b>	<b>Fiscal Year</b>	<b>Q</b> <small>if current fiscal</small>	<b>Committee Deliverables</b>
			ongoing submissions
1,2	20/21	Q 2 and 4	Submit bi-annual report of QA themes, timelines and deposition to Council
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
3	20/21	Q4	Develop and share an inventory of ICRC/discipline outcomes.
3	20/21	Q4	<b>Phase 1:</b> Develop format for inventory and ongoing communication. Develop and share an inventory of ICRC/discipline outcomes.
3	20/21	Q4	<b>Phase 2:</b> Compiling decisions.
1	21/22	Q4	Provide registrants with case studies regarding complaints and discipline. <b>Phase 2:</b> Communicate case studies through media (e.g. podcast)
4	21/22	Q4	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)
1,3	20/21	ongoing	Complete education related to: diversity, sexual abuse prevention, consensus decision-making, how to provide feedback, bias in decision-making, how to review evidence
2,3	20/21	Q4	Direct staff policy work
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures

<b>Inquiries, Complaints and Reports Committee</b>			
<b>Domain</b>	<b>Fiscal Year</b>	<b>Q</b> <small>if current fiscal</small>	<b>Staff Deliverables</b>
2,3	20/21	Q3	Develop complaints platform within new RMS, including ability to make file complaints on-line
2	21/22	Q4	Ensure resources for response, appeals, etc. are available and accessible
3	21/22	ongoing	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.
4	22/23	Q1	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)

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<b>Registration Committee</b>			
<b>Committee Mandate:</b> To oversee registration to ensure fair access to the profession and suitability to practice.			
<b>Domain</b>	<b>Fiscal Year</b>	<b>Q if current fiscal ongoing submissions</b>	<b>Committee Deliverables</b>
1,2	20/21	Q 2 and 4	Submit bi-annual report on registration statistics to Council
3,4	20/21	Q3	Approve updated educational program Review and Recognition process
1,2,3	20/21	Q3	Approve updated Clinical Experience policy and procedures
1,3	20/21	Q4	Approve and adopt risk-based algorithm for registration decision-making
1,4	20/21	Q3	Evaluate Indigenous Registration Pathway
1,4	20/21	Q4	Approve race and ethnicity data collection plan
1,2,3	21/22	Q4	Approve revised JRP
3,4	21/22	Q4 and Q1	Clinical supervision review
1,3	20/21	ongoing	Complete education related to: diversity, faith-informed psychotherapy, high-stakes exams
2,3	20/21	Q4	Direct staff policy work
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures

<b>Registration Committee</b>			
<b>Domain</b>	<b>Fiscal Year</b>	<b>Q if current fiscal</b>	<b>Staff Deliverables</b>
4	21/22	Q4	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.
2	20/21	Q1	New registrant information update
3	20/21	Q2	Compile public consultation results for Review and Recognition Policy
3	20/21	Q2	Compile public consultation results for Clinical Experience for Recognition Policy
1	20/21	Q2/3	Develop proposed recognized clinical experience process
2,4	20/21	Q2/3	Survey individuals who had asked for the Indigenous Registration Pathway form, provide needs-assessment results to Committee
1,4	20/21	Q3	Conduct consultations to support race and ethnicity data collection plan
1,4	20/21	Q3	Inventory barriers/facilitators to psychotherapy education for BIPOC candidates
3	20/21	Q3	Develop registration platform within new RMS
3	20/21	Q3	Complete process documentation
1,3,4	20/21	Q3/4	Compile, research and survey for clinical supervision review
3	20/21	Q3/4	Schedule joint Examination / Registration Committee meeting
2,4	20/21	Q4	Education program outreach plan
1,3	20/21	Q4	Develop and present risk-based algorithm for registration decision-making
1,4	20/21	Q4	HPDB reporting explained / expanded on: third gender, racialised RPs
1,2,3	21/22	Q2	Develop revised JRP content & delivery



**CRPO Strategic Priority Domains**

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

**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 ongoing submissions	Committee Deliverables
1,2	20/21	Q 2 and 4	Submit bi-annual report on exam statistics to Council
2,4	20/21	Q1	Approve reporting of results to education and training programs
1,2	20/21	Q1	Approve revised appeal policy
1,4	20/21	Q4	Review accommodations and non-exemptible examination requirement
1	21/22	Q4	Review EUPPR evaluation and determine next steps in educational upgrading
1,3	20/21	ongoing	Complete education related to: high-stakes exam development
2,3	20/21	Q4	Direct staff policy work
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures

**Examination Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
3	20/21	Q3	Develop exam platform within new RMS
2,4	20/21	Q4	Develop process for reporting of result to education and training programs
3	20/21	ongoing	Conduct ongoing inventory of courses for remediation
3	20/21	Q3/4	Schedule joint Registration / Examination Committee meeting
1,3	21/22	Q1	Evaluation EUPPRs completed to date and determining if they are effective.

**CRPO Strategic Priority Domains**

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**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 service:

**Nominations and Elections Committee**

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

Domain	Fiscal Year	Q if current fiscal ongoing submissions	Committee Deliverables
1,2	20/21	Q 2 and 4	Submit annual report on recruitment and election statistics to Council Use competency and composition matrices to recruit non-elected Council appointees
1,4	20/21	Q3 / 4	Note focus on ensuring diversity of perspective and experience
1,2,4	20/21	Q4	Participate in outreach to District 6
1,3	20/21	ongoing	Complete education related to: diversity
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures

**Nominations and Elections Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
1,4	20/21	Q2 / 3	develop outreach plan to recruit more diverse representation (through elections and appointments)
1,4	21/22	?	Attend Indigenous Health Conference

**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 stakeholder

**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 service:

**Client Relations Committee**

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

Domain	Fiscal Year	Q if current fiscal ongoing submission	Committee Deliverables
1,2	20/21	Q4	Submit annual report on access to funding for therapy and other relevant statistics to Council
1,3	20/21	Q4	Approve and evaluate training program for Council
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures
1	21/22	Q4	Approve and adopt regulatory risk management framework for addressing sexual abuse by registrants
2	21/22	Q4	Review and provide direction on PD resources for RPs
1,3	20/21	ongoing	Complete education related to: sexual abuse prevention

**Client Relations Committee**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
1,3	20/21	Q3	finalise and deliver training program for Council
1,3	20/21	Q3	finalise and deliver trauma informed training program for Staff
1,3	21/22	Q3	Develop committee training on regulatory risk management framework for addressing sexual abuse by registrants

**CRPO Strategic Priority Domains**

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**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 service:

**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 ongoing submission	Committee Deliverables
1,2	20/21	Q4	Submit annual report on themes and disposition to Council
3	21/22	Q1	Adopt revised Discipline Committee manual
1,3	20/21	Q4	All Council members to participate in discipline training
1,3	20/21	ongoing	Complete education related to: diversity, sexual abuse prevention
2,3	20/21	Q4	Direct staff policy work
1,2,3	20/21	Q4	Adopt required evaluation and accountability measures

**Discipline Committee**

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

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

**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

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

**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
4	20/21	Q1	Participate in meeting with education and training program representatives
4	20/21	Q1	Participate in information meeting with professional associations
1,2,4	20/21	Q2	Represent Council at town halls in 7 locations
1,2,4	20/21	Q3 /4	Oversee reports on public consultations/focus groups
1,2,4	21/22	Q4 / Q1	Oversee public outreach strategy, including social media and other digital outreach, feedback loops and ongoing surveys.
1,2	21/22	Q2	Approve annual report published to report on strategic priorities and broader regulatory mandate

**Executive: Communications**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
4	20/21	Q1	Information meeting with education and training program representatives
4	20/21	Q1	Information meeting with professional associations
1,2,4	20/21	Q2	Town halls in 7 locations
4	20/21	Q3	Pan Canadian meeting
1,2	20/21	Q3	Standing item on Council to report on engagement and web analytics.
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
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
1,2,4	20/21	Q3 /4	Public consultations/focus groups in 4 locations
1,2,4	20/21	Q4	Strengthen existing YouTube videos, podcasts, social media, webinars
1,2,4	21/22	Q4 / Q1	Create public outreach strategy, including social media and other digital outreach, feedback loops and ongoing surveys.
1,2	21/22	Q2	Annual report published (working toward using Key Performance Indicator framework) to report on strategic priorities and broader regulatory mandate

**CRPO Strategic Priority Domains**

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

**Executive: Operations**

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

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables
3	20/21	Q3	Oversee implementation of new RMS
3	20/21	Q3	Approve full set of ERM policies
3	20/21	Q4	Oversee development and publishing of financial control policies for Council approval

**Executive: Operations**

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
3	20/21	ongoing	Develop formal projections to ensure core functions are adequately staffed, with temporary staff as needed
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
3	20/21	Q3	Build risk matrices and implement polices to identify, quantify and manage risks across the organization: operational focus, predictive analytics, risk monitoring
3	20/21	Q4	Review and revise all HR policies as needed
3	20/21	Q4	Implement policy to ensure hiring processes are free from discrimination.
2	20/21	Q4	Enhance onboarding and training for staff regarding responsiveness and how to build mutually supportive relationships with registrants
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
3	20/21	Q4	Review and revise all IT policies as needed
3	20/21	Q4	Develop and publish financial control policies for Council approval

**CRPO Strategic Priority Domains**

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**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 service:

**Executive: Governance**

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

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables
1,3	20/21	Q1	Establish regulatory objectives Council and Committee orientation plan
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
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)
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 - Agendas tied to adopted strategic framework - Present staff analysis using appropriate risk framework - Annotated agendas, clearly stating public protection aspect of all items
1,3	20/21	Q3	- Consent agenda for routine matters Establish timeline for full implementation of regulatory risk matrix - determine committee oversight (e.g., Finance and Audit)
1,3	20/21	Q4	- outline stat committee reporting requirements Consider need to establish Finance and Audit Committee or Finance Committee
1,3	20/21	Q4	- Consider by-law amendment to allow ‘consultation appt’ of CA or other finance professional
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
1,3	20/21	Q4	Develop publishable RRM framework, with appropriate tools in place for each committee
1,3	20/21	Q4	Develop/access formal training in monitoring and evaluation in right touch/risk based governance for staff and Council
1,3	20/21	Q4	Revise all committee terms of reference to align with new format
1,3	20/21	Q4	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
1,3	21/22	Q4, Q1	voluntary/established regulatory standards.
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)

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

Executive: Governance			
Domain	Fiscal Year	Q if current fiscal	Staff Deliverables
			Council and Committee orientation plan
1,3	20/21	ongoing	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
1,3	20/21	ongoing	Develop ongoing leadership development of Council members, both ad hoc and formal mix of learning methods (self-study, one-on-one, video presentations, readings)
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
			- Agendas tied to adopted strategic framework
			- Present staff analysis using appropriate risk framework
			- Annotated agendas, clearly stating public protection aspect of all items
1,3	20/21	Q3	- Consent agenda for routine matters
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
1,3	20/21	Q4	Develop publishable RRM framework, with appropriate tools in place for each committee
1,3	20/21	Q4	Develop/access formal training in monitoring and evaluation in right touch/risk based governance for staff and Council
1,3	20/21	Q4	Revise all committee terms of reference to align with new format
1,3	20/21		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
1,3	21/22	Q4, Q1	voluntary/established regulatory standards.
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)



## 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 stakeholder

**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 service:

## Glossary

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

Ministry of Health  
Ministry of Long-Term Care

Assistant Deputy Minister  
Strategic Policy, Planning & French Language  
Services Division

438 University Avenue, 10<sup>th</sup> floor  
Toronto ON M7A 2A5

Ministère de la Santé  
Ministère des Soins de longue durée

Sous-ministre adjoint  
Division des politiques et de la planification  
stratégiques, et des services en français

438 avenue University, 10e étage  
Toronto ON M7A 2A5



**MEMORANDUM TO:** Registrars and CEOs of Ontario's Health Regulatory Colleges

**FROM:** Sean Court  
A/Assistant Deputy Minister

**DATE:** September 1<sup>st</sup>, 2020

**RE:** **College Performance Measurement Framework Implementation**

---

I am pleased to inform you that the Ministry of Health (ministry) will be implementing the College Performance Measurement Framework (CPMF) this Fall.

As you are aware, the ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals.

The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College's ability to carry out its functions well.

The ministry recognizes that Colleges might not have implemented all CPMF Standards at this point in time. The purpose of the first CPMF reporting cycle is to provide baseline information on the structures and processes each College currently has in place along with the activities that are currently being undertaken respecting the CPMF Standards and to demonstrate a College's commitment to continuously improve its performance.

The implementation of the CPMF will begin with a soft launch of the Framework in September 2020 which will provide the Colleges with the opportunity to ask any questions about the reporting expectations outlined in the attached CPMF Reporting

Tool and accompanying Technical Specifications document for calculating the quantitative measures. The official launch will occur in October 2020 and following this official launch, the ministry will ask each College to:

- Start completing the CPMF Reporting Tool.
- Meet with the ministry to discuss the “System Partner” Standards.
- Post the completed CPMF report on its website by March 31, 2021 and send a copy to the ministry.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing. However, the ministry will:

- Meet with each College to discuss its report, provide performance feedback and potentially set expectations to improve.
- Draft and post a report on the ministry website that will summarize the CPMF results at system level (as opposed to the performance of each individual college).

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you for your advice and support to date in developing the CPMF and the ministry looks forward to continuing to work with you on this very important work.

Sincerely,



Sean Court  
A/Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)  
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

2019-2020  
ANNUAL REPORT  
GOVERNANCE



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# MISSION, VISION, VALUES

**THE COLLEGE OF REGISTERED PSYCHOTHERAPISTS OF ONTARIO (CRPO) REGULATES ITS REGISTRANTS IN THE INTERESTS OF PROTECTING THE PUBLIC, IN ACCORDANCE WITH THE PSYCHOTHERAPY ACT, 2007.**

## **MISSION**

To develop standards and procedures to regulate psychotherapists in the public interest, striving to ensure competent and ethical practice within a professional accountability framework.

## **VISION**

Leadership in professional self-regulation, dedicated to the principles of excellence, fairness, openness, responsiveness and respect for diversity.

---

## **VALUES**

Leadership | Excellence | Accountability | Equity Integrity  
Teamwork | Respect | Openness

## MESSAGE FROM THE PRESIDENT



Shelley Briscoe-Dimock,  
CRPO President

2019 – 2020 was certainly a memorable year—both for CRPO and for me personally. After laying the groundwork the previous year to learn about and embrace the philosophy of right touch regulation, this was the year Council put philosophy into practice.

This was a year that governance came clearly into focus. As you'll read about in these pages, we completed a governance review, developed competency matrices for Council and committee members, and began the implementation of a process for evaluating Council effectiveness.

Last September, we held our very first strategic planning session, a day of digging deep and defining our priorities.

For me personally, 2019 – 2020 will always be memorable as this was my first year of serving in the role of President. I have had the privilege of being on CRPO Council since 2015, allowing me to contribute to the developing culture at CRPO. It is rewarding to see all the efforts we have put in to building strong leadership coming to fruition through the governance capacity-building process.

Although this report is about the fiscal year that ended March 31, 2020, I would like to acknowledge the shift that happened in the final two weeks because of the global pandemic. Staff spent much of that two weeks – and a considerable amount of time since – working to respond to emergency directives and to provide RPs with much needed information and support. I anticipate the work for fiscal 2021 will be influenced by COVID-19 but am optimistic that CRPO will be able to continue the progress that was begun before this unprecedented time.

I hope this Annual Report provides you with a glimpse inside the ways we are working to fulfill our mandate of public protection.

# MESSAGE FROM THE REGISTRAR



Deborah Adams,  
CRPO Registrar

While the end of fiscal 2020 brought events that impacted CRPO as we marshalled to respond to the emerging pandemic, I'm pleased to be able to report that staff and Council achieved a great deal over the course of the year.

With a tight focus on the oversight role of Council—in particular, as it pertains to competence and accountability—we spent much of 2020 laying the foundation for reporting on key performance indicators related to governance, operations and regulatory functions. These domains shaped the development of our strategic plan **Fostering Excellence, Trustworthiness and Accessibility**, which will guide us for the next three years. This plan was informed by an independent governance review, which Council commissioned and that resulted in the June 2019 report a **Situational Analysis on the State of Governance**. Led by the right touch philosophy Council adopted last year, and with an eye to the work that government has committed to doing to integrate systems, improve guidance for health care providers and improve efficiency, CRPO moved significantly toward modernizing how we work.

A concrete and important step in that modernization was the articulation of a set of **Regulatory Objectives**. Establishing and communicating regulatory objectives allows a regulator to tell registrants and the public both what they do and how they do it. I trust that you will see evidence of our progress towards the “what” and the “why” of each of our objectives in this annual report and look forward to being able to document further progress over the coming year.



# REGISTRATION AND RECOGNITION BY THE NUMBERS



9%

7,387 CRPO REGISTRANTS

INCREASE SINCE 2018-2019



6,294

REGISTRANTS IDENTIFY AS WOMEN

1,248



OF RPs OFFER CARE IN A LANGUAGE OTHER THAN FRENCH OR ENGLISH

747



OF RPs OFFER CARE IN NORTHERN ONTARIO

84% EXAM PASS RATE FOR QUALIFYING REGISTRANTS

1 NEW EDUCATION PROGRAM RECOGNIZED

1 ACCEPTED BRIDGING PROGRAM

# PRACTICE ADVISORY INQUIRIES (AND WHAT WE DID ABOUT THEM)

CRPO's Practice Advisory Service continued to be well-utilized. The service, which provides information to the public and registrants related to standards and professional practice, responded to close to 1,500 inquiries over the course of the year.

The Practice Advisory Service is one mechanism that helps CRPO to stay abreast of developments in the field. Higher level themes and trends seen in the advisory service inform the work of Council and its committees, contributing to policy and resource development.

## THEMES INCLUDED:

- disclosure of personal health information
- consent of minors in the context of divorce/separation
- clinical supervision
- electronic practice
- record keeping
- controlled act of psychotherapy
- billing practices
- liability insurance coverage

A key resource investment in this fiscal was the commitment to offering interactive, regional professional development to address a theme or issue identified through Practice Advisory inquiries. Accordingly, staff began planning for Peer Circles, a case-based workshop that allows participants the opportunity to work through challenging and relevant practice issues to develop enhanced problem-solving approaches and strategies. Working collaboratively with professional associations and education and training programs to reach as many RPs as possible, CRPO will be offering Peer Circles in the autumn of 2020 as a professional development activity across the province.

# FOCUS ON GOVERNANCE

2019 – 2020 was a significant year for governance at CRPO. We were able to build on the efforts made in the previous year to shift to “right touch regulation,” an approach towards regulatory governance, risk-management and operations being embraced across Canada and around the world.

Accomplishments include:

- **GOVERNANCE REVIEW.** A **governance review**, an analysis that provided insights and recommendations to strengthen Council’s processes and areas of focus, which allowed CRPO to get clear on a roadmap of governance work ahead of us. Our consultant, Darrel Pink, made a presentation to Council in June 2019 on transforming regulation that allowed Council to fully grasp the breadth of the challenges and opportunities available to them.

- **COMPETENCY MATRIX.** Development of a competency matrix, a system by which CRPO can annually identify strengths and gaps in the competencies of current and new Council members, both public and professional.

- **TRAINING.** Designing and implementing a new Council and committee training plan, with an eye to elevating and amplifying the work we do. Our focus on training began with a session in August 2019 on how to be an effective chair and committee member.

- **POLICY CHANGES.** Council approved a non-Council appointment policy in October 2019. Appointing RPs to non-Council seats on various committees allows CRPO to populate committees with a greater diversity than current election and appointment mechanisms allow.

It provides regulatory colleges with a way of modernizing governance without undermining current processes.

- **EVALUATION MECHANISMS.** CRPO worked with the Ministry to explore ways to report on our work through the Key Performance Indicators the Ministry was developing.

- **STRATEGIC PLAN DEVELOPMENT.** Council held CRPO’s very first strategic planning day in September 2019. Council developed a comprehensive, three-year strategic plan (see page 10) and articulated a set of regulatory objectives (see page 11), another mechanism for CRPO to tell registrants and the public both what we do and how we do it.

- **FOREGROUNDING THE PUBLIC INTEREST.** In November 2019, a new approach towards creating agendas and briefing notes was adopted, one that foregrounded the public interest in all decision-making.

- **ESTABLISHING A GOVERNANCE REFORM INITIATIVES GROUP.** Council approved having CRPO’s Executive Committee serve as stewards for the Governance Reform Initiative, allowing them to continue to guide governance reform activities.

# CRPO'S STRATEGIC PRIORITIES

## 2020–2023

Supporting safe, high quality, accessible psychotherapy for Ontarians.



See the full strategic plan here: <https://www.crpo.ca/crpo-strategic-plan/>

# REGULATORY OBJECTIVES

Regulatory objectives support accountability within a right touch approach to regulation. If an initiative cannot be measured against one of the objectives, it likely should not be undertaken.

- 1 **SERVE AND PROTECT THE INTEREST OF THE PUBLIC**
- 2 **PROMOTE CONFIDENCE IN PROFESSIONAL REGULATION**
- 3 **REGULATE IN A TRANSPARENT, PRINCIPLED, PROPORTIONATE, UNBIASED, PROACTIVE MANNER.**
- 4 **PROMOTE EQUALITY, DIVERSITY AND INCLUSION IN THE PROVISION OF PSYCHOTHERAPY SERVICES.**
- 5 **PROMOTE ACCESS TO MENTAL HEALTH SERVICES WITHIN THE SYSTEM**

CRPO will measure any proposed initiative against the public interest mandate using a series of test questions.

See the detailed version of the [Regulatory Objectives 2020-2023](#)

## RESPONDING TO THE PANDEMIC

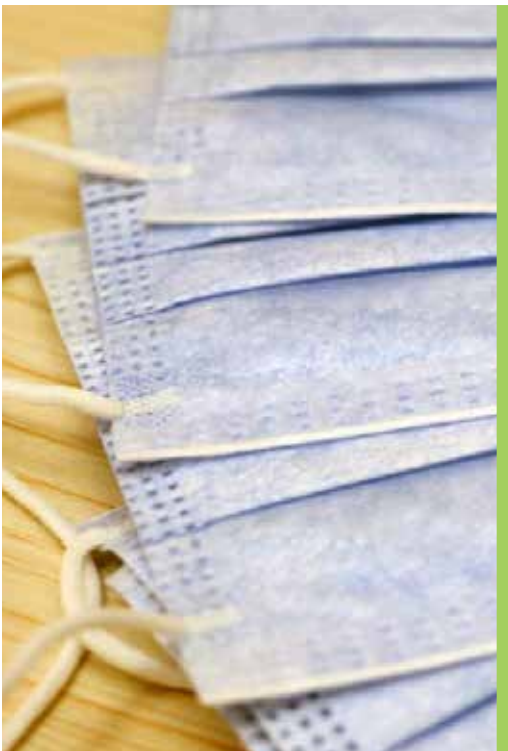
It was mid-March when everything in North America changed. Cases of COVID-19 were on the rise, and we all had to play our part to “flatten the curve.” CRPO swung into action, providing registrants with timely, accurate advice designed to keep clients and RPs safe. As information unfolded rapidly in that early period of coronavirus spread, we published three COVID-specific bulletins between March 20 and 25, ensuring that government messaging about emergency orders was being clearly conveyed and

adhered to. We created advice and resources for RPs who had been directed by the Chief Medical Officer of Health of Ontario to move the majority of their practice online, set up a resource page on our website, and wrote an at-a-glance list of FAQs. We fielded dozens of phone calls with coronavirus concerns by fiscal year end, and many more into fiscal 2020/21. We reviewed and found the best resources we could about infection prevention and control in a variety of care settings.

As part of being responsive to the pandemic, we extended the annual renewal payment deadline from April 1 to June 1. The registrants who were able to make timely payments supported that extension for those RPs who were facing financial difficulty, while allowing CRPO to continue to function and meet our public protection mandate. It also allowed us to continue to process the applications of approximately 100 new graduates a month who are preparing to join the growing ranks of Registered Psychotherapists.

Naturally, as this work continues in 2020, CRPO is keeping registrants up to date with the latest guidelines, recommendations, and requirements from the Ministry of Health, and we are serving as a clearinghouse for RPs on infection prevention and control practices.

As RPs and their clients navigate the coming year, adjusting to changes that will likely be in place for some time to come, CRPO will build on the work to date to ensure that our approach to regulation keeps pace with the evolving situation.



# CONTROLLED ACT OF PSYCHOTHERAPY

On January 1, 2020, the controlled act of psychotherapy came fully into effect. This means that, under Ontario law, the controlled act of psychotherapy may only be performed by authorized professionals (Registered Psychotherapists, as well as members of the College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers, College of Nurses of Ontario, College of Occupational Therapists of Ontario, and College of Physicians and Surgeons of Ontario).

In some respects, the change was muted. Because of the work that CRPO and other stakeholders had undertaken in the previous two years, a transitional period mandated by government, the psychotherapy community seemed largely ready for the change.

In other ways, of course, the change was deeply significant, and required a great deal of registrant and public education. The change was not lost on registrants; we responded to a considerable number of practice inquiries about the controlled act every month. In support of the efforts of registrants, clinical supervisors, employers and education programs, we added a controlled act resources section to the website, met with education and professional association program stakeholders and made staff available for presentations to help ease the transition.

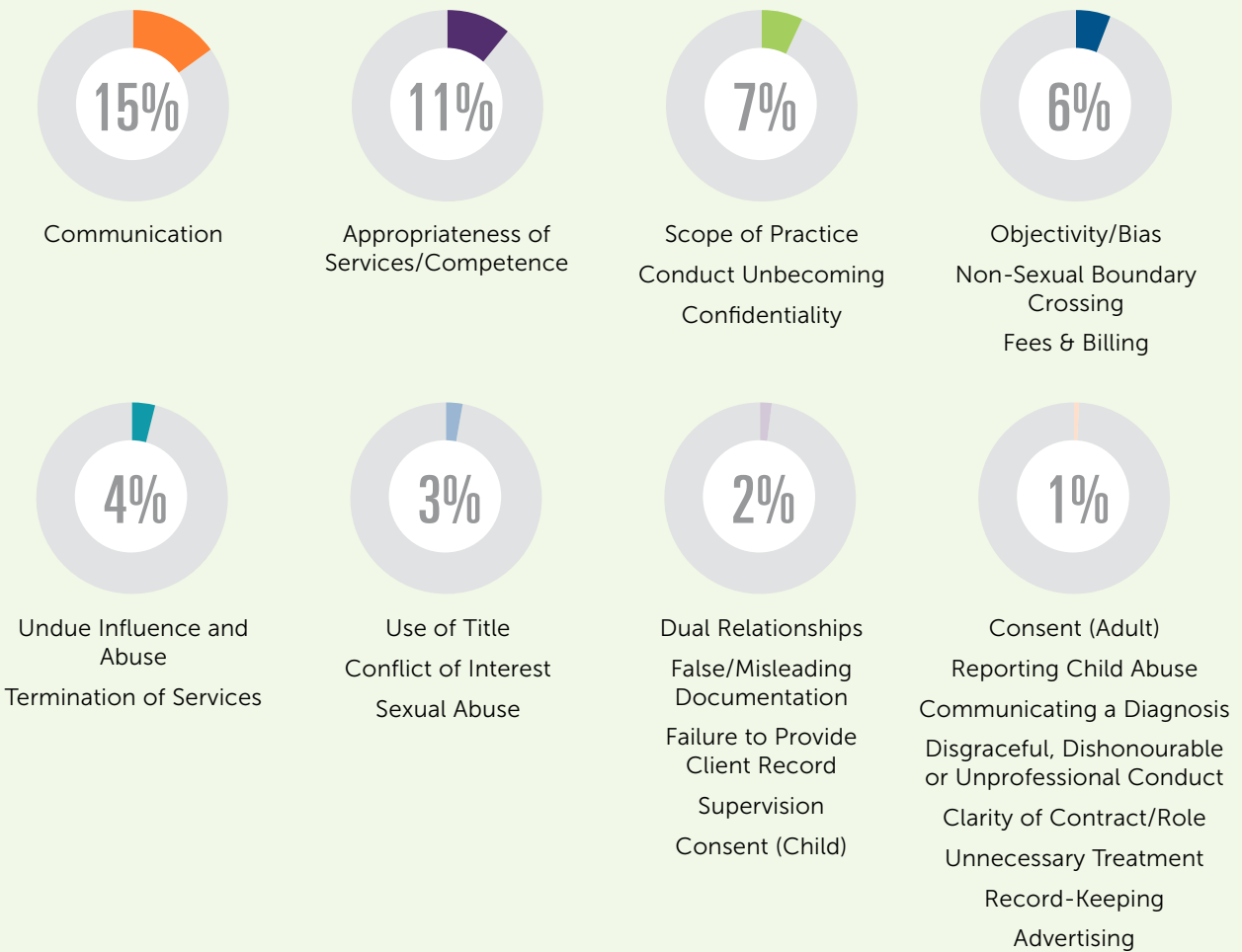




# ADDRESSING UNSAFE PRACTICE



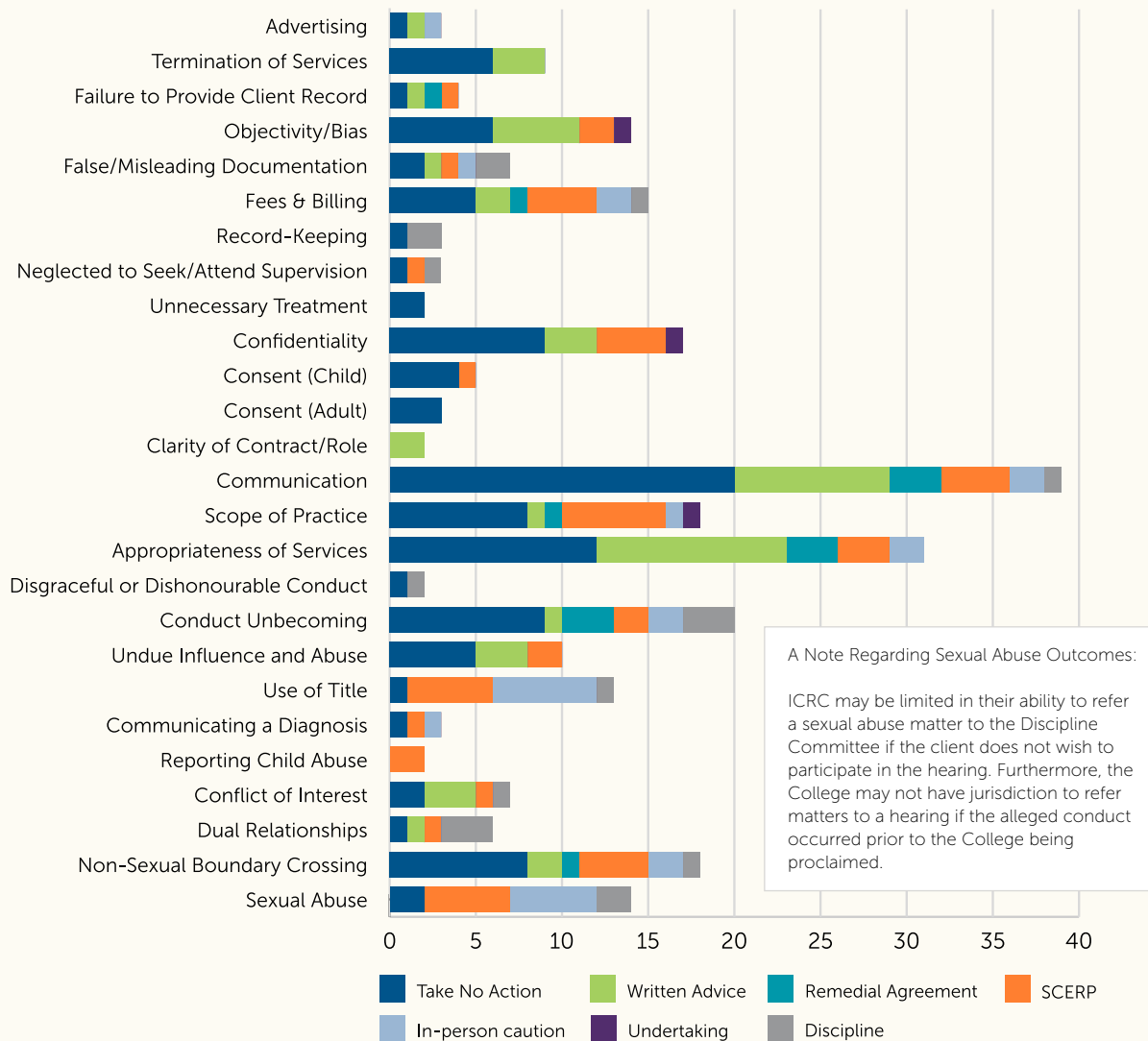
THE ISSUES ADDRESSED IN EACH OF THESE DECISIONS ARE:



# COMPLAINT AND REPORT OUTCOMES

The dispositions for the 60 decisions ICRC made are displayed below. Please note, some allegations received two outcomes (e.g. SCERP and in-person caution).

## ISSUES AND OUTCOMES: DECISIONS ISSUED 2019-2020



The Discipline Committee held two hearings and released a decision in one case this year.

The Health Professions Appeal and Review Board (HPARB) reviewed five decisions. Three decisions were confirmed, one was returned and one was reversed.

## SUPPORT FOR SAFE PRACTICE

Registered Psychotherapists are required to complete 40 hours of professional development activities every two years. In 2019, 4,287 registrants completed professional development tools reflecting those 40 hours as well as a self-assessment exercise and a reflective learning plan. These exercises help registrants to reflect on their professional practice and any opportunities for growth and development.



Each year, a random selection of professional development tools is reviewed for quality of submission, including quality of reflection and evidence of 40 hours of learning activities. In 2019, 135 submissions were randomly reviewed.

CRPO also randomly selects 50 registrants each year for a Peer and Practice review, in which trained peer assessors conduct interviews with chosen RPs, review client charts and provide support identifying skills gaps and improvements.

Peer and Practice review has proven to be a useful way for CRPO to understand trends and issues that emerge for RPs around matters such as

- Confusion regarding credentials
- Identifying requirements for electronic record keeping
- Retaining records for children
- Safe and effective use of self
- Boundary crossing

These themes will inform the work that is undertaken in evaluating the efficacy of QA tools and developing resources for registrants.

# STAKEHOLDER ENGAGEMENT BY THE NUMBERS

<b>4</b>	formal public consultations held
<b>496</b>	total responses received
<b>10</b>	other psychotherapy regulators from across Canada convened for two days of meetings
<b>5</b>	presentations held for students reaching 370+ audience members
<b>1</b>	presentation for insurance companies reaching 67+ audience members
<b>3</b>	focus groups held to increase representation from District 2 on Council
<b>13</b>	associations in attendance at stakeholder meeting
<b>+29%</b>	Website pageviews: 854,840
<b>+24%</b>	Find an RP accessed 60,823 times
<b>360+</b>	Twitter followers
<b>900+</b>	Facebook followers



- Applying to CRPO (62,126)
- Find an RP (60,823)
- Education Programs (47,156)
- Supervision (19,494)
- Self-Assessment Tool (19,328)
- 9 Steps to CRPO Registration (15,675)
- New Members: RP Qualifying (15,224)
- Quality Assurance Program (14,966)
- Contact Us (14,223)
- Registration Exam (13,738)

#### POPULAR VIDEOS:

- **New Registrant Orientation**
- **Filing a Complaint**
- **COMPASS Registration Exam Overview**

# COMMITTEE MEMBERSHIP

## CLIENT RELATIONS COMMITTEE

Susan (Sue) Lymburner, RP (Chair)  
(non-council appointment)

Carol Cowan-Levine, RP  
(ending June 2019)

Steven Boychyn

Shelley Briscoe-Dimock, RP

Mary Kardos Burton (ending June 2019)

Barbara Locke Billingsley  
(ending December 2019)

Judy Mord, RP

Paula (Pat) Rayman, RP  
(ending August 2019)

Keri Selkirk

Jane Snyder

Steven Stijacic (ending August 2019)

Radhika Sundar, RP

## DISCIPLINE COMMITTEE

Gary Cockman (Chair)

All Council members serve on the Discipline Committee. Hearing panels are composed of three to five Committee members.

## EXAMINATION COMMITTEE

Heidi Ahonen, RP (Chair)

Andrew Benedetto, RP

Steven Boychyn

Gary Cockman

Kathleen (Kali) Hewitt-Blackie, RP

Michael Machan, RP

Miranda Goode Monastero, RP

Keri Selkirk

## EXECUTIVE COMMITTEE

Shelley Briscoe-Dimock, RP (President)

Kenneth Lomp, RP (Vice-President)

Andrew Benedetto, RP  
(President until September 2019)

Steven Boychyn

Gary Cockman

Carol Cowan-Levine (ending June 2019)

Sheldon Kawarsky  
(ending December 2019)

## FITNESS TO PRACTICE COMMITTEE

Gary Cockman (Chair)

Barbara Locke Billingsley  
(Chair until December 2019)

All Council members serve on the Fitness to Practise Committee. Hearing panels are composed of at least three Committee members.

## INQUIRIES, COMPLAINTS, REPORTS COMMITTEE

Shelley Briscoe-Dimock, RP  
(Chair since July 2019)

Kevin VanDerZwet Stafford, RP  
(Chair until June 2019)

Steven Boychyn

# COMMITTEE MEMBERSHIP

Carol Cowan-Levine, RP  
(ending June 2019)

Miranda Goode Monastero, RP

Kathleen (Kali) Hewitt-Blackie, RP

Mary Kardos Burton (ending June 2019)

Sheldon Kawarsky  
(ending December 2019)

Kenneth Lomp, RP

Judy Mord, RP

Paula (Pat) Rayman, RP  
(ending August 2019)

Keri Selkirk

Jane Snyder

Steven Stijacic (ending August 2019)

## NOMINATIONS & ELECTIONS COMMITTEE

Michael Machan, RP (Chair)

David Keast

Judy Mord, RP

Jane Snyder

Radhika Sundar, RP

## QUALITY ASSURANCE COMMITTEE

Kenneth Lomp, RP (Chair)

Heidi Ahonen

Andrew Benedetto, RP

Mary Kardos Burton  
(Chair until June 2019)

Kayleen Edwards, RP  
(non-council appointment)

Kathleen (Kali) Hewitt-Blackie, RP

Sheldon Kawarsky  
(ending December 2019)

David Keast

Malcolm MacFarlane, RP  
(ending September 2019)

Miranda Goode Monastero, RP

Paula (Pat) Rayman, RP  
(ending August 2019)

Jane Snyder

## REGISTRATION COMMITTEE

Andrew Benedetto, RP  
(Chair since September 2019)

Heidi Ahonen, RP

Malcolm MacFarlane  
(Chair until September 2019)

Gary Cockman

Carol Cowan-Levine, RP  
(ending June 2019)

Sheldon Kawarsky  
(ending December 2019)

David Keast

Barbara Locke Billingsley  
(ending December 2019)

Michael Machan, RP

Muriel McMahan, RP  
(non-council appointment)

Radhika Sundar, RP

**FINANCIAL STATEMENTS**

For

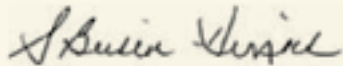
**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND REGISTERED  
MENTAL HEALTH THERAPISTS OF ONTARIO**

For year ended  
MARCH 31, 2020

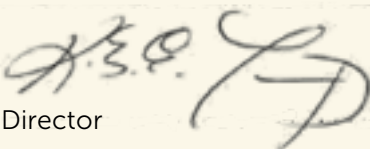
**STATEMENT OF FINANCIAL POSITION  
MARCH 31, 2020**

	<u>2020</u>	<u>2019</u>
<b><u>ASSETS</u></b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 7,848,251	\$ 6,292,458
Prepaid expenses	86,527	76,561
	<u>7,934,778</u>	<u>6,369,019</u>
<b>CAPITAL ASSETS</b>	451,766	500,554
	<u>\$ 8,386,544</u>	<u>\$ 6,869,573</u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 630,715	\$ 309,680
Government remittances payable	454,044	454,067
Deferred revenue	3,610,000	3,601,814
	<u>4,694,759</u>	<u>4,365,561</u>
<b>DEFERRED RENT PAYABLE</b>	227,369	238,958
	<u>4,922,128</u>	<u>4,604,519</u>
<b>NET ASSETS</b>		
Unrestricted	2,990,802	1,737,365
Invested in capital assets	451,766	500,554
Internally restricted – sexual abuse therapy fund	21,848	27,135
	<u>3,464,416</u>	<u>2,265,054</u>
	<u>\$ 8,386,544</u>	<u>\$ 6,869,573</u>

On behalf of the Board:



Director



Director



**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	92,421	51,948
	<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	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	5,287	4,985
Amortization of capital assets	95,580	91,086
	<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>

**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	(11,589)	(11,588)
	<u>1,283,353</u>	<u>969,405</u>
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	8,186	431,117
	<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>



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[www.crpo.ca](http://www.crpo.ca) / e: [info@crpo.ca](mailto:info@crpo.ca)

## Registrar's Report to Council

October 1, 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 continues to monitor the information being provided by government, public health and other trusted sources. As new case numbers increase in the province, we will prepare bulletins to registrants as needed and will continue to provide responses to enquiries through the Practice Advisory Service.

College operations will remain remote (both staff work and committee and Council meetings) for the immediate future.

### **Operations**

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

Staff are currently recruiting a Quality Assurance Coordinator. An update on hiring will be provided at the meeting.

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

Development of the new registrant management system is on track

### **Annual Report**

The 2019-2020 [Annual Report](#) was submitted in advance on the September 2020 deadline. It was circulated to Council and can be viewed on-line on the CRPO website.

### **Updates**

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

From July 1 to August 31, 2020, we received 371 inquiries.

		2018-19	2019-20	2020-21
Q1	Apr-Jun	98	325	504
Q2	Jul-Sep	216	352	371
Q3	Oct-Dec	243	432	
Q4	Jan-Mar	357	541	

We continue to receive inquiries 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
- Discontinuing treatment due to employment changes (informing clients, record-keeping, self-referral)
- Disclosure of personal health information
  - Releasing client records in specific situations (e.g. custody, court proceedings)
  - Duty to report
- Providing and receiving clinical supervision

Out of 371 inquiries total in July and August,

- 33% of inquiries were from non-registrants
- 99% received by email, 1% by phone (if someone used both, it would be recorded as email)
- Top subjects by numbers:
  - Out of province practice – 110 (~30% of all inquiries)
  - COVID/in-person practice – 27
  - Clinical supervision – 10
  - Electronic practice – 10

### ***Registration***

	<b>August</b>
Applications started	115
Total applications submitted	70
Applications from recognized programs submitted	51
Applications from non-recognized programs submitted	19

As of writing, total registrants numbered 7,833

- RP 6,170
- Qualifying 1,524
- Inactive 139

## October 22/23 Registration Exam

- Total number of registrants who confirmed intent to write: 776
  - Total Accommodation Requests: 41
  - French Exam Requests: 14
  - Requests to write in other provinces: 8

### **ICRC**

Reports received since 1 April 2020: 28

Number of those reports turned in to Registrar's Reports: 4

NB/ staff are reviewing the remaining files and conducting preliminary risk assessments and informal investigations to determine whether we have reasonable and probable grounds to suspect misconduct has occurred.

Total number of open/active files from this year **and** previous years:

- 52 complaints
- 44 reports
- 5 incapacity files

### **Quality Assurance**

[Professional Development](#) submissions are due for 2016 and 2018 registrants on November 30, 2020. The following number of registrants received their reminders on September 14/15, 2020:

<b>Year of Registration</b>	<b>2016</b>	<b>2018</b>	
RP	947	876	
Qualifying	11	145	
Inactive*	17	20	
Total	975	1041	<b>Total for both years = 2,016</b>

[2020 Peer and Practice Review](#) is the review of randomly selected registrants' practices by a trained peer assessor.

Number of registrants randomly selected 50 plus 1 deferred from last year = 51

Former Registrants = 2

Assessor = 1

Number of deferrals = 12 (High due to COVID-19, deferred until next year)

Total to be completed = 37

Progress so far:

- Number of PPR Step 1 completed to date = 28
- Number of reports received and processed = 17 (12 no further action)
- Number of Step 2 required so far = 5
- Number of reports received and in process of being reviewed by leads = 11
- Number of referred to QA Panel (results ambiguous) = 2
- Number of assessments outstanding (either report has not been uploaded yet or scheduled late due to various reasons) = 9

**Compliance Monitoring**

The files currently being monitored are as follows:

<b>Registration Committee:</b>	<b>22 active files</b>
Clinical supervision/monitoring	19
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr"	1
Currency upgrading	2
Education	8
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>24 active files</b>
Clinical supervision/monitoring:	14
Personal/Group Therapy/Drug Screening	2
Ethics or education courses	12
Practice Restrictions	2
Remedial agreements	2
Reflective Paper	3
Practice Assessment	2
In-Person Caution	3
Undertakings	3
On Hold: currently under appeal at HPARB	5
Not Completed: result of resignation/revocation	7
On Hold: other reasons (e.g. on leave or Interim Order suspension)	2
<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>2 active file</b>
Education	2
Costs	2
Reflective Paper	1
Reprimand	2
Clinical Supervision	1

## **Social Media**

Please see the attached Website Analytics report.

## **Professional Development**

### *Staff*

CNAR Conference that is ongoing online from Sept 9<sup>th</sup> to Nov 26<sup>th</sup>

### *Council*

- Mock hearing date
- ILC training session

## **Stakeholder Engagement**

### *Town Hall Meeting*

In light of low numbers of registrants confirming attendance, the planned remote Town Hall sessions have been combined into one session on September 30, 2020 from 12:00 to 2:00 pm. Spring dates for either remote or in-person sessions will be considered.

## **Regulatory Developments**

Regulatory reforms that have been anticipated in British Columbia have not yet been introduced in their Legislative Assembly but recommendations from an all-party steering committee have been issued. Council is encouraged to read about them in an article by Julie Maciura: [Radical Governance and Restrained Complaints Reforms in British Columbia](#). The most significant proposals include that:

- the number of regulatory colleges would be reduced to six
- a single body would be created to have oversight of these six colleges
- individuals serving on complaints committee could not be Board (council) members
- discipline hearings would be removed from the regulator; that there would be a single disciplinary tribunal operating through the oversight body

Alberta's regulatory reform proposal, Bill 30 [Health Statutes Amendment Act](#), once passed will require public appointees (who are not members of the profession) to constitute 50% of the Council and core committees of its 29 health profession regulators; previously, only 25% were publicly appointed.

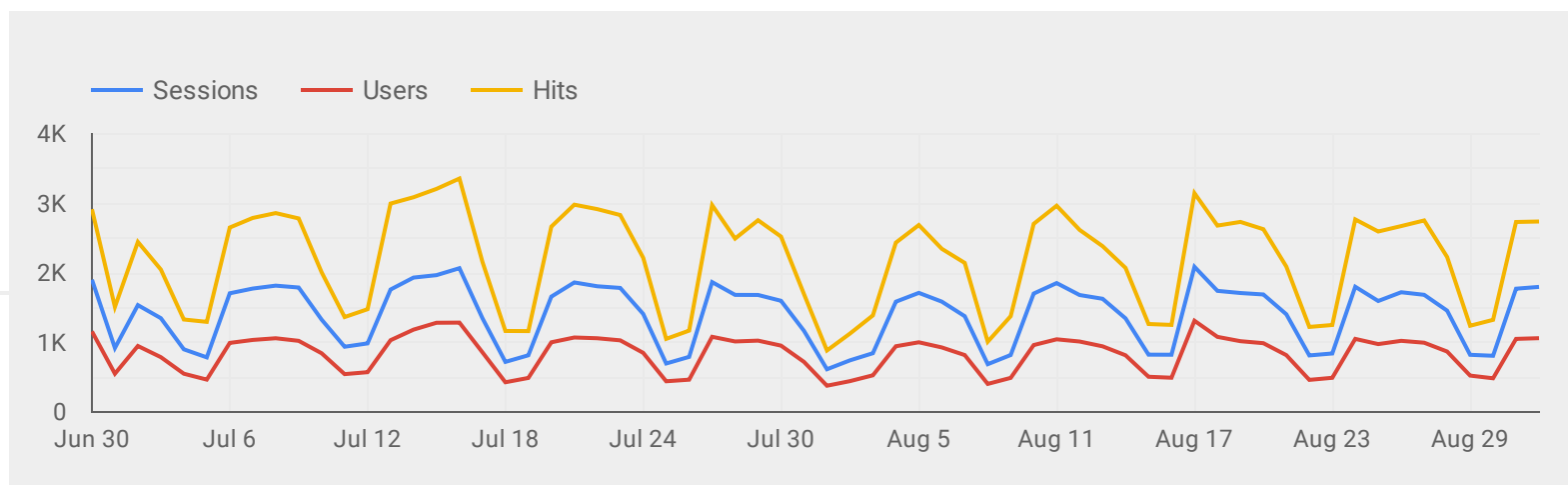
Staff will continue to monitor these developments. While no recent discussion has been had with Ministry of Health representatives, the developments in other provinces will likely be used to inform any regulatory reform considered in Ontario.





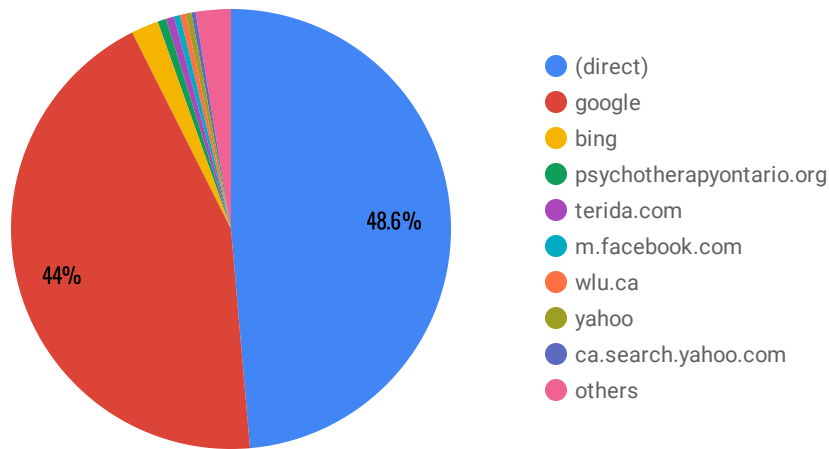
## 1 Overview

Hits vs sessions vs users



## 2 Referral sources

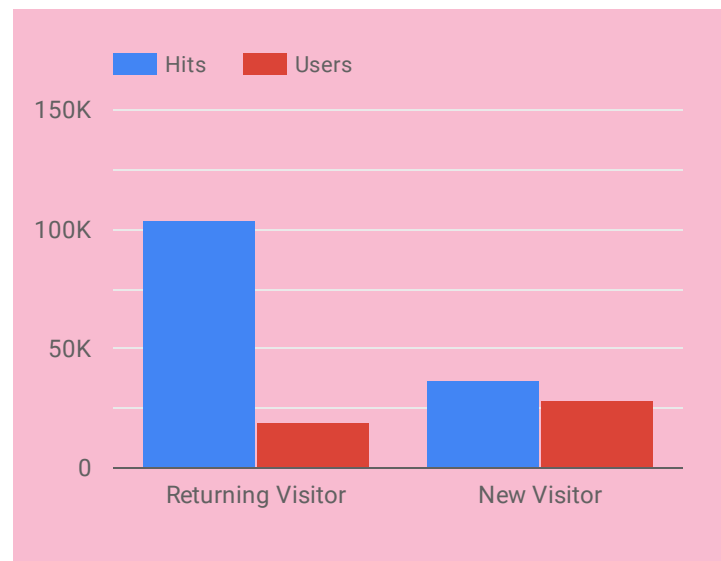
Half of our users are going directly to the site; just under half are finding us through searches; the other 7% are coming in from a variety of sources.



## 3 Total Users & Hits June to September 2020

Users  
**33,644**

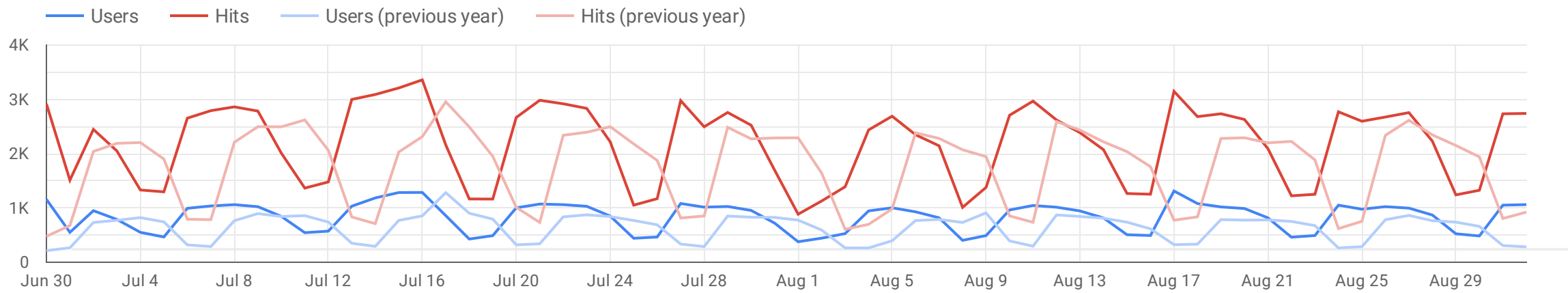
Hits  
**140,468**



## 4

### Comparisons to previous website

In 2020, there was significant growth in the number of users and hits during this time period in 2019. 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

Jun 30, 2019 - Sep 1, 2019		June 30, 2020 - September 1, 2020	
Sessions	69,811	Sessions	90,011
Users	25,099	Users	33,644



# 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 still in the top 20

-Also notable is that sessions related to 'File a complaint about a member' and 'Discipline' have reappeared in the top 40. In comparison, Q2 2020 data.

-QA program sessions up to #25 from #27.

- Practice Matters sessions went up to #12 from #19 since the Q2 2020 report.

	Landing Screen	Sessions ▾	Avg. Time...
1.	www.crpo.ca/	32,859	00:01:50
2.	www.crpo.ca/applying-to-crpo/	6,758	00:01:51
3.	www.crpo.ca/find-a-registered-psychotherapist/	6,737	00:02:45
4.	www.crpo.ca/education-programs/	6,724	00:02:42
5.	www.crpo.ca/what-is-psychotherapy/	1,927	00:02:21
6.	www.crpo.ca/faqs-covid-19/	1,825	00:02:14
7.	www.crpo.ca/new-members-registered-psychotherapist-q...	1,751	00:02:01
8.	www.crpo.ca/supervision/	1,736	00:03:15
9.	www.crpo.ca/?s=login	1,378	00:01:13
10.	www.crpo.ca/contact-us/	1,150	00:02:12
11.	www.crpo.ca/9-steps-to-crpo-registration/	1,138	00:01:32
12.	www.crpo.ca/practice-matters/	1,087	00:02:28
13.	www.crpo.ca/registration-exam/	1,055	00:02:11
14.	www.crpo.ca/definitions/	957	00:02:16
15.	www.crpo.ca/self-assessment-tool/	794	00:01:43
16.	www.crpo.ca/standard-3-1-confidentiality/	785	00:02:18
17.	www.crpo.ca/guidance-for-return-to-in-person-practice/	700	00:01:57
18.	www.crpo.ca/call-for-non-council-member-appointments/	603	00:03:07
19.	www.crpo.ca/professional-liability-insurance/	583	00:02:28
20.	www.crpo.ca/crpo-fees/	564	00:02:43
21.	www.crpo.ca/who-can-supervise-who/	531	00:02:29
22.	www.crpo.ca/standard-5-1-record-keeping-clinical-records/	495	00:02:50
23.	www.crpo.ca/all-resources/	492	00:02:19
24.	www.crpo.ca/crpo-mapping-tool-for-individual-applicants/	470	00:02:36
25.	www.crpo.ca/quality-assurance-program/	462	00:02:31
26.	www.crpo.ca/your-practice/	449	00:02:37
27.	www.crpo.ca/in-person-plan/	438	00:03:10
28.	www.crpo.ca/concerns-about-unregulated-individuals/	438	00:02:02
29.	www.crpo.ca/clinical-supervision-faq/	436	00:02:13
30.	www.crpo.ca/registration-categories/	422	00:01:39
31.	www.crpo.ca/filing-a-complaint-about-a-member/	411	00:02:28
32.	www.crpo.ca/about-crpo/	387	00:01:46
33.	www.crpo.ca/3-2-consent/	354	00:01:20
34.	www.crpo.ca/controlled-act-of-psychotherapy-goes-into-...	349	00:03:28
35.	www.crpo.ca/assessment-of-applications/	335	00:01:19
36.	www.crpo.ca/discipline/	322	00:02:04
37.	www.crpo.ca/code-of-ethics/	312	00:01:17
38.	www.crpo.ca/home/info-for-applicants/	310	00:01:08
39.	www.crpo.ca/advice-to-rps-regarding-covid-19/	303	00:01:29
40.	www.crpo.ca/2020-registration-exam-update-faq/	303	00:02:14

1 - 100 / 1312 < >

## 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)	43,764	60.71%
2.	google	39,568	99.63%
3.	bing	1,806	100%
4.	psychotherapyontario.org	575	99.48%
5.	terida.com	536	99.81%
6.	m.facebook.com	404	100%
7.	wlu.ca	383	99.74%
8.	yahoo	376	99.2%
9.	ca.search.yahoo.com	274	99.64%
10.	cpcarpc.ca	169	100%
11.	duckduckgo	139	97.84%
12.	mycybrary.com	125	100%
13.	mail.google.com	104	96.15%
14.	l.facebook.com	98	98.98%
15.	reddit.com	98	100%
16.	icomphosting.com	77	100%
17.	health.gov.on.ca	70	100%
18.	icomphost.com	62	100%
19.	ecosia.org	60	100%

1 - 100 / 264 < >



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

A key website objective was supporting mobile usage.

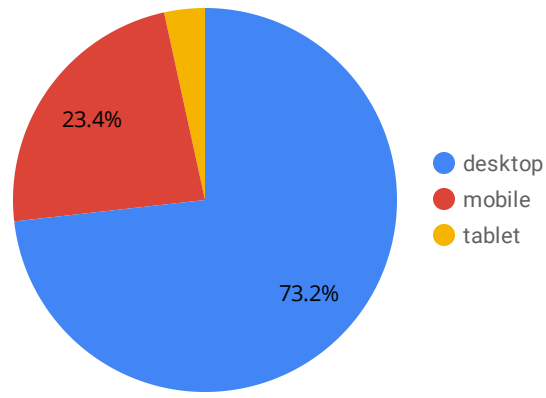
# 7

## Mobile users & devices

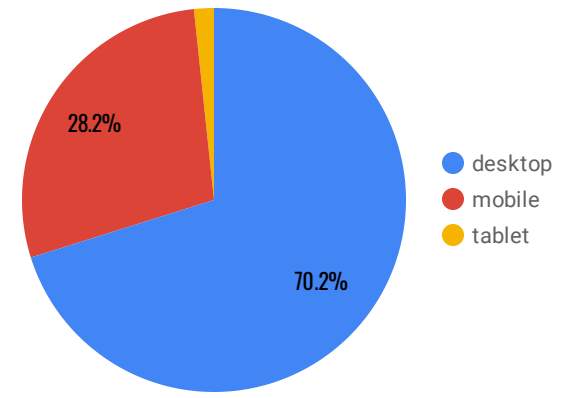
Most users are still accessing the website on a desktop (70.2%) versus a smartphone (28.2%) or tablet (2%).

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.

June 30, 2019 - September 1, 2019



June 30, 2020 - September 1, 2020

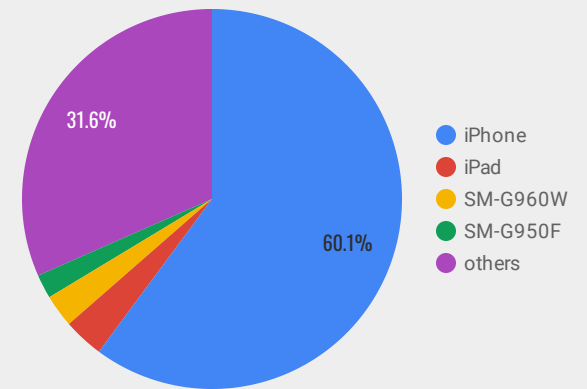


# 8

## Device & Usage

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

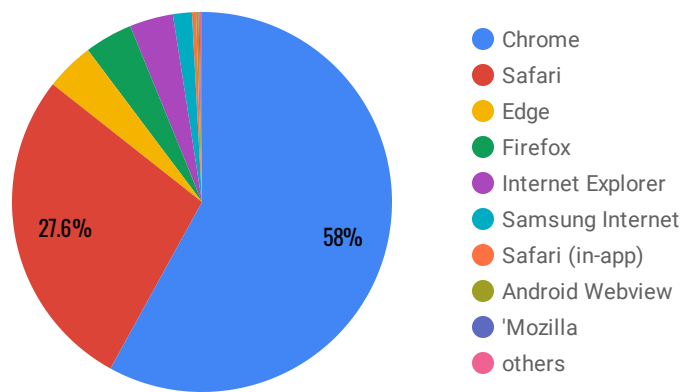
Top 5 mobile devices



# 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	9,688
2.	Ottawa	2,488
3.	(not set)	1,422
4.	Mississauga	1,281
5.	Hamilton	1,226
6.	Brampton	1,120
7.	Montreal	860
8.	London	827
9.	Kitchener	797
10.	Vaughan	644
11.	Markham	601
12.	Richmond Hill	590
13.	Guelph	486
14.	Oakville	404
15.	Barrie	400
16.	Kingston	379
17.	Burlington	333
18.	Oshawa	319
19.	Greater Sudbury	281
20.	Waterloo	278
21.	St. Catharines	267

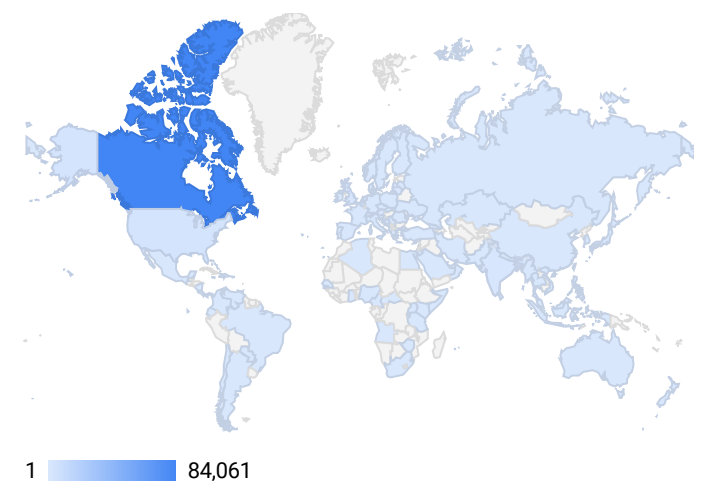
1 - 100 / 1232 < >

	Language	Users ▾
1.	en-us	15,944
2.	en	9,174
3.	en-ca	5,955
4.	en-gb	2,299
5.	fr-ca	169
6.	fr-fr	162

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Sessions  
**90,011**

Pageviews  
**138,935**



# COUNCIL MINUTES

Thursday, August 20, 2020

1:00 p.m. to 3:30 p.m.

ZOOM videoconference

## **Council Members:**

Heidi Ahonen  
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

Kathy-Ying Zhao

## **Regrets:**

Gary Cockman  
Radhika Sundar, RP

## **Staff Members:**

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

### **1. Welcome and Opening Remarks**

S. Briscoe-Dimock, President & Chair, called the meeting to order at 1:08 p.m. and welcomed all present.

### **2. Approval of Draft Agenda**

The Chair introduced the draft agenda.

#### **MOTION C-20AUG2020 – M01**

That the agenda of the August 20, 2020 meeting of Council be approved as presented.

Moved: M. Monastero

Seconded: H. Ahonen

CARRIED

### **3. Conflict of Interest Declarations**

None declared.

#### 4. **CRPO Committee-level Work Plans**

D. Adams, Registrar, informed Council that the work plan format was reviewed and approved by the Executive Committee. Statutory Committees have already scheduled work plan review meetings in August and September to review and approve priorities.

#### 5. **Committee Competencies & Composition Framework Documents**

D. Adams presented the suite of committee competencies and composition framework documents noting that the competency matrix was approved by Council in November 2019, while the subsequent committee-specific competencies were approved by the Executive Committee and have begun to make use of these matrices for non-council committee appointments. The goal of these documents is to incorporate them at all stages of committee and Council engagement.

#### **MOTION C-20AUG2020 – M02**

That Council approve the adoption of the suite of competency documents as presented.

Moved: M. Machan

Seconded: K. Hewitt-Blackie

CARRIED

#### 6. **COVID-19 Update**

D. Adams provided an update regarding the results of the consultation for return to in-person practice guidance. Registrants have been responding to the frequent COVID-19 updates and many have contacted the practice advisory service to ensure a safe return to in-person practice. With an overwhelming amount of information circulating related to the pandemic, CRPO staff have been reviewing information from trusted sources and providing relevant guidance to registrants. D. Adams went on to summarize the results of the survey.

Some key concerns identified through the practice advisory include infection prevention and control (IPAC) measures and how they might apply to various therapy modalities, as well as issues around shared practice spaces that would make compliance with required IPAC measures difficult. Staff will endeavour to address these concerns as further information is curated and disseminated.

D. Adams also noted that registrants have expressed concerns around physical space and how wearing a mask may impact clients therapy experience. In general, CRPO continues to encourage registrants to provide e-therapy wherever possible. The CRPO will continue to align with the advice of the Ministry of Health and the Chief Medical Officer and will keep the website updated and circulate coronavirus bulletins as new information becomes available. Council was invited to ask questions and discussed the impacts of the pandemic on mental health.

#### 7. **Committee Appointments**

S. Briscoe-Dimock welcomed newly appointed public member, Kathy-Ying Zhao, to Council. K. Zhao was appointed in April 2020 to serve on Council for a 12-month term. S. Briscoe-Dimock asked Council to ratify a decision made by the Executive Committee to appoint K. Zhao to the Inquiries, Complaints and Reports, Nominations and Elections and Quality Assurance Committees.

### **MOTION C-20AUG2020 – M03**

That Council ratify the Executive Committee's decision to appoint K. Zhao to the Inquiries, Complaints and Reports, Nominations & Elections and Quality Assurance Committees.

Moved: M. Machan

Seconded: D. Keast

CARRIED

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

As directed by Council in March 2020, a callout was made at the end of June to recruit non-council committee members. Registrants were invited to submit a curriculum vitae and letter of interest to serve on one of the CRPO committees that require non-council members with specific expertise. To date, over thirty candidates have put their name forward for consideration. Interviews are underway and being conducted by members of the Nominations and Elections and Executive Committees, and the Registrar. Recommendations for non-council appointments will be brought forward at the October 1 Council meeting.

### **9. 2019-2020 Audited Financial Statements**

J. Falkenburger informed Council that the audit firm presented to the Executive Committee at their June 23, 2020 meeting. As stated in the briefing note this was a clean audit that was conducted remotely due to the pandemic. This remote audit was successful largely due to the upgrades to the College's payables system that took place in the previous fiscal year.

Highlights of the audited financial statements were provided, noting that revenues were 11% higher than anticipated and expenses were roughly 4% below the projected budget. The budget for Complaints and Discipline was roughly 7% higher than expected, as this area of the College's work is challenging to estimate given the nature of investigations work. The number of complaints or reports and the severity of them is unknown until received by the College.

The College's reserve fund is now 2.9 million dollars; this helps to ensure that the College has sufficient funds for unknown and serious Discipline cases, at least 6 months of operating costs, and money for upgrading CRPO infrastructure - primarily the database, public register and applicant and registrant portal. As the College's registrant base grows, so will the costs and staffing needs. It was noted that the financial statements will be published in the CRPO's annual report. The report will be presented to the Minister of Health and Long-Term Care as required in the Regulated Health Professions Act. The deadline to submit the annual report to the Minister is September 20.

### **10. Council Position on Systemic Racism**

D. Adams informed Council that the College issued a statement regarding systemic racism as it pertains to mental health care. Specifically, the Black Lives Matter movement is a call for Council to consider the work that we are doing or should be doing in order to combat systemic racism as a regulator. This would include taking a deeper look at the work plan, governance review, and regulatory objectives to push us further to explore opportunities for diversity and inclusion while being mindful of our role as a regulator.



D. Adams has begun reaching out to community organizations such as Canadian Mental Health Association, Children’s Mental Health Ontario, Addictions and Mental Health Ontario and other service providing agencies in Toronto. Next steps will include connecting with agencies outside of Toronto for more possibilities for collaboration.

Council was asked to consider what the CRPO’s role is in combatting systemic racism. In particular, Council discussed the potential for the Quality Assurance Program to assist registrants in supporting racialized clients.

#### 11. Registrar’s Report

D. Adams presented her report noting that there were no further updates beyond the report included in the package.

#### 12. Regulatory Problem Identification

M. Piore, Deputy Registrar and General Counsel, presented on regulatory problem identification. Next steps include communicating with stakeholders regarding the form, selecting issues identified and communicating with stakeholders.

#### 13. Consent Agenda

Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items must be directed to the president prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The consent agenda is approved under one motion.

- Draft minutes of January 24, 2020
- Committee Reports

#### **MOTION C-20AUG2020 – M04**

That Council approve the consent agenda as presented.

Moved: J. Mord

Seconded: M. Monastero

CARRIED

#### 14. Council Question Period

No questions were raised by Council members.

#### 15. ADJOURNMENT

#### **MOTION C-20AUG2020 – M05**

That the meeting be adjourned at 3:08 p.m.

Moved: S. Boychyn

Seconded: J. Snyder

CARRIED

## Discipline Committee Report to Council

October 1, 2020

Committee Members
<ul style="list-style-type: none"> <li>• Heidi Ahonen, RP</li> <li>• Andrew Benedetto, RP</li> <li>• Steven Boychyn</li> <li>• Shelley Briscoe-Dimock, RP</li> <li>• Gary Cockman, Chair</li> <li>• Kathleen (Kali) Hewitt-Blackie, RP</li> <li>• David Keast</li> <li>• Kenneth Lomp, RP</li> <li>• Michael Machan, RP</li> <li>• Miranda Monastero, RP</li> <li>• Judy Mord, RP</li> <li>• Jane Snyder</li> <li>• Keri Selkirk</li> <li>• Radhika Sundar, RP</li> <li>• Kathy-Ying Zhao</li> </ul>

**Committee meetings:**

- n/a

**Panel meetings:**

n/a

### Referrals, Hearings & Motions

**Referrals:**

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

**Hearings:**

Since the last Council meeting, we have had one hearing as follows:

September 10, 2020: One virtual uncontested hearing (CRPO v PARKER). The hearing resulted in findings of professional misconduct by the panel.

***We received requests for adjournment on consent for the CRPO v LA ROSE (September 22-23) and CRPO v HARAMIC (October 14-16) Discipline Hearings. Both adjournments were granted, and rescheduling is underway.***

Four additional hearings are awaiting scheduling.

**Pre-hearing Conference:**

No pre-hearing conferences have occurred since the last Council meeting.

**Motions/Submissions to the Chair:**

We received 1 submission to the Chair requesting a pre-hearing conference in a matter. On reading submissions made under Rule 15 of the Rules of Procedure of counsel for the College

and of the Member, a decision was made to not proceed with a Pre-hearing Conference in this matter.

### **Training**

Since the last Council meeting, the majority of Committee members attended a Discipline Meeting/Mock Hearing training session on August 28, 2020 held by the Hearings Office and Independent Legal Counsel (ILC), Jennifer Hunter.

At the October 1, 2020 meeting, Jennifer Hunter (ILC) will also be providing Council members with sexual abuse training from the Discipline perspective (e.g. review of legislation, history, etc.).

### **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

October 1, 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:

- August 27, 2020

#### Panel meetings:

- n/a

#### Workplan Meeting

The Committee met on August 27, 2020 via videoconference to approve the proposed committee workplan.

#### 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  
Chair, Examination Committee

## Executive Committee Report to Council

October 1, 2020

Committee Members
<ul style="list-style-type: none"><li>• Andrew Benedetto, RP</li><li>• Steven Boychyn</li><li>• Shelley Briscoe-Dimock, RP (Chair)</li><li>• Gary Cockman</li><li>• Kenneth Lomp, RP</li></ul>



### Committee meetings:

- September 15, 2020

The Executive Committee considered the following matters at the September 15, 2020 meeting:

### Council Evaluation Project

The Executive discussed the importance of having an evaluation process that was comprehensive and would hold Council members accountable. The Committee directed staff to begin drafting committee and panel meeting evaluations that could be implemented over the short term, as well as exploring what approach should be taken for the broader evaluation. This includes consulting with other regulated health colleges to determine which third parties they have worked with in developing their Council evaluations.

### Committee Appointments

The Executive reviewed the current committee composition and agreed that with the orientation and time invested in the current structure that they would recommend that the composition of committees would remain the same for the coming year. Should Council support this approach, the committee composition will be revisited at that time. See agenda item 6.

### Non-Council Committee Appointments

The Executive Committee met with the Nominations and Elections Committee to conduct a non-council interview debrief to discuss and make recommendations for non-council committee appointments. See agenda item 5.

### Governance Review Initiative: Succession Planning

The Executive began discussions on succession planning and the importance of a plan as the College grows. Staff was directed to draft a calendar to assist the Committee with identifying needs and developing a process.

### CRPO Work Plans

See Agenda item 7.

### Council Orientation Process

The Executive Committee reviewed the Council orientation materials and was asked to consider if any content was missing. The Committee suggested including committee chairs in the

onboarding process and discussed having new Council member pair up with more senior members of Council in order to help new members become familiar with their role.

**Formal Motions to Council**

Noted in briefing notes.

**The Committee Recommends:**

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

Respectfully submitted,

Shelley Briscoe-Dimock  
Chair, Executive Committee

## Fitness to Practise Committee Report to Council

October 1, 2020

<b>Committee Members</b>
<ul style="list-style-type: none"><li>• Heidi Ahonen, RP</li><li>• Andrew Benedetto, RP</li><li>• Steven Boychyn</li><li>• Shelley Briscoe-Dimock, RP</li><li>• Gary Cockman, Chair</li><li>• Kathleen (Kali) Hewitt-Blackie, RP</li><li>• David Keast</li><li>• Kenneth Lomp, RP</li><li>• Michael Machan, RP</li><li>• Miranda Monastero, RP</li><li>• Judy Mord, RP</li><li>• Jane Snyder</li><li>• Keri Selkirk</li><li>• Radhika Sundar, RP</li><li>• Kathy-Ying Zhao</li></ul>

**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

October 1, 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:**

- N/A

**Panel meetings:**

- September 2, 2020
- September 11, 2020
- September 24, 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>	24	24
<b>Registrar's Investigations</b>	4	5
<b>Incapacity Investigations</b>	2	1
<b>Discipline Referrals</b>	3	0

### Panel Meetings

The Committee held full day panel meetings on a monthly basis in addition to short, ad-hoc panels to address urgent matters. Of the 3 panel meetings listed in this report, one meeting included an incapacity matter addressed by a Health Inquiries Panel.

### Appeals

On August 11, 2020, the Health Professions Appeal and Review Board (HPARB) released a decision which confirmed the ICRC's original decision. Since the College was proclaimed, ICRC has received 9 appeal decisions from HPARB; 7 decisions were confirmed, 1 was referred back to panel for further investigation and in one case, HPARB reversed the panel's decision and issued its own. There are currently 11 open appeals with HPARB awaiting decision.

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

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



Respectfully submitted,

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

## Nominations & Elections Committee Report to Council

October 1, 2020

Committee Members
<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:**

- September 15, 2020

The Nominations & Elections Committee considered the following matters at the September 15, 2020 meeting:

**Non-Council Member Recruitment**

The Nominations and Elections Committee met with the Executive Committee to conduct a non-council interview debrief to discuss and make recommendations for non-council committee appointments. See agenda item 5.

**Formal Motions to Council**

Noted in briefing notes.

**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

## Registration Committee Report to Council

October 1, 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:**

- August 25, 2020

**Panel meetings:**

- August 14, 2020
- September 18, 2020

### Workplan Meeting

The Committee met on August 25, 2020 via videoconference to approve the proposed committee workplan.

### Panel Meetings

All meetings took place via videoconference. The meetings were each a half-day. Below are the statistics for the meetings from the August 14 meeting. Results from the September 18 meeting will be included in the next report to Council.

<b>Total applications reviewed</b>	13
<b>Approved</b>	0
<b>Refused</b>	10
<b>Terms, Conditions &amp; Limitations</b>	2
<b>Approval of Hours for Transfer out of Qualifying Category</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 six decisions. The first two decisions were returned for reconsideration. The reconsiderations are currently in-progress. The other four decisions to refuse registration were confirmed.

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

- [P.G. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [M.P. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [K.B. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [E.D. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)

- [A.C. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [A.K. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [D.M. 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,

A handwritten signature in blue ink, appearing to read 'A.B. A.', with a stylized flourish at the end.

Andrew Benedetto, RP  
Chair, Registration Committee

## Quality Assurance Committee Report to Council

October 1, 2020

### Committee Members

- Kenneth Lomp, RP (Chair)
- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Kali Hewitt-Blackie, RP
- Miranda Monastero, RP
- Kayleen Edwards, RP (Non-Council Committee Member)
- David Keast (Public Member)
- Jane Snyder (Public Member)
- Kathy Zhao (Public Member – Appointed August 20, 2020)

### Committee meetings:

- September 16, 2020

The Quality Assurance Committee considered the following matters at the September 16, 2020 Committee meeting:

1. The Committee reviewed a workplan and provided direction regarding the priority items. The Registrar will finalize the work plans based on this feedback to be provided to the full Council on October 1, 2020.
2. Due to the uncertainty of COVID-19 and that it is still not clear when we will be able to resume in-person interviews safely and consistently, the Committee approved an interim measure to complete all outstanding Step 2 PPRs from the 2019 and 2020 PPR Cycles. The interim measure will require registrants who must undergo a Step 2 of the PPR to complete their own record review and upload the results to the QA Portal. The criteria for review will be the same as that previously administered by a trained College appointed assessor. When the results of a PPR are brought to a QA Panel for a decision, the full record review conducted by the registrant also be included for Panel consideration

The Committee considered the following factors in coming to their decision to allow this interim measure.

- That the College would like to explore ways to conduct all parts of a Peer and Practice Review remotely in order to scale up the number of PPRs we do annually; and better match assessors with registrants based on modality and experience, versus simply by geographic proximity.
- The element of the current Step 2 PPR process that makes it challenging to do

remotely are the onsite chart reviews conducted by a trained assessor.

- Registrants on hold for a Step 2 PPR have been told that they will be notified when it is safe for an assessor to meet with them to conduct this in-person interview or when we are able to revise the process so that it can be conducted remotely.
- That it is not fair to the Registrants to keep their Step 2 PPR on hold for a long period of time. Consequently, Staff recommended that the Step 2 PPR be modified so that they can be conducted remotely over the short term.
- If changes are to be made, staff will need to communicate new instructions to assist registrants in preparing for their interview. This will include clear direction around any revised approach to the chart review. A change will also necessitate retraining of Assessors although it is not expected that this will result in any additional work on the assessors' part, rather the work required for a Step 2 will be reduced.
- That a modified version of the Step 2 PPR be implemented only for the Step 2 PPRs outstanding for the 2019 and 2020 PPR cycles. A review of the results and experience can be used to inform a more permanent solution for future PPRs to be completed remotely.
- That the proposed process revision of having registrants do their own chart reviews comes with the risk of registrants not being honest and transparent if their record-keeping practice do not meet criteria recommended by the College. In other words, registrants may falsely report meeting set criteria.

**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