CRPO
College of Registered Psychotherapists of Ontario

COUNCIL AGENDA

Date: Thursday, March 25, 2021
Time: 9:30 a.m. to 2:30 p.m.
Location: Zoom video conference
Chair: Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
WELCOME & INTRODUCTIONS						
1.	9:30	**Welcome and Opening Remarks**			Information	S. Briscoe-Dimock
2.	9:32	**Approval of Agenda**	1. Draft Agenda	1-4	Decision	S. Briscoe-Dimock
3.	9:33	**Conflict of interest declarations** *Council will be asked to complete and return the Conflict of Interest Declaration form to document their status relative to the agenda.*	1. Briefing Note 2. COI disclosure form 3. COI Worksheet 4. COI process	[click here]	Information	S. Briscoe-Dimock M. Pioro
DISCUSSION & DECISIONS						
4.	9:40	**Presentation: Board Evaluation Project** *Council will receive an update and a proposed approach to Council evaluations.*	1. Council evaluation components	5-6	Discussion, decision	S. Briscoe-Dimock C. Pettit
5.	10:20	**Discipline and Fitness to Practise (FTP) Committee Chair Appointment** *Council is being asked to appoint non-Council committee appointment, Carol Cowan-Levine as chair of the Discipline and FTP committees.*	1. Briefing Note	7	Discussion, decision	S. Briscoe-Dimock, M. Pioro
6.	10:25	**College Performance Measurement Framework (CPMF) Update** *Council will receive an update on the CPMF reporting*	1. Briefing Note 2. CPMF reporting tool	8-64	Discussion, decision	M. Pioro

		requirements, due March 31, 2021.				
**BREAK (10:45-11:00)**

INFORMATION

#	Time	Item	Docs	Pages	Type	Lead
7.	11:00	**Governance/Policy Reform Initiative Update** • *Operational Risk Management Review: Executive Limitations Policies* • *Privacy Policy update* • *Policy Review Cycle* *Council will receive an update regarding the work of the Governance Reform Initiative, including two Executive Limitations policies that are operational in nature; a brief update on the privacy policy for information and a proposed policy review cycle.*	1. Briefing Note 2. Executive limitations policies a. compensation & benefits b. reserve fund 3. Privacy policy 4. DRAFT Policy review cycle	65-72	Information, discussion, decision	S. Briscoe-Dimock, M. Pioro
8.	11:15	**CRPO Work Plan Progress Update** *Council will receive an update on the progress of Council work plan items.*	1. Briefing Note 2. Council Work Plan progress update	73-75	Information	S. Briscoe-Dimock, M. Pioro

IN CAMERA

From the Regulated Health Professions Act:

the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

   (a) matters involving public security may be disclosed;

   (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

   (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;

   (d) personnel matters or property acquisitions will be discussed;

   (e) instructions will be given to or opinions received from the solicitors for the College; or

   (f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3).

#	Time	Item	Docs	Pages	Type	Lead
9.	11:30	**2021-2022 Expense Budget**	see in camera items in package	76-77	Motion, in camera	S. Briscoe-Dimock J. Falkenburger
10.	12:00	**Registrar Recruitment Update**			in camera	S. Briscoe-Dimock J. Falkenburger

		Council will receive an update on the progress being made by the Executive Committee regarding the Registrar recruitment.				
LUNCH (12:10-1:10)						
DISCUSSION & DECISION						
11.	1:10	**Professional Council Member Remuneration** *Council will have the opportunity to review and discuss proposed changes to the Per Diem and Honoraria Remuneration of Council and Committee Members.*	1. Briefing Note 2. REVISED P*er Diem and Honoraria Remuneration of Council and Committee Members* policy	78-83	Discussion, decision	S. Briscoe-Dimock M. Pioro
12.	1:40	**Quality Assurance Program Update**			Information	K. Lomp M. Pioro
13.	2:10	**Registrar's Report** *Council will have the opportunity to ask questions related to the Registrar's written report.*	1. Registrar's Report 2. Web analytics	84-92	Information	M. Pioro
BREAK 2:15-2:25						
14.	2:25	**Consent Agenda** *Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items must be directed to the President prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The Consent agenda will be approved under one motion.*	**Draft Minutes:** January 14, 2021 **Committee Reports:** 1. Discipline 2. Examination 3. Executive 4. FTP 5. Inquiries, Complaints & Reports 6. Quality Assurance 7. Registration **Terms of Reference:** 1. Quality Assurance	93-107	Motion	S. Briscoe-Dimock
15.	2:30	**Council Question Period**			Information	S. Briscoe-Dimock

		Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.				
	2:35	**ADJOURNMENT**			**MOTION**	S. Briscoe-Dimock
	2:35 to 2:50	New Per Diem Submission Platform Training for professional Council members			Education (closed to public gallery)	K. Roberts
		Next Meetings: • May 13, 2021 • July 15, 2021 • September 16, 2021 • November 18, 2021				

Proposed Council Evaluation Components

Evaluation Component	Evaluation tool details	Who completes the evaluation?	Frequency
1. Meeting evaluation	• Ratings on a 5-star scale regarding meeting, Chair and materials • Small comment box if needed	• Every Council and committee member	• Used for every Council, committee and panel meeting • 5 minutes at the end of each meeting
2a. Annual member evaluation	• Rate using the competence matrices adopted by Council for both Council and committee-level work. • Indicates entry level, intermediate or advanced competence in the noted areas. • Fed back to each individual to allow self-monitoring of progress	• Three people complete this evaluation for each member: • Statutory committee panel chair (Registration, Quality Assurance, ICRC) • Key support staff • Member self-assessment	• Annually in June • About 30 minutes per committee member (max 5 per chair, ~ 2.5 hours)
2b. Individual education plan	• Review of report generated by competence evaluation (as above) and discussion of learning goals for coming year.	• Every Council member • Vice-President	• About 30 minutes per Council member to review individual education plan report • About 6.5 hours for Vice-President • Completed between June and August
3. Council efficacy evaluation tool	• Evaluated using the College Performance Measurement Framework (CPMF) standards: ○ Council and statutory committee members have the knowledge, skills, and commitment needed to	• Every Council member	• About 45 minutes • Annually in January or February for reporting in March

	effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. ○ Council decisions are made in the public interest. ○ The College acts to foster public trust through transparency about decisions made and actions taken.		
4. Committee Renewal	• Each committee to review and affirm its terms of reference, evaluate progress on work plan items, and evaluate effectiveness over the previous year.	• Every committee	• About 60 minutes • Annually per committee during first plenary after November after appointments are made.

Briefing Note for Council

Meeting Date:	March 25, 2021
Agenda Item #	5
Issue:	Discipline & Fitness to Practise (FTP) Committee Chair Appointment
Attachment(s):	-
References:	[Discipline and FTP Panel Competency Matrix](#)
For:	Information ☐ Discussion ☒ Decision ☒
Staff Contact:	M. Pioro
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Ensuring committees are comprised of people with a diverse set of skills, attributes and perspectives supports the mandate of public protection. Additionally, competent committee chairs can support effective and efficient completion of committee business, particularly in ensuring required panel composition.

Background:

In December 2020, the College was informed that G. Cockman, public member, would not be reappointed for a second term, consequently leaving a Discipline and Fitness to Practise (FTP) Chair vacancy. With Discipline and FTP hearings being planned, the need for an interim chair was identified. The Executive Committee moved to appoint A. Benedetto as interim chair at their February 11, 2021 meeting.

At the March 4 committee meeting, the Executive discussed appointing Carol Cowan-Levine, current non-council appointment and former Council member and President as Chair of both committees. C. Cowan-Levine was appointed by Council as a regular non-Council member of both committees in October 2020. C. Cowan-Levine's extensive history and experience as a CRPO Council member will help to ensure continuity, capacity building and succession planning. It is also a recommended practice to separate board oversight functions from committee regulatory functions. Given these considerations, the Executive recommends appointing C. Cowan-Levine as chair of the Discipline and FTP committees.

Proposed Motion:

[Be it moved] that Council appoint Carol Cowan-Levine, non-council member, as Chair of the Discipline and Fitness to Practise Committees.

Briefing Note for Council

Meeting Date:	March 25, 2021
Agenda Item #	6
Issue:	College Performance Measurement Framework Update
Attachment(s):	CPMF Reporting Tool
References:	-
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	M. Pioro
Submitted by:	Staff

Purpose & Public Interest Rationale:

The College Performance Measurement Framework (CPMF) provides Ontario's health regulatory colleges with a standardized set of key performance indicators through which they can demonstrate accountability and efficacy. A key performance indicator (KPI) is a quantifiable value that demonstrates if and how well an organization is achieving its objectives. KPIs support day-to-day effectiveness by keeping objectives in front of everyone involved in planning and executing work and provide accountability to invested stakeholders. For a regulatory college, KPIs would provide a meaningful measurement framework to assess how effective the college is in protecting the public.

Background:

The Ministry of Health has released the final version of the CPMF tool, which has been under development over the previous year. This version is to be used by colleges to submit and post a preliminary report related to work done in 2020 calendar year.

The report must be submitted to the Ministry by March 31, 2021. The Ministry has asked that colleges make their best efforts to complete the report, providing metrics where possible and explanatory narratives where data is not being collected.

Staff has been working on completing the report over the last few months. A draft version has been shared with the Executive Committee at the February 11 meeting and Council will receive a penultimate draft of the CPMF report at the March 2021 Council meeting (attached).

Next steps:

Council is being asked to approve the attached CPMF report at a high level for submission to the Ministry, with additional resources being added to the document as required (e.g., uploading supporting documentation and appendices to the website) prior to the March 31, 2021 deadline.

College Performance Measurement Framework (CPMF) Reporting Tool

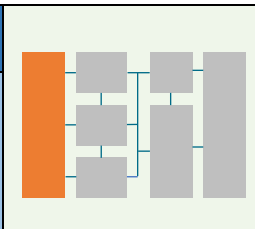March 31, 2021

INTRODUCTION

This CPMF tool and process was introduced by the Ontario Ministry of Health and Long-Term Care in 2020. It applies to all 26 health profession regulatory colleges under the *Regulated Health Professions Act, 1991* (RHPA). Colleges are to report each year on how they are implementing expected standards of effective regulation. The CPMF promotes transparency and accountability. It allows anyone to review how CRPO and other colleges use good practices in regulating registrants and serving the public interest. The CPMF also allows colleges to improve the quality of their work over time.

This is the first year that all RHPA colleges are completing this CPMF report. This first report is the result of significant work from all CRPO departments. It is intended as a baseline or starting position on which to base future improvements. The Ministry is not using this first year report to assess whether each college is meeting the standards or not. The various RHPA colleges are different sizes and in different positions as they begin this work. CRPO was already implementing some of the standards as part of its strategic plan, governance reform initiative, and routine processes. Other requirements are new and CRPO will put into practice in future reporting years. CRPO will update Council and stakeholders as it continues to revise its policies and processes in line with the CPMF.

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 1 **Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.**		
Measure	**Required evidence**	**College response**

1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:
	
	   i. meeting pre-defined competency / suitability criteria, and
	
	   ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
		The College fulfills this requirement: Partially ☒
		
		 • The competency/suitability criteria are public: Yes ☒
		 If yes, please insert link to where they can be found, if not please list criteria
		 CRPO Council Competency Matrix
		
		 • Duration of orientation training:
		
		 See APPENDIX 1.1 (a) (b) (c) New Council committee member training schedule
		
		 • Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end):
		
		 New Council members receive orientation as follows:
		
		   • Self study of materials prior to general Council onboarding
		
		   • 3 staff and Chair-led in-person / remote orientation sessions, culminating with completion of worksheets to test knowledge
		
		 • Insert a link to website if training topics are public *OR* list orientation training topics:
		 Training topics include:

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- General Council introduction

- Regulatory Mandate and Legislation

- Governance Roles

See:
APPENDIX 1.1 (a) (b) (c) General Council introduction/onboarding
APPENDIX 1.1 (a) (b) (c) Regulatory Mandate and Legislation
APPENDIX 1.1 (a) (b) (c) Governance Roles
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If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?   Yes ☒
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Council will be asked to consider a by-law amendment in 2021 to require mandatory completion of three modules (1. General Council introduction 2. Regulatory Mandate and Legislation and 3. Governance Roles) prior to standing for election.
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b. Statutory Committee candidates have:

   i.   met pre-defined competency / suitability criteria, and

   ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
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The College fulfills this requirement: Yes ☒

- The competency / suitability criteria are public: Yes ☒
  CRPO Committee Competency Matrix

  CRPO Committee Composition Matrix

  CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix

- Duration of each Statutory Committee orientation training:

  See APPENDIX 1.1 (a) (b) (c) New Council committee member training schedule

- Format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end):

  New Committee members receive orientation as follows:

  - Staff and Chair-led in-person / remote orientation sessions

  - Committee-specific pre-panel/meeting review with staff, followed by observation of at least one panel or meeting
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- Completion of panel case review tool

- Post panel/meeting review with staff and Chair to assess uptake of orientation (as evidenced by completion of panel case review tool)

• Insert link to website if training topics are public **OR** list orientation training topics for Statutory Committees

See APPENDIX 1.1 (a) (b) (c) Committees

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐

Additional comments for clarification (optional):

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c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.

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The College fulfills this requirement: Yes ☒

• Duration of orientation training:

See APPENDIX 1.1 (a) (b) (c) New Council committee member training schedule

• Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end):

New Council members receive orientation as follows:

- Self study of materials prior to general Council onboarding

- 3 staff and Chair-led in-person / remote orientation sessions, culminating with completion of worksheets to test knowledge

• Insert link to website if training topics are public **OR** list orientation training topics:

Training topics include:
- General Council introduction

- Regulatory Mandate and Legislation

- Governance Roles

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		See: APPENDIX 1.1 (a) (b) (c) General Council introduction/onboarding APPENDIX 1.1 (a) (b) (c) Regulatory Mandate and Legislation APPENDIX 1.1 (a) (b) (c) Governance Roles
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional):
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	• The College fulfills this requirement: Partially ☒ • Year when Framework was developed **OR** last updated: work undertaken in 2020/2021 • Insert a link to Framework **OR** link to Council meeting materials where (updated) Framework is found and was approved: *<insert link>* o <mark>March 2021 Council meeting materials</mark> • Evaluation and assessment results are discussed at public Council meeting: Yes ☒ • *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:* These will be included for discussion on an annual basis through the College's governance calendar. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☒

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<tr><td></td><td></td><td>CRPO undertook a comprehensive governance review in 2019. The resulting report Situational Analysis on the State of Governance identified the role of evaluation in the Council's development. As a result, the work of establishing a comprehensive framework for evaluation was started.
CRPO has engaged a consultancy to develop and implement a program that will include:
Meeting (Council, committee and panel) evaluations that assess materials/staff support, Chair and member participation and decision-making in the public interest
Annual competency assessments (using Council, committee and panel competency matrices) for each member of Council that will result in an individual competency development plan
Annual committee evaluations that will ensure continuity of work during transition of committee members by reviewing and affirming terms of reference, evaluating progress on workplan items, and evaluating effectiveness over the previous year.
Annual Council evaluations that will focus on good governance as it reflects the required approach and decision-making needed for effective public protection</td></tr>
<tr><td></td><td>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</td><td>The College fulfills this requirement: Yes ☒

• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☒
  If yes, how often over the last five years? <insert number>

• Year of last third-party evaluation: 2021 (in progress)

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐

At time of reporting, Council is in the process of implementing the evaluation which will involve a full third-party assessment every three years and that will use a third party to manage the evaluation in alternate years.</td></tr>
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	c. Ongoing training provided to Council has been informed by:
	
	   i. the outcome of relevant evaluation(s), and/or
	
	   ii. the needs identified by Council members.
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; see improvement note below
		
		• Insert a link to Council meeting materials where this information is found
		
		   • <mark>The outcome of the new Council evaluation [link to March 2021 Council meeting materials</mark>] will be used to identify learning need and training opportunities.
		
		• Describe briefly how this has been done for the training provided over the last year.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		Council adopted a comprehensive competency framework in November 2019. At that time, all Council members were required to complete a self-assessment of their competence against these frameworks. The results of these assessments were used to inform professional development planning over the course of 2020. As part of the comprehensive evaluation framework being implemented in 2021, ongoing training for Council will be informed by global results. Further individual Council member training needs that are identified by the evaluation will be used to develop individual competence development plans.

Standard 2

Council decisions are made in the public interest.

Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes ☒ • Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented **OR** last evaluated/updated: January 2021 • Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved: • Confidentiality & Conflict of Interest document

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<td>•   Code of Conduct (Schedule 3 of CRPO by-laws)</td>
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<td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐</td>
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<td>Additional comments for clarification (optional)</td>
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<td>b.   The College enforces cooling off periods[1].</td>
<td>The College fulfills this requirement: Partially ☒</td>
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•   Cooling off period is enforced through: Conflict of interest policy ☐   By-law ☒ Competency/Suitability criteria ☐   Other <please specify>

•   The year that the cooling off period policy was developed OR last evaluated/updated: n/a

•   How does the college define the cooling off period?

   − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Currently CRPO relies on 16.03 of the by-laws – Conflicts Relating to Involvement with a Professional Association which notes that no registrant who holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy should serve on Council or committees.

   − insert a link to Council meeting where cooling of period has been discussed and decided upon; OR

   − where not publicly available, please describe briefly cooling off policy:
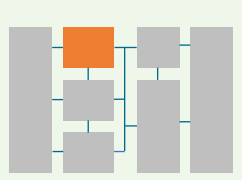</td>
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[1] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

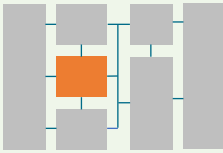|		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		Council will be asked to consider a by-law amendment in 2021 to require a mandatory cooling off period for anyone who has served in a professional association and who wishes to run for Council or be appointed to a committee.

	c. The College has a conflict of interest questionnaire that all Council members must complete annually.
	
	Additionally:
	
	  i. the completed questionnaires are included as an appendix to each Council meeting package;
	
	  ii. questionnaires include definitions of conflict of interest;
	
	  iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
	
	  iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.
		The College fulfills this requirement: Yes ☒

		• The year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated: 2021 • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☒ • Insert a link to most recent Council meeting materials that includes the questionnaire: • <mark>March 2021 Council meeting materials</mark>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes ☒

	d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	• Describe how the College makes public interest rationale for Council decisions accessible for the public: • CRPO has adopted formal Regulatory Objectives and uses these as the basis for ensuring that decisions are made in the public interest. • Insert a link to meeting materials that include an example of how the College references a public interest rationale: Every issue brought to Council and to committee plenary meetings is introduced by a briefing note that explicitly outlines the public interest rationale (see January 14, 2021 meeting materials for examples).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (if needed)

Standard 3
The College acts to foster public trust through transparency about decisions made and actions taken.

Measure	**Required evidence**	**College response**
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g., indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☒
		• Insert link to webpage where Council minutes are posted: Council Meeting materials
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes ☒

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		• Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		  • Executive Committee report to Council November 20, 2020; March 2021 Council meeting materials
		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		
		Additional comments for clarification (optional)

	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes ☒ • Insert a link to the College's latest strategic plan and/or strategic objectives: • Fostering Excellence, Trustworthiness and Accessibility: CRPO Strategic Plan 2020 – 2023 • Regulatory Objectives *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☒ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

		Council meeting dates are posted for the coming year after the December meeting. Council agenda are posted two weeks in advance and materials one week in advance of all Council Meetings
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g., allegations referred)	The College fulfills this requirement: Yes ☒
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Discipline Hearings

DOMAIN 2: RESOURCES

Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.	The College fulfills this requirement: Yes ☒
		• Insert a link to Council meeting materials that include approved budget **OR** link to most recent approved budget: See improvement note [considering linking to previous approved budget]

	Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☒ No ☐ CRPO does allocate its budget to cover all operations, including those set associated with the strategic plan. Historically Council has discussed budget in camera as sensitive financial topics were discussed. CRPO is planning to adjust its budget approval process so that Council discussion leading up to final approval can be conducted in public.
		Additional comments for clarification (optional)
	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes ☒
		If applicable: • Insert a link to "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved: <mark>March 2021 Council meeting materials</mark> • Insert most recent date when "financial reserve policy" has been developed **OR** reviewed/updated: March 2021 • Has the financial reserve policy been validated by a financial auditor? Yes ☒
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g.	The College fulfills this requirement: Yes ☒
		Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. See note below

processes and procedures for succession planning, as well as current staffing levels to support College operations).	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*
	CRPO's Council is committed to a governance model that precludes board involvement in operational decisions at the level that this indicator suggests is required. In accordance with by-law 8.02 Duties of the Registrar, as the chief executive officer the Registrar "has duties and responsibilities as are conferred by the Act, the RHPA, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council." This includes responsibility for the human resource planning. The Executive Committee receives quarterly financial reports from staff, which include relevant information related to human resource planning. And Council reviews and approves the annual budget, which includes monies for staffing (salaries, benefits, training, professional development).

DOMAIN 3: SYSTEM PARTNER

Standard 5

The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Standard 6

The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.

Standard 7

The College responds in a timely and effective manner to changing public expectations.

Measure / Required evidence: N/A	College response

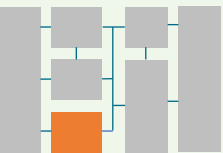|	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.*
	Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).
The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).*

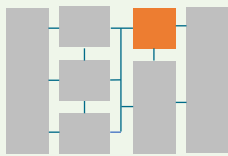| **Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.**	**Standard 7: The College responds in a timely and effective manner to changing public expectations.**
The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.* • *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).*	Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. • *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).* • *The College is asked to provide an example(s) of key successes and achievements from the reporting year.*

	System Partner	Evidence	Outcomes
	Pan Canadian psychotherapy regulators / FACT groups 1. Inaugural meeting: representatives from 8 provinces met to establish a forum to identify common-interest issues	1. Identified opportunities for future work with regulated and soon-to-be-regulated jurisdictions related to education and training program recognition, entry-to-practice exam issues and registration class.	1. November 2020 meeting of all 12 provinces identified opportunities to collaborate on education program recognition, JRP requirements and information sharing.
	2. Coordinated jurisprudence online course (JRP) development/updates	2. Committed to work with provincial counterparts on update to current JRP • Current on changes to provincial legislation (e.g., PHIPA, CYFSA) • Incorporation of equity, diversity, human rights and inclusion material • Serve as shared educational product that effectively meets learning objectives	2. December 2020 meeting to establish project charter, with CRPO as lead
	Professional associations 1. Annual meeting: professional associations provided with update and consulted on relevant regulatory issues	1. Professional associations to participate in regulatory risk identification pilot	1. Two meetings held supporting association participation in information dissemination to RPs and participation in Peer Circles project by four associations.
	2. Peer Circles: professional associations invited to participate in developing and offering Peer Circles	2. Registrants representing four associations trained to deliver group-based learning experience to support complex decision-making within Ontario's legal and regulatory framework. First sessions offered as part of OAMHP conference	2. Remote group sessions offered in partnership with associations in November. Six sessions offered: all registered at capacity of 10 virtual participants. More sessions scheduled January through to March 2021, with registration at full capacity.

	3. Conference presentations: staff available to present to conference attendees re: regulatory mandate and professional practice issues	3. Presentation made to OAMHP October (regulatory tools to support diversity and inclusion); presentation to CCPA delayed due to COVID	3. Presentation completed at OAMHP with 20+ RPs participating.
	Service provider associations 1. CAMH, CMHO, AMHO: access to executive and policy staff on ad hoc basis	1. Reach extended to service provider organisations (which employ RPs) related to mental health service provisions issues	1. Collaboration on planned work to identify and address issues of systemic racism within the regulatory mandate stalled – not sure we can blame COVID entirely. Maybe revise as aspirational or omit?
	Regulatory Colleges 1. HPRO: active member of HPRO, participating in initiatives at Registrar and staff level	1. Access to shared expertise and ability to participate in / benefit from any collaborative efforts	1. Promotion of Ontario health Regulators through Zoomer media Articles in Zoomer Newsletters and E-Blasts • July "Health Regulators Are Keeping You Safe During COVID-19" • August "8 Things You're Entitled to at Your Health-Care Appointments" • September "How to Find Information About Your Health Professional" • October "Tips to Make the Most of Your Health Care Visits During COVID19" • November "Have Your Say in Health Profession Regulation" Quiz "Do you know which health

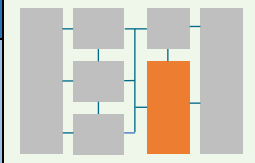|			
			professions are regulated?" completed by 568 members of the public in July 2020 Survey Asking how OHR can better serve the publics' needs completed by 316 members of the public in October 2020 Newsletters +1.5 million sent with HPRO content +4100 clicks to OHR E-Blasts 4 sent/60,000 subscribers 23% & 34% open rates (industry average 20%)
	2. 'Controlled act' colleges: collaborative relationship with other colleges whose registrants have the authority to perform the controlled act of psychotherapy	2. Consultations and collaborations as needed related to the controlled act and other psychotherapy services	2. Ongoing dialogue with CPO regarding issues in common (supervision, divorce/custody, diagnosis vs. assessment)
	Ministry of Colleges and Universities Advanced Education Learner Supports Division Private Career Colleges Branch 1. Engaged as subject matter expert	1. CRPO able to provide evidence of curriculum and delivery recognition to ensure programs required to register as PCCs are preparing graduates to enter to the profession	1. Total of 6 programs registered as Private Career Colleges and recognized by CRPO as meeting educational requirements for registration.
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is	Public 1. Public consultations: public consultations (initially 6 across Ontario planned in conjunction with town halls in September /	1. Consultations planned with identified objectives:	1. Note that much of this work was delayed due to the pandemic. Planned activities for 2021 include:

| responsive to changing public expectations.

• Examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public expectations. | October; revised to be virtual and to engage various public stakeholder groups including BIPOC, LGBTQ+, new immigrant communities, shelter system users) | • Develop a deeper understanding of the mental health needs of the public and how CRPO's mandate of public protection intersects with that
• Develop relationships with mental health stakeholder groups, particularly those that serve or support BIPOC and other equity-seeking communities
• Revamp or create web-based resources that address some of the needs identified
• Promote CRPO and the complaints process
• Contribute to reporting to the Ministry of Health about the current state of mental health services | • Key informant interviews/consultations
• Online / social media ad buy

Activities that were undertaken:
• Response to all public enquiries through the Practice Advisory service regarding access to service during the public health restrictions and once in-person practice resumed
• Survey widget posted November 2020 has had 9.5K views, 2.3K responses for a click through rate of 23.98%. with responses indicating that 55% (1.3K) of those answering the question are members of the public |
| **Standard 7**
The College responds in a timely and effective manner to changing public expectations.

• How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? | 1. Web analytics: introduced as a standing item to Council meetings

2. Practice Advisory service: practice advisors available to respond to public enquiries related to RP practice | 1. Council more informed regarding public access to website information

2. Individual responses provided; themes and trends used to inform regulatory resource development and information sharing (e.g., COVID-19 information updates) | 1. Council receives web analytics report as part of each meeting package to increase awareness of impact of efforts to encourage use of the public register and inform public / psychotherapy clients that there is an organization to receive complaints about RPs, if necessary (see also HPRO outcomes above)

2. Responded to more than 1600 email and telephone enquiries to the service. |

	3. Social media access: initial social media presence established with evaluation and expansion to be considered	3. Facebook and Twitter presence with ongoing reports to Council regarding usage and engagement	3. Growth of social media followers

DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☒ • Insert a link to policies and processes **OR** provide brief description of the respective policies and processes. Privacy Policy Website Privacy Statement CRPO By-laws, see article 17: Confidentiality *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	**Required evidence**	**College response**
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:　　Partially ☒ • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College's evaluation process (e.g., what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). Ongoing evaluation of policies, standards and guidelines are incorporated into all aspects of CRPO's work. Regular review of the themes and trends emerging from practice advisory enquiries, complaints and reports and registrant QA submissions inform the need for revisions and development of new guidance. If issues are identified, staff are tasked with providing public interest-based briefings to Council or committees and acting on direction to consult relevant stakeholders through online surveys, direct contact with subject matter experts and general research that is then presented back for further direction and / or Council decision-making. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☒ *Additional comments for clarification (optional)* The current Council and Committee work plan includes a comprehensive review of the Professional Practice Standards. This will include codifying the review cycle and process in policy.
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or	The College fulfills this requirement:　　Partially ☒

	updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	• For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. CRPO devoted significant resources to developing and disseminating guidance related to safe practice during the pandemic. A full set or resources are available on the COVID-19 FAQs for RPs page. Specific guidance was provided through the following: Guidance for Return to In-Person Practice Planning for Transition to In-Person Practice: Implementing Infection Prevention and Control Practices Selecting a Communications Platform for Electronic Practice These resources were developed using: - Trusted evidence and data from government and public health sources - Consultations with infection and prevention and control experts - Consultations with subject matter expert related to online practice (see the resulting webinar How to Expect the Unexpected in Online Practice) - Discussions with professional association and education program representatives - A Return to In-Person Practice online consultation with registrants
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		CRPO continues to develop ways to include the perspective of the public, registrants and subject matter experts in setting standards and providing guidance to registrants. The introduction of initiatives such as the Regulatory Problem Identification Nomination Form will provide a way for a broader stakeholder group to inform the risk-based approach to providing guidance to registrants. Codifying the review cycle and process (starting with the Professional Practice Standards) will also support the College's work to ensure guidance is up to date and relevant.

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 **The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.**		
Measure	**Required evidence**	**College response**
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[2].	The College fulfills this requirement: Yes ☒ • Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements **OR** describe in a few words the processes and checks that are carried out: Credential Assessment Policy • Insert a link **OR** provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): • Supporting Documents Checklist • Clinical Supervisor Attestation Form • Direct Client Contact Form • Statutory Declaration Form
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

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[2] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		CRPO reviewed its registration processes in light of the restrictions resulting from the pandemic. In response, the Supporting Documents Checklist was revised and applicants were able to provide electronic versions of unofficial transcripts, substantial completion letters, or credential evaluations. Notice of this change was sent to applicants and included on the CRPO's COVID-19 FAQ page.
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency).	The College fulfills this requirement: Partially ☒
		• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon *OR* describe in a few words the process and checks that are carried out.

The clinical supervision requirements related to registration are being reviewed through an approach informed by information gathered from across CRPO's core work (i.e., Practice Advisory, Professional Conduct, Quality Registration, Registration). RC staff are responsible, during Q3 and Q4 of 2020/21 (that is, October 2020-March 2021) to compile information, conduct research and surveys for this initiative. While a large share of supervision related issues fall to RC, other committees and College areas are also impacted, and will be consulted or review supervision-related issues in their own area. Due to the interconnected nature of supervision issues, Executive Committee and Council will also have a role.

• Provide the date when the criteria to assess registration requirements was last reviewed and updated November 2020 - clinical supervision This review included comparison with the approach of other Colleges whose members are authorised to perform the controlled Act of Psychotherapy |
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		The College fulfills this requirement: Partially ☒

10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency[3] and other ongoing requirements are continually met (e.g., good character, etc.).	• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon **OR** provide a brief overview: November 21, 2019 Council Meeting Materials
		• The initial application and annual renewal requires an applicant/registrant to self-declare that currency and good character requirements are met. A registrant returning to active practice from inactive or revocation is also required to self-declare currency. The requirements are set out in CRPO's Registration Regulation (see sections 4(1)1, 4(2), 5(1), 6(1)(2), 7(2)(1), 8(1)(2), 20(4), 27(a)). Staff verify currency self-declared on the initial application with the applicant's supporting documentation (e.g., transcript). If an applicant/registrant self-declares not meeting the currency requirement, staff request further information and/or documentation for currency they do have. If an applicant/registrant makes a disclosure in response to good character questions, staff request further information, contact third parties, and/or request a criminal record check depending on the disclosure.
		• List the experts / stakeholders who were consulted on currency:
		Criminal record check requirements consultation included:
		• Comparison against other RHPA colleges
		• Legal review
		• Analysis of the Ministry of Community Safety & Correctional Services Police Check Comparison Chart
		• Public consultation responses
		o 296 RPs
		o 23 other RHPs
		o 3 professional associations
		o 6 service provider organisations

		• Identify the date when currency requirements were last reviewed and updated: RP(Qualifying) and return to active practice requirements are assessed case by case • Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done: annual self declaration & case by case review by staff for applicants who do meet currency requirements
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☒
		Insert a link to the most recent assessment report by the OFC **OR** provide summary of outcome assessment report: Fair Registration Practices Report Registered Psychotherapists (2019) • Where an action plan was issued, is it: No Action Plan Issued ☒
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (if needed)

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[3] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).
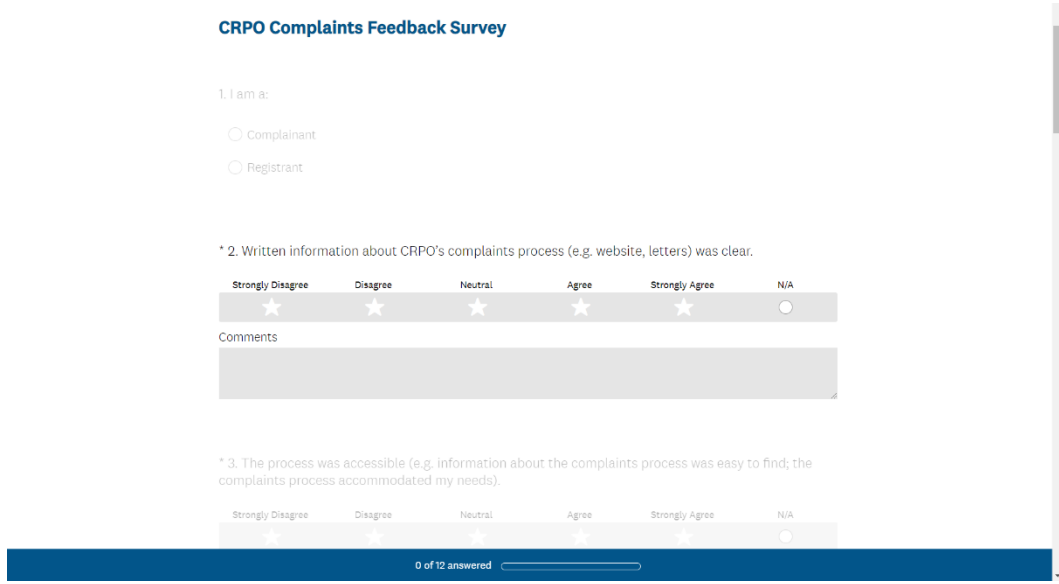
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	**Required evidence**	**College response**
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Partially ☒ • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: − Name of Standard: Professional Practice Standard: 3.1 Confidentiality 3.2 Consent − Duration of period that support was provided: ongoing from October 2020 − Activities undertaken to support registrants: Peer Circles − % of registrants reached/participated by each activity: 1% − Evaluation conducted on effectiveness of support provided: yes Does the College always provide this level of support: No ☒ *If not, please provide a brief explanation:* This program is in the pilot phase. It, along with other registrant support are part of a larger overhaul of the CRPO's approach to supporting continuing competence.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒ *No* ☐
		Peer Circles were piloted in 2020 as a means for CRPO to provide regulatory specific professional develop to support RPs in understanding and meeting standards of practice. Working in collaboration with four professional associations, sessions were offered in October 2020 and are continuing January through March 2021 with plans to continue to provide access to the program over the coming year.

		Based on positive feedback to date, this approach will be considered as part of the broader review of the QA program in developing a more proactive approach to registrant support over the 2020 – 2023 work plan,

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].	a. The College has processes and policies in place outlining:
	
	i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
	
	ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and
	
	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.
		The College fulfills this requirement: Partially ☒
		
		• List the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** link to website where this information can be found: see improvement note below
		
		Is the process taken above for identifying priority areas codified in a policy: No ☒
		
		If yes, please insert link to policy
		
		• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach **OR** describe right touch approach and evidence used: see above 11.1 (a)
		
		• Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable): currently in progress
		
		If evaluated/updated, will the college engage the following stakeholders in the evaluation:
		  – *Public* *Yes* ☒
		  – *Employers* *Yes* ☒
		  – *Registrants* *Yes* ☒
		  – *other stakeholders Yes* ☒
		
		• Insert link to document that outlines criteria to inform remediation activities **OR** list criteria: work to develop this is in progress
		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒

[4] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

| | | At its December 10, 2020 meeting, the QAC directed staff to provide information about possible approaches to developing and implementing revised QA program that supports a right touch, risk-based approach to regulation and that benefits professional development by focusing on regulatory obligations. Council affirmed this direction in January 2021.

In February 2021, the QAC approved a program overhaul plan that will include a targeted assessment of RPs, versus a random selection, that will allow CRPO to ensure that resources are used to identify and support at-risk practitioners more effectively.

Using risk as a more targeted approach to QA reviews will also allow CRPO to develop criteria based on areas of concern identified through a formal assessment and consultation process. A data-informed approach, using trends in reports and complaints, themes in competency gaps with applicants and through consultation initiatives such as the Regulatory Problem Nomination Form, would allow CRPO to look specifically at challenges seen in the profession and in the larger context of the mental health system.

The revised program will use an online assessment that is informed by data as noted above. The use of a regular cycle of CRPO-reviewed assessment, alternating with the existing self assessment requirement, will be an effective way to screen RPs without adding significantly to the burden of participation. Using the assessment as a screening will then allow CRPO to intervene with remediation and / or further assessment for at-risk practitioners. |
| 11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment. | a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising. | The College fulfills this requirement: Partially ☒

• Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process:

The College monitors all registrants who have terms, conditions and limitations on their practice resulting from a decision of one of CRPO's committees, including the Quality Assurance Committee.

A staff position was added in March 2020 to provide support to those registrants who are required to satisfy these terms (e.g., complete various remediation activities, undertake clinical supervision, etc.). |

		This support allows staff to monitor the progress registrants are making on these requirements and to identify risks to their completion.
		
		Examples of outcomes that are monitored include:
		  - Agreements or undertakings between an RP and the College
		  - RPs whose certificates of registration are subject to terms, conditions or limitations
		  - Completion of Specified Continuing Remediation and Education Programs (SCERP)
		
		Monitoring may include researching and interviewing clinical supervisors, gathering documentation, conducting calls with treating health care professionals, and/or the RPs themselves. Next steps: Compliance monitoring reports are available in the Registrar's report at each Council meeting. More detailed reporting, relevant to the files being monitored happens at the committee level
		
		• Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** describe the process: n/a

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		The QA program overhaul that is being undertaken in 2021 will provide an opportunity for CRPO to include a process by which it will be possible to determine whether a registrant has demonstrated the knowledge, skills and judgement following remediation.

Standard 12
The complaints process is accessible and supportive.

Measure	Required evidence	College response
		• The College fulfills this requirement: Yes ☒

| 12.1 The College enables and supports anyone who raises a concern about a registrant. | a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy). | • Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:

 Information about filing a complaint and possible outcomes: Filing a Complaint About a Psychotherapist

 Information about supports for clients alleging sexual abuse: If You Have Been Sexually Abused by a Psychotherapist

 • Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ☒
 Staff uses a Redactions and Disclosure Checklist to ensure that all information is received and properly prepared before disclosure of information to registrants and complainants.

 • Does the College evaluate whether the information provided is clear and useful: Yes ☒
 A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued.

 CRPO Complaints Feedback Survey

 1. I am a:
 ○ Complainant
 ○ Registrant

 * 2. Written information about CRPO's complaints process (e.g. website, letters) was clear.
 Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree   N/A
 ★ ★ ★ ★ ★ ○
 Comments

 * 3. The process was accessible (e.g. information about the complaints process was easy to find; the complaints process accommodated my needs).
 Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree   N/A

 0 of 12 answered |

Additionally, in the initial letter sent to the complainants and registrants, both are encouraged to contact staff to provide feedback throughout the process.

When a complaint is received, the College confirms receipt via email within 24-48 hours. If the complaint is from a client alleging sexual abuse, information about the sexual abuse fund is providing in this initial email.

Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint. The following is a summary of the information in this letter:

- A second confirmation of receipt of the complaint.
- Information about next steps (e.g., the registrant will receive a copy of your complaint, the College will collect client record (notify staff if you do not wish to have your record obtained by the College), a copy of the ICRC's decision will be sent in writing, request for any outstanding documents related to the complaint, request for witness names and contact information if not already included in submission).
- If the complainant is alleging sexual abuse, a link is provided to Sexual Abuse by Registered Psychotherapists, which includes information about and resources related to the Therapy and Counselling Fund
  - o Form A: Funding for Therapy or Counselling Application
  - o Form B: Therapist/Counsellor Information
  - o Application for Funding for Therapy or Counselling for Primary Partner

This letter also includes:

- An acknowledgement that this process is difficult and encouragement to complainants to seek support as needed. The website provides links to Client Sexual Abuse Resources
- Frequently Asked Questions (range of outcomes available to ICRC including that the ICRC cannot require registrant to pay money or provide a refund, confirmation that a lawyer is not required, information about why staff cannot speculate or predict outcomes, information about appealing the decision).
- Relevant legal provisions.

Once the investigation is complete and the registrant responds to the complaint, all documentation is disclosed to the complainant who is provided with an opportunity to respond.

<table>
<tr><td></td><td></td><td>A letter is provided to the complainant which explains that a response is optional. This letter currently specifies that if the complainant is currently in a situation as a result of the pandemic, which prevents them from making a full response, the College will consider requests for extensions.

See APPENDIX 12.1.(a).1 - Protocol for Recording Interviews, which is provided to complainants, registrants and witnesses prior to interview.

Once the investigation is complete and the registrant responds to the complaint, all documentation is disclosed to the complainant who is provided with an opportunity to respond. A letter is provided to the complainant which explains that a response is optional. This letter currently specifies that if the complainant is currently in a situation as a result of the pandemic which prevents them from making a full response, the College will consider requests for extensions.</td></tr>
<tr><td></td><td></td><td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐</td></tr>
<tr><td></td><td></td><td>CRPO is currently working on creating example scenarios (in writing on the website and in other forms of media) to provide more detail about what is involved at each stage of the complaints and reports processes. This is part of the College's strategic plan.

Additionally, updates to the complaints webpage are planned to provide more information about how complainants can request accommodations.

Finally, migration to a new registrant management system will include work to improve intake process (i.e., through a more accessible platform for complainants to submit all necessary documentation at intake).</td></tr>
<tr><td></td><td>b.   The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</td><td>•   The College fulfills this requirement: Yes ☒</td></tr>
<tr><td></td><td></td><td>96%</td></tr>
<tr><td></td><td></td><td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐</td></tr>
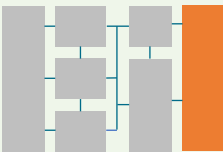</table>

		Additional comments for clarification (optional)
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process:
		1. The public can email or phone staff at anytime throughout the complaints process and will receive a response within 48 hours.
		2. Wherever possible, CRPO will accommodate a request to speak with a staff member of either gender.
		3. You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing.
		4. When disclosing difficult information, staff call the person to explain the information may be difficult to read and ask if the person has supports in place. We also offer to send the materials to the person's new therapist so they can review the documents in a supportive environment.
		5. If a complainant requires accommodation putting their complaint in writing or in a permanent medium, staff will arrange and pay for a contractor to assist.
		6. We do not send sensitive information on Fridays because mental health supports (and staff/investigators) are less accessible over the weekend.
		Additional Supports Offered in Sexual Abuse Files
		7. When using a contract investigator, staff inform the client they will be contacted by an outside party regarding the investigation within the next few business days. This also provides an opportunity for the client to ask any questions of staff.
		8. Where possible, investigators ensure clients alleging sexual abuse have access to all documents which will be reviewed in the interview, in advance.
		9. Follow an interview format that suits the client (e.g., if the investigator requires 3 hours worth of interview time, the investigator will ask if the client is more comfortable booking 2 sittings).
		This work is codified and monitored through a formal Process and Procedures for Contract Investigators

		Most frequently provided supports in CY 2020: #2, #3 & #5 (above).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		CRPO has contracted a trauma-informed expert to review the complaints process. This expert will provide recommendations for how the process can be improved.
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	• The College fulfills this requirement: Partially ☒
		• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process **OR** provide a brief description:

All parties can contact staff via phone or email and will receive a response with 24-48 hours.

When appropriate, the full investigation (including a copy of the registrant's response) is disclosed to the Complainant who is provided an opportunity to respond to the materials. When a matter is referred to Discipline, all parties are directed to the Discipline page of our website (https://www.crpo.ca/discipline/).

When disclosing to clients alleging sexual abuse that the matter has been referred to Discipline hearing, information in the cover letter details privacy/publication bans.

Extension Letters (60-day and 30-day) as required by legislation include detailed information about the status of each file and what next steps can be expected. Information is provided to support complainants through the process and / or to prepare them for next steps for example:
    -noting delays to the investigation

    - confirming a meeting has been scheduled to consider a decision

    - confirming that ICRC has begun deliberations

    - providing the ICRC meeting date and noting the panel will require (# weeks) to finalize its written decision and reasons.

    - explaining that the College has retained an expert to provide an opinion on the Registrant's alleged conduct |

<table>
<tr><td colspan="3">

- noting that following the investigation, the Registrant will be asked to provide a response to the information gathered

- confirming that the registrant's submissions and a copy of the investigator's report will be disclosed to the complainant for any reply they wish to make

</td></tr>
<tr><td colspan="3">*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☒</td></tr>
<tr><td colspan="3">

This year, CRPO is moving its complaint and report processes online. All concerns from the public will be submitted securely through the website with the option for complainants to upload as many documents as necessary. Part of planned system upgrades will allow all parties to receive up to date status updates at any moment in the process.
CRPO is also planning to develop more supports for all parties (especially clients involved in Discipline hearings) following the trauma-informed review of the complaints process being conducted this year.

</td></tr>
</table>

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Measure	Required evidence	College response
13.1	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	• The College fulfills this requirement: Yes ☒ • Insert a link to guidance document **OR** describe briefly the framework and how it is being applied: The ICRC uses a formal framework (see APPENDIX 13.1(a).3 – ICRC Risk Assessment Framework) that was implemented in August 2017 and last updated in January 2018. It is supported through the use of a number of tools that include: - Internal Formal Complaint Risk Assessment (implemented and last updated June 2019) - Staff consider various factors (e.g. nature of the allegations, prior history, indication of client harm) to determine how the complaint should be prioritized. - Internal Report Risk Assessment (implemented and last updated April 2019)

<table>
<tr><td></td><td></td><td>- Staff consider various factors to determine whether there are reasonable and probable grounds to believe misconduct has occurred. This assessment determines whether a formal investigation is warranted or if the concerns can be addressed in other ways.

- ICRC Panel Worksheets (implemented and last updated March 2020)
- A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports.

- ICRC Outcome Checklist (implemented and last updated February 2019)
- A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions).

• Provide the year when it was implemented **OR** evaluated/updated (if applicable): 2019 - 2020</td></tr>
<tr><td></td><td></td><td>• *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☒</td></tr>
<tr><td></td><td></td><td>Further process improvements to documentation and tracking of risk will be implemented as the College moves to an online complaints and reports system.</td></tr>
</table>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	**Required evidence**	**College response**
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g., law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Partially ☒ • Insert a link to policy **OR** describe briefly the policy: Process for Sharing Investigative Information with the College of Psychologists of Ontario (CPO) • Beginning in April 2019, where a complaint or report involves members of CRPO and CPO, the college which received the complaint or report ("Source College") may report information about that complaint or report to the other college ("Other College") • Should the Other College wish to conduct an investigation, the Source College will decide on a case-by-case basis what further information to provide.

		• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). n/a
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
		CRPO plans to: • develop policy re: information sharing with system partners when a registrant's registration status changes • develop safety assessment to determine when staff should disclose information to police/emergency services about a complainant, registrant or witness to prevent harm

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 **The College monitors, reports on, and improves its performance.**		
Measure	**Required evidence**	**College response**
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Partially ☒
		• Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included **OR** list KPIs and rationale for selection: CRPO Council Work Plan 2020 - 2023
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒

CRPO has included the following in the 2020-2023 strategic plan:

PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	CONTEXT
strengthen operational and governance infrastructure	- governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements	4. Measure progress through strategic planning, risk assessment and key performance indicators	Annual report published using Key Performance Indicator framework to report on strategic priorities and broader regulatory mandate -Council and Committee evaluation program developed and piloted	Key performance indicators identified and incorporated into reporting to stakeholders on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and stakeholders.

b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: No ☒
	• Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes:
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
	The College fulfills this requirement: No ☒

15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a.	Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☒
			See above 15.1(b).
15.3 The College regularly reports publicly on its performance.	a.	Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: Partially ☒
			• Insert a link to College's dashboard or relevant section of the College's website: August 20, 2020 Council materials, CRPO Committee-level Work Plan
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
			Additional comments for clarification (if needed)
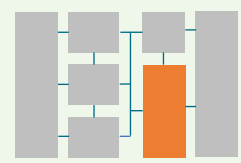
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.
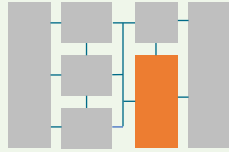
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE
Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒   Recommended

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		
Type of QA/QI activity or assessment	#	
i. Self-assessment – new registrant requirement	1,019	***What does this information tell us?*** *Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*
ii. Self-assessment – QA cycle requirements	1, 998	
iii. Learning plan development	1,998	
iv. Learning record	1,998	
v. Peer and Practice Review, level 1	62	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.*
vi. Peer and Practice Review, level 2	NR (see note below)	
vii. Remediation plan	19	
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		
* *Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.* **NR** *= Non-reportable: results are not shown due to < 5 cases*		

Registrants are encouraged to participate in quality assurance driven professional development through their registration with the CRPO. They are required to submit completed professional development tools to the College on or before a specific date, every two years, based on their year of registration. These include the self assessment, learning plan and learning record.

Each year, peer and practice reviews are currently conducted on a randomly selected group of the registrants who were required to submit QA in that year.

Note: CRPO delayed 10 PPR2 reviews as the in-person component of the review was not possible using existing tools. Work is underway to determine if / how these reviews can be conducted safely.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

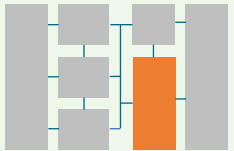| Context Measure (CM)			
	#	%	*What does this information tell us?* If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2020	1,998	24%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	19(see note below)	1%	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.*
Note: CRPO delayed PPR2 reviews, which result in QAC remediation orders, as the in-person component of the review was not possible using existing tools. Work is underway to determine if / how these reviews can be conducted safely.			

NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	NR	NR	*may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the*
II. Registrants still undertaking remediation (i.e. remediation in progress)	7	36%	*QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*

Additional comments for clarification (if needed)

CRPO's QA program does not currently include re-assessment. Completed remediation plans are reviewed and, if satisfactory, are deemed to satisfy that the registrant has demonstrated the required knowledge, skills and judgement following remediation.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)
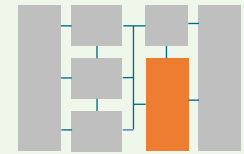
	Formal Complaints received‡		Registrar Investigations initiated‡		
CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020					
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	6	9%	NR	NR	
III. Communication	17	26%	NR	NR	*What does this information tell us?* This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.
IV. Competence / Patient Care	33	51%	NR	NR	
V. Fraud	12	18%	NR	NR	
VI. Professional Conduct & Behaviour	42	65%	13	57%	
VII. Record keeping	12	18%	NR	NR	
VIII. Sexual Abuse / Harassment / Boundary Violations	16	25%	8	35%	
IX. Unauthorized Practice	7	11%	7	30%	
X. Other *<please specify>*	0	0	0	0	
Total number of formal complaints and Registrar's Investigations**	**65**	**100%**	**23**	**100%**	

* **Formal Complaint**: *A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.* **Registrar's Investigation**: *Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.* ‡ **NR** *= Non-reportable: results are not shown due to < 5 cases (for both # and %)* ** *The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.*	
Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**		

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	66[5]		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	17		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	23		
CM 9.[6] Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡	NA	0%	***What does this information tell us?*** *The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.*
II. Formal complaints that were resolved through ADR	NA	0%	
III. Formal complaints that were disposed** of by ICRC[7]	17	26%	
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V. Formal complaints withdrawn by Registrar at the request of a complainant ∆	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious[8]	NR	NR	

VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR

**   ***Disposal:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant).*

*   ***Formal Complaints:*** *A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.*

ⱡ   ***ADR****: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*

Δ   *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*

*May relate to Registrars Investigations that were brought to ICRC in the previous year.*

** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*

φ   ***Registrar's Investigation:*** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

NR *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	78
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisionsⁱ

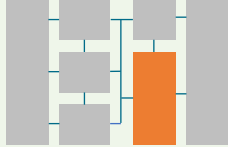| Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	5	NR	NR	NR	0	0	NR
II. Billing and Fees	NR	NR	0	NR	0	0	NR
III. Communication	NR	NR	0	NR	0	NR	NR
IV. Competence / Patient Care	25	8	NR	11	0	0	0
V. Fraud	NR	NR	NR	NR	0	NR	NR
VI. Professional Conduct & Behaviour	33	9	NR	21	NR	NR	NR
VII. Record keeping	NR	NR	0	NR	0	0	NR
VIII. Sexual Abuse / Harassment / Boundary Violations	NR	7	NR	13	0	NR	0
IX. Unauthorized Practice	7	NR	0	NR	0	0	0
X. Other *<please specify>*	0	0	0	0	0	0	0

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.
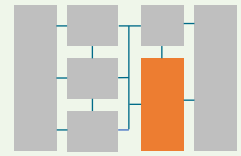
ⁱ **NR** = Non-reportable: results are not shown due to < 5 cases.

++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.*	

__What does this information tell us?__ This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	*__What does this information tell us?__ This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2020	329	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2020	506	

*   **Disposal Complaint:** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*
*   **Disposal Registrar's Investigation:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13 **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**	

Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. **
I. An uncontested^ discipline hearing in working days in CY 2020		
II. A contested# discipline hearing in working days in CY 2020		*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

*   *Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).*

^   *Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.*

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

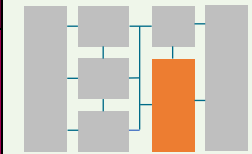*Additional comments for clarification (if needed)*

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13 **All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**	

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		***What does this information tell us?*** *This information facilitates transparency to the public,*
VI. Dishonourable, disgraceful, unprofessional		*registrants and the ministry regarding the most prevalent discipline findings where a formal*
VII. Offence conviction		*complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

*   *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

NR *= Non-reportable: results are not shown due to < 5 cases.*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
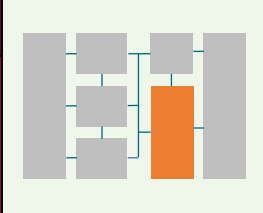
Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation+	
II. Suspension$	
III. Terms, Conditions and Limitations on a Certificate of Registration**	
IV. Reprimand^ and an Undertaking#	
V. Reprimand^	

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

\# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

Briefing Note for Council

Meeting Date:	March 25, 2021
Agenda Item #	7
Issue:	Governance Reform Initiative Update: • Operational Risk Management Executive Limitations Policies • Privacy Policy • Policy Review Cycle
Attachment(s):	- Executive Limitations Policy: Compensation and Benefits - Executive Limitations Policy: Reserve Fund - DRAFT Policy Review Cycle policy
References:	Privacy Policy
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	M. Pioro
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Effective governance is a pre-requisite for effective regulatory outcomes. It creates robust accountability and oversight of an organization's strategic direction and – for CRPO – regulatory mandate. The governance review conducted in June 2019 made a number of specific recommendations around needed governance reform.

Background:

In November 2019, Council agreed that the Executive Committee should act as the stewards of CRPO's governance reform initiative. Since then, the Executive/GRI has provided several updates on the work being done related to governance at Council meetings that have occurred in 2019 and 2020. Outlined below are three parts of the GRI that have been presented to the Executive in more recent months.

Operational Risk Management: Executive Limitations Policies

The Situational Analysis on the State of Governance document paid particular attention to the need to adopt a comprehensive internal risk management framework; the early steps in this work included codifying current operational practices into more formal policies. The Executive Committee has reviewed and is bringing forward the following policies for high-level Council approval:

- Compensation and Benefits
- Reserve Fund

Privacy Policy

An updated Privacy Policy was presented to the Executive Committee in February 2021. The policy is based on a template that is widely used by several regulatory colleges. The Committee approved the policy, and it is linked here attachment for information.

Policy Review Cycle

The importance of a policy development and review framework is addressed in D. Pink's report and the College Performance Measurement Framework tool with the latter stating that all policies must be relevant, up to date and reviewed regularly (see Domain 5 of the CPMF tool, agenda item 6). As such, the Executive Committee reviewed the attached draft Policy Review Cycle document. The document outlines the minimum expectation for new and existing policies in the interest of transparency, consistency and accountability.

Next Steps:

Council is being asked to reach consensus on the following:

- Provide high-level approval of the Compensation and Benefits *and* Reserve Fund Executive Limitations Policies as presented.

- Approve the Policy Review Cycle policy as presented (or amended).

Type of policy:	Approved by: Executive
Date approved: February 11, 2021	Review date: February 2024

Executive Limitations Policy: Reserve Fund

Purpose

The purpose of the Reserve Fund policy is to help ensure the long-term ability of the College of Registered Psychotherapists of Ontario to fulfill its mandate of public protection.

Policy

CRPO will maintain the reserve to achieve the following objectives:

- To manage cash flow and maintain financial flexibility
- To enable the organization to sustain operations through delays in payments of committed funding
- To ensure adequate funds are available to carry out the College's mandate through the full disposition of all complaints and reports and requests for funding from the sexual abuse therapy fund.
- To pay for one-time, nonrecurring expenses that will build capacity

Procedure

The Reserve Fund is defined as funds set aside by action of the Council. Its ongoing oversight is delegated to the Executive Committee.

The reserve fund shall be established as follows:

1. The minimum amount to be designated for the Reserve will be established as an amount sufficient to maintain ongoing operations and programs for a set period of time, measured in months.

2. The Reserve serves a dynamic role and will be reviewed and adjusted in response to internal and external changes.

3. The Reserve will include restricted and unrestricted funds.

4. The target minimum unrestricted Reserve Fund is equal to a minimum of six months of the approved operating expenses on average for the prior fiscal year.

5. The calculation of average monthly operating expenses includes all recurring, predictable expenses such as salaries and benefits, occupancy, office, travel, program, and ongoing professional services. Depreciation, in-kind, and other non-cash expenses are not included in the calculation.

6. The target minimum restricted reserve fund will include funds:

    i. In accordance with O. Reg. 59/94: Funding for Therapy or Counselling for Patients Sexually Abused by Members funding to reimburse potential applicants who have been sexually abused by a Registered Psychotherapist with the necessary funds for therapy and counselling, for all cases involving allegations of sexual abuse brought before the college in the previous year.

    ii. Equal to the minimum estimated as being required to dispense with all prior year's complaints and reports

7. The amount of the Reserve Fund target minimum will be calculated each year as part of the annual budgeting process. This amount will be reported to the Executive Committee.

8. The Reserve Fund will be funded annually with surplus unrestricted operating funds.

9. The Council may from time to time direct that a specific source of revenue be set aside for its reserves.

10. The Reserve Fund will be funded and available in cash or cash equivalent funds, in accordance with the risk preferences, liquidity needs and investment objectives of CRPO.

11. If the Reserve is and has been less than 100% of the target reserve minimum for two consecutive years, the Council will adopt an operational budget with a projected surplus sufficient to rebuild the Reserve Fund to its targeted reserve level over a prescribed number of years.

12. The Registrar and staff will identify reasons for accessing the reserve funds and confirm that the use is consistent with the purpose of the reserves as described in this Policy. As a part of this process, the Registrar will:
    • Analyze the reason for the needed funds
    • Create a plan for shortfalls
    • Assess the availability of and need for any other sources of funds before using
    • Evaluate the time period that the funds will be required, and then replenished.

13. The Registrar is responsible for ensuring that the Reserve Fund is maintained and used only as described in this Policy. Upon approval for the use of Reserve, the Executive Director and finance staff will maintain records of the use of funds and plan for replenishment. The Registrar will provide regular reports to the Executive Committee of progress to restore the fund to the target minimum amount.

14. This policy will be reviewed every year/every other year at minimum, by the Executive Committee, or sooner if warranted by internal or external events or changes. Changes to the Policy will be recommended by the Executive Committee to the Council.

Executive Limitations Policy: Expenses and Reimbursement

Purpose

Executive Limitations policies set boundaries for operations; they tell the Registrar what the Council will not tolerate. Articulating these policies allows Council to describe these boundaries and to hold the Registrar accountable.

Policy

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the Registrar will not cause or allow jeopardy to fiscal integrity or public image. Accordingly, they may not:

1. Change their own compensation and benefits.

2. Promise or imply permanent or guaranteed employment.

3. Establish current compensation and benefits or payment in lieu of benefits which: create obligations over a longer term than revenues can be safely projected, and in no event violates fiscally responsible management.

4. Fail to maintain appropriate levels of compensation and benefits sufficient to attract and retain capable employees, subject to fiscal limitations and availability within the labor market.

5. Fail to inform staff of the compensation and benefits and payment in lieu of benefits provided to them by their employment with the College.

6. Enter into a contract for personal services (1) wherein normally prudent protection has not been given against conflict of interest; and (2) of over $25,000 without having obtained comparative prices and quality.

Process

CRPO's approach to compensation will be used to support recruitment and retention of competent staff. It will consider: equity, retention, competitiveness, change in duties, incenting/rewarding performance. It will also consider CRPO's financial position.

1. The senior management team, led by the Registrar and Director of Operations and Human Resources, will conduct an annual performance review for every staff member.
2. The annual review cycle will typically be completed no later than the end of February.
3. Each staff member will complete a written self-assessment in relation to their role and annual objectives.
   The performance review will have two functions:

- to gather and assemble feedback about the staff member's performance against set role responsibilities and annual performance objectives; and
- to provide a basis for professional development and compensation for the next fiscal year.

4. In determining any compensation adjustments, the Registrar and Director of Operations and Human resources will:
   - review CRPO revenue and global budget
   - consider risks to CRPO's financial and operational viability
   - consult relevant indexes and salary reviews to determine market and industry standards

5. Copies of the staff's performance review and new annual compensation package if any will be provided to the staff member by the Registrar and the Director of Operations and Human Resources, for payroll, retention and reference.

Type of policy:	Approved by: Council
Date approved:	Next Review date:
Amendment dates:	

Policy Review Cycle

Purpose

Policies provide a framework for consistent decision-making and implementation and act as a primary tool for Council and committees to regulate and protect the public. They set out to standardize practice by addressing challenging issues in the profession and emerging practice trends. The purpose of this policy is to provide a consistent and coordinated approach to policy review and approval.

Relevant Legislation

CRPO by-laws
Regulated Health Professions Act

Scope

Regular review and revision of policies on a defined review cycle helps to ensure that College policies maintain their relevance and accuracy. A consistent approach to policy review and development will help to establish:

- The individual or group responsible for reviewing the policy
- A standard template for policies
- A defined review period

Policy Requirements

College policies must comply with:

- the College's mission, vision, and values
- the strategic plan
- defined regulatory objectives
- current legislation

Additionally, policies must indicate the individual or group responsible for approving and maintaining the policy, its purpose and its scope.

Policy Review

Policies must be reviewed every three years from the date of approval, unless otherwise stated in the policy. See policy development and review checklist for considerations (appendix). Newly developed and revised policies should undergo any necessary background research and consultation, and a defined implementation and communications plan.

Appendix: Policy Development & Review Checklist

This checklist is to be used as a guideline when policies come up for review.

Policy Review Considerations

- Is the policy required? Can the issue be resolved through improved communication or targeted education?

- Have there been deviations from the policy over the past year? If yes, were there enough to consider revising the policy?

- Are there ambiguities in the policy or common questions arising from the policy? (perhaps the policy needs rewording for greater clarity)

- Is the policy consistent with current practices?

- Are there any contradictions within the policy?

- Does the policy contradict other policies?

- Is the policy consistent with current technology?

- Is language within the policy current? (e.g., gender neutral, inclusive, understood by wide audience)

- Is the policy consistently interpreted?

- Are the related procedures relevant and current?

- Are all references current and accurate?

- Are there individuals or groups that may be negatively affected by this policy?

Background research, consultations

- What other materials/history exist around this issue – briefing notes, written complaints, written inquiries, minutes, etc. Gather and review these.
- Have experts been consulted? Does the policy require a review by legal?
- Who does the policy impact? Have these stakeholders been contacted to provide input?
- Has the appropriate committee been consulted?

Implementation plan

- What resources are needed to implement the policy?
- What is the schedule for implementation?

Communications plan

- Who needs to know about the policy once it is approved?
- How will it be communicated?
- Is education required?

Briefing Note for Council

Meeting Date:	March 25, 2021
Agenda Item #	8
Issue:	Work Plan Status Update
Attachment(s):	CRPO Council Work Plan
References:	- *Situational Analysis on the State of Governance* by D. Pink - CRPO 2020-2023 Strategic Plan
Action:	Information [x] Discussion [x] Decision [ ]
Staff Contact:	M. Pioro
Submitted by:	Staff

Purpose & Public Interest Rationale:

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

Background:

The Council work plan incorporates:
- ongoing work in core regulatory functions that are foundational to maintaining excellence in regulation
- the strategic priorities identified by Council in September 2019
- work to respond to the governance reform initiative
- steps required to be accountable to government through the key performance indicators of the College Performance Measurement Framework

Next Steps:

Council is receiving the work plan progress update for information and discussion.

DOMAIN	PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	BACKGROUND (for Council)	Status	Notes
Trusted authority	build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care	- recognized as a leader - the first source for all issues related to Registered Psychotherapists among health professions, the public, government, the media and other stakeholders - an exemplar of fostering professional competency and standards of practice	1. continue to strengthen the practice of psychotherapy through clearly defined standards, continuing competence requirements and support for excellence in practice	-8 Peer Circles program sessions offered across province -Comprehensive review of Professional Practice Standards cycle started	Peer circles program will be developed and, working in cooperation with professional associations and education and training programs, rolled out to a minimum of six sites across the province, providing support and skills-building for RPs in the areas of ethical decision-making and familiarity with CRPO's standards. The QA committee will be developing a schedule and commencing a review of CRPO standards based on the latest research into standards of care.	[Orange]	Peer circles hosted by CRPO and three associations since November 2020
			2. Create public outreach to build understanding about psychotherapy and make CRPO more visible and accessible	-4 Public consultation focus groups held across province	Public consultations, held in the form of focus groups, will be held in four sites across the province. Focus group participants will be comprised of clients of RPs and other engaged members of the public (such as public ombudspeople or psychiatric advocates). Focus groups will be an information exchange, bringing forward questions in order for CRPO to learn more about the needs of the public, and sharing salient information about CRPO with focus group participants.	[Red]	Delayed due to pandemic
			3. Cooperate with other stakeholders to build knowledge about and access to psychotherapy as a regulated profession	-Pan Canadian Regulatory group meeting hosted - Joint presentations made with mental health provider associations for their members and for CRPO council - RP participation in Peer Circle case development	Ongoing dialogue with mental health provider associations and education programs about areas of shared interest; continuing the ongoing dialogue with the psychotherapy regulators in other Canadian provinces; consultation with RPs across the sector in writing case studies for peer circles.	[Orange]	Ongoing - continue to meet with stakeholders regularly
Clear communications	further develop communications to support clear, transparent and dynamic interaction with stakeholders	-active communication with public, registrants, government and other stakeholders - focus on ensuring communications with public and registrants support their experience of CRPO as open, transparent and accessible - public will know where to locate information about RPs and how to access CRPO - registrants will report clarity about the role and purpose of CRPO, will feel their modality of work is respected and valued, and will recognize CRPO as a supportive resource for good practice - CRPO and registrants will both recognize their shared goal of maintaining excellent practice to build public trust	1. Develop effective communication initiatives based on assessment of public need for information	- Communications plan launched using social media, earned media, Facebook ads, and targeted website revisions - Complaints form revised to enhance accessibility for public	Developing a communications plan for 2020 - 2021 involving outreach to the public, registrants and stakeholders. Components will include social media, earned media, Facebook ads, and the website using a combination of videos, graphics and short and effective messaging. Revising the complaints form to make it more accessible based on the recommendations of the Canadian Centre for Legal Innovation in Sexual Assault Response.	[Orange]	Initial research, planning and consultation has commenced
			2. Strengthen communications with registrants to ensure clarity and transparency to build trust and a better understanding of regulatory requirements	- 6 Town Hall meetings held across province	Holding six town halls across Ontario to meet with registrants and provide updates on the latest in policy developments and workplans, including our move to right-touch based regulation. One town hall will be video recorded and posted online to maximize transparency.	[Green]	virtual town hall (September 2020)

			3. Actively participate in efforts to create useful dialogue with stakeholders across Ontario's mental health sector	-Annual meetings hosted:
				  - Education and training programs
				  - Professional associations
				  - Mental health provider associations
					Relationship built with system stakeholders (e.g., CMHA, AMHO, CMHO, CHLIA) with presentations to CRPO Council about the current state of the mental health sector in Ontario and to stakeholders (education and training programs, professional associations) on the regulatory landscape for RPs; reaching out to mental health organizations to find participants in our public consultation focus groups;	[Green]	Ongoing - continue to meet with stakeholders regularly

Effective infrastructure	strengthen operational and governance infrastructure	- governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements	1. Continue to cultivate excellence, accountability and responsiveness among Council and committee members through professional development and policy guidance	- Council governance reform initiative completed - Enhanced Council onboarding and ongoing professional development program in place	Completing the Governance Reform Initiative started in 2019, under the Executive Committee's stewardship, to include internal risk management and regulator risk management frameworks Implementation of an enhanced training program for Council and committee members, including presenting a mix of learning methods (self-study, one-on-one, video presentations, readings) in order to maximize Council and committee's members understanding of how to fulfil their role in a regulatory environment.	[Orange]	In progress
			2. Foster diversity and inclusion among staff, Council and registered psychotherapists	-Council, Committee and Panel competency matrices developed and in use for committee and non-elected appointments processes - focus on Indigenous practitioners and communities serving high proportion of immigrant clients -Anti-discrimination hiring policy in place - Program review and recognition process reviewed to ensure recognised programs foster diversity	Competency matrix developed and used to recruit non-elected Council appointees; continue outreach to District 6, where a high concentration of South Asian members of the public live with relatively few RPs; attendance at the Indigenous Health Conference. CRPO has a policy in place to ensure hiring processes are free from discrimination.	[Green]	Competency matrices developed and posted on website

DOMAIN	PRIORITY	GOAL	OBJECTIVE	DELIVERABLE	BACKGROUND (for Council)	Status	Notes
			3. Implement effective governance and risk-management frameworks across all operational and regulatory functions	-Internal risk management framework in place - Regulatory risk management framework in place and tools shared with stakeholders	Internal enterprise risk management framework in place for operational matters, including HR policy review, etc. and Executive Committee educated about its use to support them in their oversight role of College operations. Regulatory risk management framework under development for regulatory functions, using the newly-developed regulatory objectives as vision for the framework, allowing all Council materials to articulate public protection function. Specific pilot of Sparrow's problem-solving model completed and under review.		In progress
			4. Measure progress through strategic planning, risk assessment and key performance indicators	- Annual report published using Key Performance Indicator framework to report on strategic priorities and broader regulatory mandate -Council and Committee evaluation program developed and piloted	Key performance indicators identified and incorporated into reporting to stakeholders on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and stakeholders.		In progress
Strong system partnerships	collaborate with other system partners to contribute to better access to mental health services	- build collective best practices - advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services	1. Build on existing stakeholder relationships to: •define and foster leadership in regulatory excellence •create collective solutions to allow alignment in addressing concerns with mental health service provision	- Continued collaboration with the Colleges whose members have the authority to perform the controlled act of psychotherapy - Active participation with Health Professions Regulators of Ontario network - Support for development of Pan Canadian Psychotherapy Regulator group	Ongoing work to clarify requirements and restrictions to clinical supervision of the controlled act with relevant controlled act colleges, leading to effective communication with registrants, clinical supervisors and education and training programs. Work with HPRO on shared issues of public appointee competency, the Ministry's College Performance Management Framework and RHPA modernization. Support for other regulated provinces and provinces seeking to regulate through information sharing and meeting coordination, with a particular focus on education and training program recognition.		Ongoing
			2. Engage with the Ministry of Health to provide useful and timely information and advice about Registered Psychotherapy and the mental health system	-Annual completion of Health Professions Database Submission (with continuing emphasis on need for revised gender reporting)	Completion of the HPDB allows CRPO to report on the RP workforce. Efforts to see revisions to allow a third gender option will continue since this change has not been implemented. Other ad hoc opportunities will be taken to communicate around specific issues as they arise.		Yearly HPDB submissions ongoing
			3.Formalize work of recognizing, reporting on and adapting to changes in the practice environment to support health system improvement	-Regulatory risk framework results used to identify and report potential harm to RP clients and the wider public.	Recognizing this is a period of heightened response to sexual abuse, adapting to this by working with HPRO and other health colleges around building excellent Council, committee and staff training into receiving, investigating and holding trauma-informed hearings into sexual abuse that minimize the risk of re-traumatizing members of the public.		In progress

Briefing Note for Council

Meeting Date:	March 25, 2021
Agenda Item #	11
Issue:	Professional Council Member Remuneration
Attachments:	REVISED DRAFT: Per diem and Honoraria Remuneration of Council and Committee Members policy
References:	[Health Professions Procedural Code](#)
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	J. Falkenburger
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Council and committee members are responsible for ensuring the protection of the public interest and improving the quality of care provided by Registered Psychotherapists in the province. They are involved in establishing policies to make certain that College operations reflect corporate goals and safeguard the organization's assets. They also convene as panels to review individual cases as required under legislation.

Remuneration for this work is paid using a per diem stipend model that is intended to recognize the valuable contributions of Council and committee members, while also reflecting that the role is of a public service nature.

Background:

Colleges are authorized by the Health Professions Procedural Code to compensate professional Council members:

By-laws
94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws

(h) providing for the remuneration of the members of the Council and committees other than persons appointed by the Lieutenant Governor in Council and for the payment of the expenses of the Council and committees in the conduct of their business.

Accordingly, compensation is set through CRPO's by-law *9.02 – Honoraria & Expenses*:

> *The amount payable to members of Council who are Members, for attendance at, travel to and preparation for, the transaction of College business, shall be the amounts set by resolution of Council. The College shall publish the amounts on the College's website.*

Current Professional Member Compensation

Current compensation is set in the [Per Diem and Honoraria Remuneration of Council and Committee Members](#) (the amounts have not been reviewed in approximately three years). The per diem for attendance for the President or a committee chair, when acting in that capacity, is $300. The per diem for attendance for all other members is $225. Preparation time is compensated in quarter day increments, with a 1:1 ratio between maximum allowable pre-approved preparation and meeting time.

Current Public Member Compensation
Public members are remunerated by the government through the Health Board Secretariat, as directed by the Health Professions Procedural Code:

[Remuneration and expenses](#)
[8](#) Council members appointed by the Lieutenant Governor in Council shall be paid, by the Minister, the expenses and remuneration the Lieutenant Governor in Council determines. 1991, c. 18, Sched. 2, s. 8; 2006, c. 19, Sched. L, s. 10 (1).

Current rates are set as follows:
[Schedule A: per diem remuneration for board-governed provincial agencies and advisory agencies](#)

Remuneration for all part-time appointees (excluding appointees to adjudicative tribunals and regulatory agencies) must be within the following ranges:

Level 1 – basic	Remuneration
Members	Up to $150 per day
Vice-Chairs	Up to $175 per day
Chairs	Up to $225 per day

While specific requests for additional remuneration can be made to the Health Board Secretariat on an exceptional basis (e.g., when preparation time exceeds the maximum for any meeting or panel), the Health Board Secretariat does not often agree to increased payments to public members.

Key Considerations:

The issue of public Council member compensation has been raised by individual colleges as well as by the Health Professions Regulators of Ontario (HPRO) federation. Despite repeated requests that the remuneration rates and policies be updated, the per diem amounts have not increased and the policies remain largely unchanged.

Professional Council compensation has been a recent topic of discussion at the Council table at the November 2020 and January 2021 meetings. Prior to these discussions, professional Council compensation had not been reviewed in the last three years.

At the November 2020 Council meeting, the [Per Diem and Honoraria Remuneration of Council and Committee Members](#) was approved. The revisions were made to better reflect current practices and to simplify processing professional Council member remuneration. The most significant change that was made to the policy was to move to the same full and half day rates provided for in the HBS's compensation of public members (versus using smaller increments).

At the January 14, 2021 Council meeting, Council reached consensus to support increasing the per diem attendance for professional members to reflect the trimmed average[1] of other RHPA colleges, as well as the median percentage of budget expenditures dedicated to Council/committee remuneration. This amounts to raising the regular preparation and attendance per diems from $225 to $255, chair rates from $300 to $340, President's yearly stipend from $3,000 to $3,400.

Operations staff was directed to review professional Council member compensation rates and whether an increase in the rates could be presented in the College's Annual Budget 2021-2022 proposal.

In addition, several procedural changes are being clarified or proposed. This is partly the result of procuring a new remuneration submission platform. Staff will provide instruction to Council after the meeting on how to use the new platform. The new platform, along with these procedural changes, are intended to make the remuneration process clear and efficient both for Council/committee members and staff.

Next steps:

The increase was presented to the Executive Committee in the expense budget and at their March 4, 2021 meeting. Pending the approval of the budget (see agenda item 9.), the Executive Committee recommends that Council approve the revised *Per diem and Honoraria Remuneration of Council and Committee Members* policy as presented. Going forward, this policy will be reviewed annually by the Executive Committee, particularly when the annual budget is being discussed.

Proposed Resolution:

[Be it resolved]

1. That the revised Per diem and Honoraria Remuneration of Council and Committee Members policy be approved as presented (or amended).

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[1] That is, the average excluding the highest and lowest outliers.

Per Diem and Honoraria Remuneration of Council and Committee Members

Commented [MP1]: The proposed policy is intended to come into effect on April 1, 2021.

Purpose: The purpose of the policy is to establish and articulate the approach and process for compensation of professional Council members.

Policy Statement: ~~Profession~~Professional members of CRPO's Council or its committees will receive remuneration for attendance at and preparation for the transaction of College business.

Policy Applicable to: elected professional members of Council and committees and appointed non-Council committee members.

Legal Authority: Articles 9.02 and 12.08 of the CRPO's By-laws state that the amounts for remuneration shall be set by resolution of Council and published on the College's website.

Procedure

Members who prepare for and attend meetings respecting College business will be paid an honorarium in accordance with the following rates and conditions.

Rates for Attendance

The per diem for attendance for the President or a committee/panel chair, when ~~acting in that capacity,~~chairing a meeting,[1] is $~~300~~340.

Commented [MP2]: For added clarity

Commented [MP3]: "Acting in that capacity" was vague. This is intended for clarity.

The per diem for attendance for all other members is $~~225~~255.

Commented [MP4]: This and the following numerical changes represent the 'middle' option agreed by Council at their previous meeting.

A per diem is interpreted as the amount payable for work periods in excess of three hours; when less than three hours of work is involved, one-half of the established per diem rate will be paid.

Only one per diem payment for attendance is payable to a member per calendar day~~.~~ for one meeting; however, if two different committees[2] meet on the same day, attendance is payable separately for each meeting.

Commented [MP5]: This reflects past practice recognizing the different significance of attending two different meetings versus one meeting that runs longer than approximately six hours.

Rates for Preparation

Preparation time for each scheduled meeting is payable at a one to one ratio to the meeting time. Per diem is interpreted as the amount payable for work periods in excess of three hours; when less than three hours of work is involved, one-half of the established per diem rate will be paid of the per diem of $~~225.~~ 255.

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[1] That is, formally calling the meeting to order, facilitating discussion, etc.
[2] Or Council plus a committee.

Unless pre-approved, the time payable for preparation shall not exceed the time scheduled for the meeting. In exceptional cases where additional preparation is required, the Committee or panel chair will be required to advise staff of this fact prior to the meeting date.

> **Commented [MP6]:** Committees are spreading work out over different meetings. It is hoped that unusually larger meeting packages will not be common.

Rate for Extended Travel Time

When travel time is required as a component of transacting College business, the College will pay $125 to members whose return trip involves over 500 kilometres of travel. This amount is in addition to actual travel expenses (claimed on the Travel Expenses Claim Form). Extended travel is to be claimed on the Honoraria Claim Form as it is a taxable benefit.

President's Annual Honorarium

The President shall receive an annual honorarium of $~~3000~~3400, paid in ~~installments at the end of each quarter~~installments following monthly submission by the President.

Guidelines

1. Council and committee members shall submit their per diem claims on a ~~form~~platform provided by the College.

2. Submissions for remuneration for each month must be submitted to the College within ~~thirty (30~~three (3) days ~~of~~following the ~~meeting/event.~~end of that month, and only include claims related to that month.[3] Claims for each month shall be consolidated into one submission.[4]

> **Commented [MP7]:** These proposed procedural changes relate to the new remuneration claim submission platform procured by the College. It is intended to improve convenience for members and efficiency for staff. Staff will explain the new platform, the rationale for the procedural changes, and provide training once adopted.

3. All submissions for remuneration will be reviewed for approval by the Registrar or designate prior to payment.

4. Meetings involving deliberations of a panel will be considered as a scheduled meeting.

5. Review of panel decisions by the chair or a designate will be paid in hourly increments of the regular Council member rate, with the time allotment designated by the panel chair and totaled by month.

> **Commented [MP8]:** Added for clarity.

6. Discipline decision writing will be paid in hourly increments of the regular Council member rate, with the time allotment designated by the panel chair.

7. Review of formal motions in writing (e.g. approval of minutes, appointment of an investigator), will be paid as one half-hour increment of the regular Council member rate.

> **Commented [MP9]:** This new item recognizes that formal motions are efficient for member and staff in that a live meeting is not required. The half-hour figure is intended to simplify arriving at the precise time, and balance out longer and shorter time spent.

~~7.~~8.   Other than for Council meetings, committee meetings, panel meetings, formal CRPO presentations, hearings and decision writing, and College mandated orientation

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[3] For example, immediately following the end of May, submit claims for May only, not for April or June.
[4] That is, do not submit more than once per month.

and professional development, all claims for remuneration for conducting College business must be pre- approved by the Registrar.[5]

~~8.~~9.	Where a scheduled meeting is canceled without notice of at least 48 hours, members expected to attend are entitled to request and receive a maximum of one half the per diem.

~~9.~~10.	College staff will prepare and distribute T4As to all members in February for government tax purposes.

~~10.~~11.	Per diem rates will be reviewed annually.

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[5] The following activities will be considered as part of meeting preparation time or of the public service aspect of one's role, and will not normally be pre-approved for a stand-alone remuneration claim: meeting scheduling, agenda or meeting planning, appointing a panel, directing legal procedures under legislation (e.g. concerning complaints and discipline), drafting or reviewing reports for Council or annual report; discussions with advisors or consultants, responding to stakeholder concerns.

Registrar's Report to Council
March 25, 2021

Respectfully submitted by Mark Pioro

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
There is little change to current arrangements related to the pandemic. Staff continues to monitor and relay information being provided by government, public health and other trusted sources. Some regional health authorities in Ontario are beginning to contact CRPO (and other regulatory colleges) with communications directed toward registrants receiving a covid vaccine. CRPO is assisting by conveying this information to registrants.

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

OPERATIONS

New Staff
A Registrant Services Associate, Emily Beaton has been hired. Staff are currently recruiting a Professional Conduct Coordinator.

UPDATES

Practice Advisory Service
The service received 626 enquiries from the start of the fourth quarter on January 1 to time of writing on March 10.

We continue to receive inquiries related to COVID-19, including:
- Switching to electronic practice
- Returning to in-person practice
- Receiving vaccination

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

Registration

	December	January	February
Applications started	134	26	237
Total applications submitted	138	23	203
Applications from recognized programs submitted	99	17	168
Applications from non-recognized programs submitted	39	6	30
Labour mobility applications	0	0	5

Note: *CRPO's system was down starting January 4 and re-launched January 29. No applications could be started or submitted during this time. Staff continued to process and approve applications.*

As of writing, total registrants numbered 8,179.

- RP 6,371
- Qualifying 1,659
- Inactive 149

Registrant Management System
The transition to our new RMS is complete as of late January. While additional functionality will continue to be built (e.g., complaints, QA) applicants are able to apply for registration and registrants are able to update information, apply for status changes, and renew their registration. Staff have been receiving a large volume of inquiries related to the new database launch.

Registration Renewal
Registration renewals are proceeding at a comparable pace with previous years. The major difference is that CRPO now only accepts payment by Visa or Mastercard.

New eLearning Modules for Public Appointees
CRPO learned that public members appointed to positions such as on CRPO Council are now expected to complete a learning module relating to their function as public appointees. The learning modules are fully administered by the Public Appointments Secretariat.

Staff Panel Exchange
Management staff in Registration and Professional Conduct observed panel meetings at another college, and CRPO panels hosted management staff observers from another college (with appropriate confidentiality agreements and protocols in place). Staff gained valuable insight into the similar good practices and challenges faced by panels and will share learnings with their committees.

Registration Examination
The registration exam offered by COMPASS will feature remote proctoring for the April 2021 sitting. Detailed information has been provided to candidates and on CRPO's website.

Future Office Planning

Staff are conducting preliminary research into possible post-pandemic work arrangements. This will include surveying staff needs and preferences (such as remote, in-office or hybrid), and market research into alternative office space if less physical space is needed. Council will be consulted in detail before any decisions are made.

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	28
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	5
Education	4
Practice Assessment	5
Not Completed: result of resignation/revocation	1
On Hold: other reasons (e.g. on leave or Interim Order suspension)	2
Terms, Conditions and Limitations	29
Undertaking	3
Learning Plan (Educational Upgrade)	3
ICRC:	
Clinical supervision/monitoring:	12
Personal/Group Therapy/Drug Screening	2
Ethics or education courses	14
Practice Restrictions	4
Reflective Paper	10
Review Standards	1
Practice Assessment	2
Resignation	1
In-Person Caution	4
Internet Search for evidence of practicing psychotherapy while Interim Order is in place	5
On Hold: currently under appeal at HPARB	6
Not Completed: result of resignation/revocation	10
On Hold: other reasons (e.g. on leave or Interim Order)	4
Undertaking	4
Remedial agreement	3
SCERP	23
Health Inquiry Panel	3
Terms, Conditions and Limitations	1

Interim Order	3
QA:	
Clinical supervision/monitoring	1
Deferral of PD Requirements (on leave)	2
Reflective Paper/Report	1
Review Standards	1
Submit revised advertising material	0
Discipline:	
Education	3
Clinical Supervision	1
Costs	4
Suspension	1

Social Media
A Website Analytics report is attached as an appendix to this report.

STAKEHOLDER ENGAGEMENT

Peer Circles
Ten sessions were offered by three Associations (Ontario Association of Mental Health Professionals, Canadian Counselling and Psychotherapy Association and Ontario Association of Marriage and Family Therapy) in January and February and were attended at full capacity.

Learning Opportunity
In early February, M. Pioro and D. Adams attended a session hosted by HPRO on patient engagement. Key takeaways included myths about patient engagement, being strategic and choosing the appropriate level of engagement, e.g. consultation vs. collaboration vs. partnership.

Staff Presentations
Since the last Council meeting, staff have led the following presentations:
- *January 20, 2021:* a presentation on the CRPO registration process was provided via Zoom to Saint Paul University students.
- *February 1, 2021:* a presentation on supervision was provided via Zoom to the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP) program.
- *March 15, 2021:* a presentation will be provided via Zoom to Emmanuel College students. At the time of writing, this presentation had not yet taken place.

CRPO Website Performance to March 9 2021

1 Overview

Hits vs sessions vs users
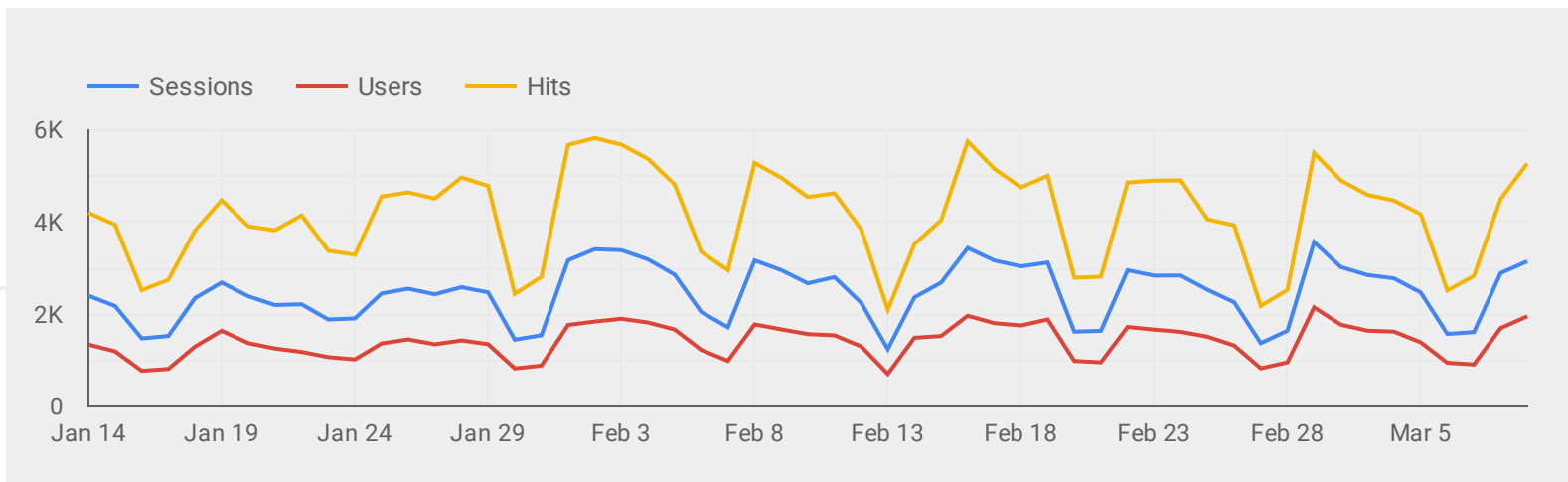
2

Total 2020 Users & Hits

Users
201,737

Hits
996,401
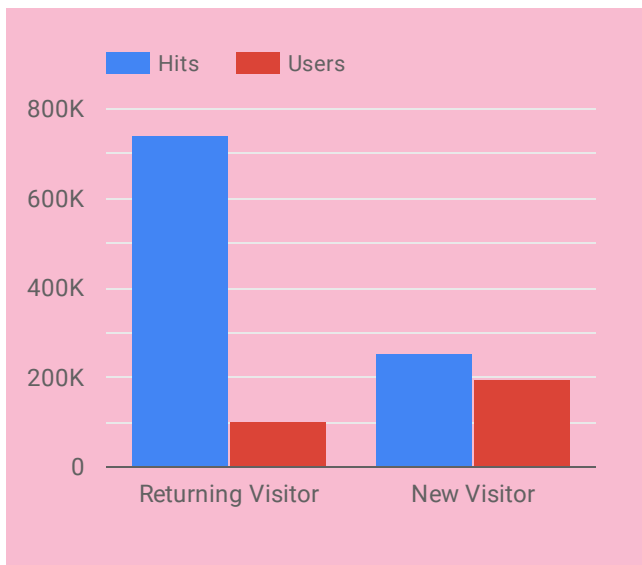
Total 2018 Users & Hits

Users
113,485

Hits
616,380
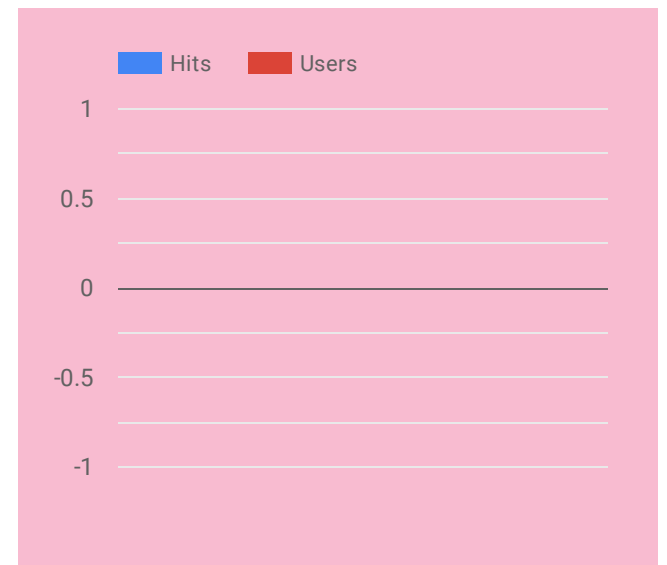
3 Referral sources

Half of our users are going directly to the site; more than a third are finding us through searches; the other 13% are coming in from a variety of sources.
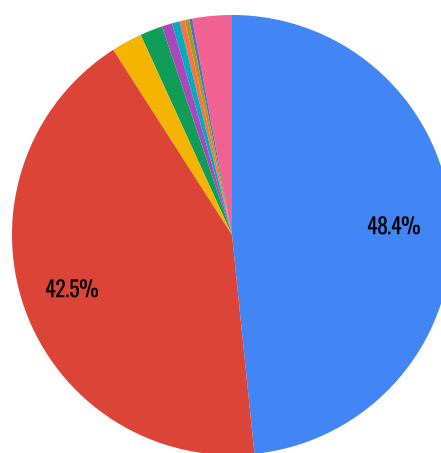
- (direct)
- google
- bing
- terida.com
- m.facebook.com
- psychotherapyontario.org
- yahoo
- ca.search.yahoo.com
- wlu.ca
- others

4   **Long view on the "new" website**
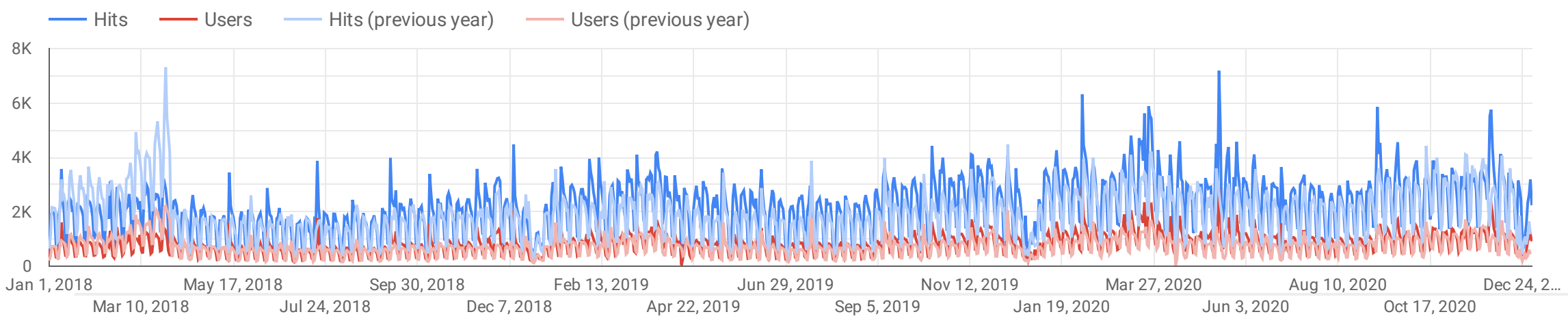
5   **Sessions & Users During Member Renewal**

Mar 1, 2018 - Apr 3, 2018 ▾

Sessions	Users
50,594	17,835

March 1, 2020 - April 3, 2020

Sessions	Users
79,330	28,771

7

So what are users accessing?

A few notable findings here.

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

--It's excellent that the public register is well-used. Is the number of hits to the education program page a surprise?

--It's notable that the top 3 pages encompass half the sessions. They really dominate.

--Also notable that complaints and discipline pages don't crack the top 20. Discipline comes in at #29, and File A Complaint About a Member comes in at #37.

--Good to know that our covid FAQ page was so well-used.

--Not the percentage increases for the pages are compared to the page's performance in 2018.

	Landing Screen	Sessions --	% Δ
1.	www.crpo.ca/	236,919	-
2.	www.crpo.ca/find-a-registered-psychotherapist/	43,046	-
3.	www.crpo.ca/applying-to-crpo/	40,515	-
4.	www.crpo.ca/education-programs/	40,242	-
5.	www.crpo.ca/?s=login	14,692	-
6.	www.crpo.ca/what-is-psychotherapy/	12,120	-
7.	www.crpo.ca/supervision/	11,303	-
8.	www.crpo.ca/new-members-registered-psychotherapist-qualifying/	11,034	-
9.	www.crpo.ca/faqs-covid-19/	9,635	-
10.	www.crpo.ca/registration-exam/	7,591	-
11.	www.crpo.ca/contact-us/	7,524	-
12.	www.crpo.ca/practice-matters/	7,026	-
13.	www.crpo.ca/9-steps-to-crpo-registration/	6,927	-
14.	www.crpo.ca/quality-assurance-program/	6,822	-
15.	www.crpo.ca/definitions/	6,248	-
16.	www.crpo.ca/advice-to-rps-regarding-covid-19/	5,950	-
17.	www.crpo.ca/implementing-electronic-practice/	5,619	-
18.	www.crpo.ca/standard-3-1-confidentiality/	5,547	-
19.	www.crpo.ca/self-assessment-tool/	4,803	-
20.	www.crpo.ca/guidance-for-return-to-in-person-practice/	4,773	-

1 - 100 / 7568 ‹ ›

8

Social media is not yet a huge driver of hits to our website, but it's growing. The growth percentages are a comparison with 2018.

	Source	Sessions ▾	% Δ
1.	(direct)	309,848	53.0% ⬆
2.	google	272,545	73.3% ⬆
3.	bing	14,500	25.7% ⬆
4.	terida.com	10,635	-3.7% ⬇
5.	m.facebook.com	4,863	874.5% ⬆
6.	psychotherapyontario.org	3,551	792.2% ⬆
7.	yahoo	2,578	35.0% ⬆
8.	ca.search.yahoo.com	2,033	51.6% ⬆
9.	wlu.ca	1,429	-
10.	icomphost.com	1,213	-73.5% ⬇
11.	duckduckgo	1,084	-
12.	icomphosting.com	973	-
13.	l.facebook.com	822	361.8% ⬆
14.	cpca-rpc.ca	811	20,175.0% ⬆
15.	facebook.com	758	595.4% ⬆
16.	health.gov.on.ca	679	-26.8% ⬇
17.	mail.google.com	656	416.5% ⬆
18.	courses.yorkvilleu.ca	631	1,517.9% ⬆
19.	mycybrary.com	620	-
20.	t.co	418	2,222.2% ⬆

1 - 100 / 746 ‹ ›

7

Mobile users & devices

The number of mobile users has grown a fair amount in two years, with the number of desktop users down slightly. Interesting data for any future website revamps/tweaks.

Jan. 1 - Dec. 31, 2018

- desktop 78.5%
- mobile 17.6%
- tablet

Jan. 1 - Dec. 31, 2020

- desktop 72.3%
- mobile 25.7%
- tablet
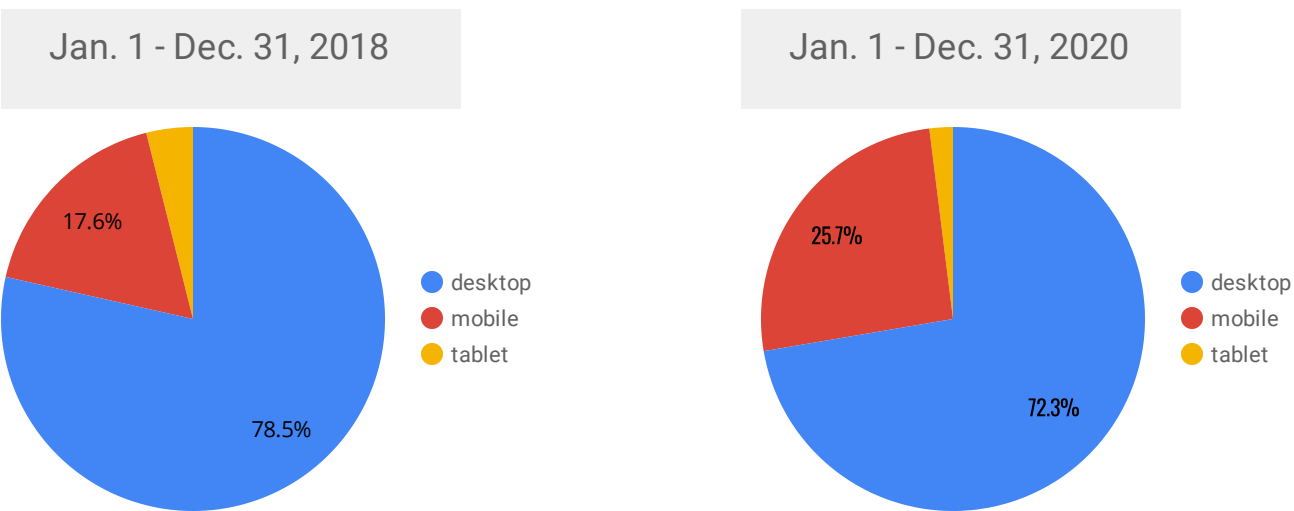
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Device & Usage

Half of all mobile users are on iPhones.

Top 5 mobile devices

- iPhone 58.7%
- iPad
- SM-G960W
- SM-G950F
- others 31.9%
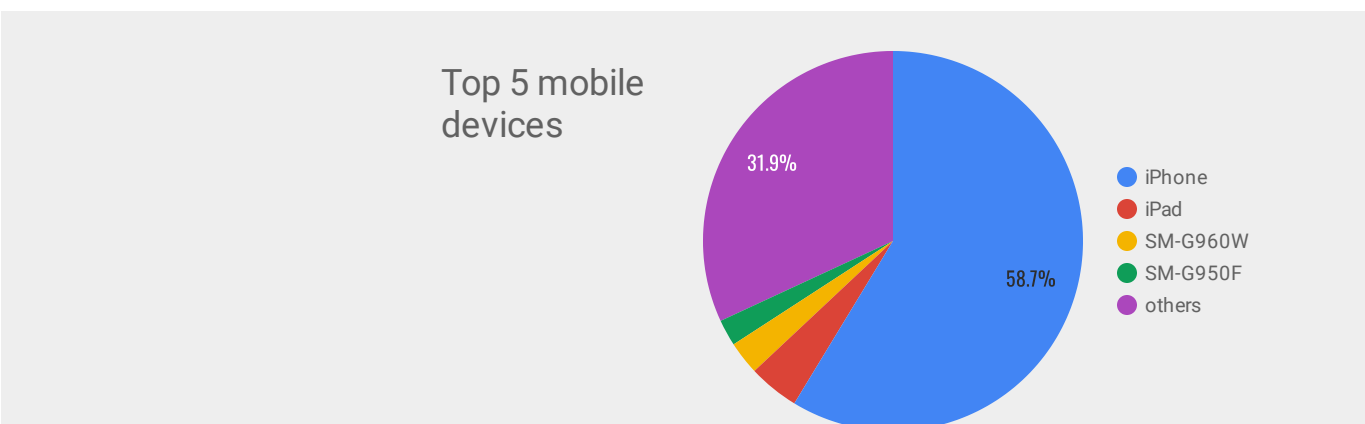
9

Browsers

Fortunately, the number of IE users keeps dropping.

- Chrome 57.5%
- Safari 26.9%
- Edge
- Firefox
- Internet Explorer
- Samsung Internet
- Safari (in-app)
- Android Webview
- Opera
- others
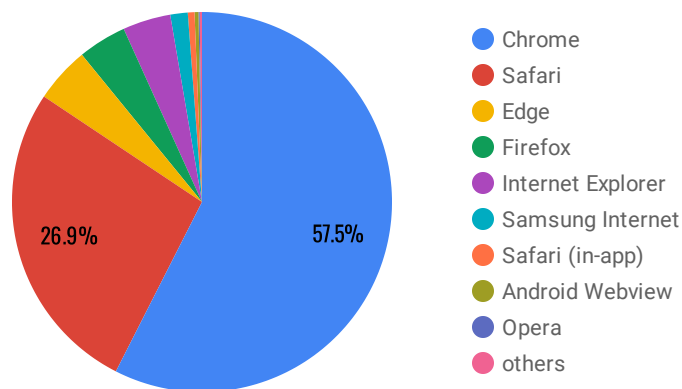
Facebook

Likes: 1,073 as of December 31

Followers: 1,189 as of December 31

Posts with biggest engagement/reach:

"Do you sometimes refer to your title as RP(Q)? Don't." 1,600 reach
Post about George Floyd. 766 reach
MOHLTC online portal for health care providers & covid. 750.
Post promoting Talia Singer's webinar on electronic practice. 699.

When someone likes a Page, they're showing support for the Page and that they want to see content from it. The Page will show up as being liked in the About section of that person's profile.
When someone follows a Page, it means they may receive updates about the Page in their News Feed.
People who like a Page will automatically follow it.
Even if people like a Page, they can still choose to unfollow it, which means they'll stop receiving updates about the Page.
People can follow a Page, even if they haven't liked it.
The name or the profile picture of the person who likes the Page may be shown on the Page or in ads about the Page.

Twitter

Followers: 449 as of January 5, 2021

Total annual impressions: 51,200

Tweets with biggest reach:

Mental health resources during the pandemic: 2,678 impressions
Looking for BIPOC non-Council members: 1,542 impressions
How psychotherapy changed for clients during the pandemic: 1,315

COUNCIL MINUTES

Thursday, January 14, 2021
9:30 a.m. to 2:45 p.m.
ZOOM videoconference

Council Members:	Staff Members:
Heidi Ahonen	Deborah Adams, Registrar
Andrew Benedetto, RP	Jo Anne Falkenburger, Director of Operations & Human Resources
Steven Boychyn	Amy Fournier, Executive Coordinator (Recorder)
	Kristina Hanson, Office Coordinator
Shelley Briscoe-Dimock, RP (President)	Mark Pioro, Deputy Registrar & General Counsel
Kali Hewitt-Blackie, RP	Jenna Smith, Manager, Professional Conduct
David Keast	**Guests:**
Kenneth Lomp, RP (Vice-President)	Christy Pettit, CEO, Pollinate Networks Inc.
Michael Machan, RP	
Miranda Monastero, RP	
Judy Mord, RP	
Keri Selkirk	
Jane Snyder	
Radhika Sundar, RP	
Kathy-Ying Zhao	

1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 9:33 a.m. and welcomed all present. In light of the resignation of Deborah Adams, Registrar, S. Briscoe-Dimock said a few words regarding her departure and thanked her on behalf of Council for her tireless efforts in leading the College through a period of immense changes and challenges. Council wished Deborah well in her future role as Registrar of the College of Dental Hygienists of Ontario (CDHO).

2. Approval of Draft Agenda

The Chair introduced the draft agenda, noting that three motions need to be added: One regarding committee appointments and two in relation to Registrar succession planning.

MOTION C-14JAN2021 – M01
That the agenda of the January 14, 2021 meeting of Council be approved as amended.

Moved: D. Keast
Seconded: K. Hewitt-Blackie
CARRIED

3. Conflict of Interest Declarations

None declared. S. Briscoe-Dimock reminded Council members of the newly adopted Conflict of Interest declaration forms and accompanying worksheet. The COI form needs to be signed and returned to CRPO staff prior to Council meetings to align with College Performance Measurement Framework requirements.

4. Committee Appointments

S. Briscoe-Dimock informed Council that public member, Gary Cockman, completed his three-year term on January 7, 2021, and was not reappointed by the Public Appointments Secretariat. In order to maintain quorum for decision-making on the Registration Committee, another public member must be appointed to the committee. Since G. Cockman was not reappointed, only one other public member currently sits on the Registration Committee. Council appointed J. Snyder to the Registration Committee and noted that she will leave her current position on the Quality Assurance Committee.

Since G. Cockman was also a public member at large of the Executive Committee, that committee will discuss this vacancy on the Executive at their February meeting and update Council in March.

MOTION C-14JAN2021 – M02
That J. Snyder be appointed to the Registration Committee.

Moved: A. Benedetto
Seconded: D. Keast
CARRIED

5. Pan Canadian Meeting Update

D. Adams, Registrar, introduced the item noting that the Pan Canadian meeting of psychotherapy regulators or associations took place virtually in November 2020. Every province was represented at the meeting, where updates were provided on the status of regulation in each jurisdiction.

6. Council Member Compensation

S. Briscoe-Dimock introduced the topic and acknowledged the discrepancies between public and professional Council member compensation. Council agreed that being a Council member is about serving the public interest and the conversation centered on this point. Lively discussion took place and consensus was reached by Council members to pursue an increase to the current compensation rates for professional members in line with trends at comparable colleges, while also acknowledging that the public appointments do not currently receive compensation equal to professional members, given that public members are compensated by the Public Appointments Secretariat. With the changes approved in November 2020 to the *Per Diem & Honoraria Remuneration of Council & Committee Members* policy, committee chairs can request additional time for meeting and panel preparation. Staff was directed to model a reasonable increase as part of the budget that will be proposed for the next fiscal year. Any proposed changes will be brought forward in the annual budget in March 2021.

7. Registrar's Report

D. Adams presented her report to Council. Additional updates to the written report included an update on the entry-to-practice exam. The April 2020 and October 2020 sittings of the exam have been affected by the ongoing pandemic and stay-at-home orders. CRPO staff and third-party providers (Compass and Yardstick) have been working together to implement online exam proctoring, which would allow registrants to complete the exam remotely. The February 2021 exam sitting has been deferred and staff will continue to work with third-party providers to find a solution.

8. College Performance Measurement Framework (CPMF) Update

D. Adams provided Council with background information on the Ministry of Health's CPMF initiative. Work among Health Profession Regulators of Ontario (HPRO) colleges continues to take place at their regular meetings. Components of the CPMF will come forward to committees and will become a standing item for Council in 2021. The baseline review components must be submitted to the Ministry of Health by March 31, 2021.

9. Education: Membership on Council: Managing Conflicts that Arise as a Result

M. Pioro, Deputy Registrar & General Counsel, and Jenna Smith, Manager, Professional Conduct, provided a presentation to Council on conflicts of interest that may arise when serving as a professional Council member.

10. Education: Board Evaluation

Christy Pettit of Pollinate Inc. presented to Council regarding board evaluation.

11. Registrar Recruitment: Appointment of Acting Registrar

The Executive Committee brought forward two motions to move forward with the Registrar recruitment process.

MOTION C-14JAN2021 – M02
that Council appoints Mark Pioro as Acting Registrar effective February 13, 2021, until such time as the new Registrar is appointed, pursuant to section 9(2) of the Health Professional Procedural Code.

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

12. Registrar Recruitment: Appointment of Signing Authority

MOTION C-14JAN2021 – M03
that Council appoints Sarah Fraser, Manager of Registration as signing officer for the College with the same authority and financial limits as the Registrar effective February 13, 2021.

Moved: K. Lomp
Seconded: R. Sundar
CARRIED

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 November 20, 2020
- Committee Reports

MOTION C-14JAN2021 – M04
That Council approve the consent agenda as presented.

Moved: M. Machan
Seconded: K. Selkirk
CARRIED

14. **Council Question Period**

Questions raised included the next steps regarding the Registrar recruitment process and some discussion around board evaluation.

15. **ADJOURNMENT**

MOTION C-14JAN2021 – M05
That the meeting be adjourned at 2:45 p.m.

Moved: M. Machan
Seconded: K. Selkirk
CARRIED

Discipline Committee Report to Council
March 25, 2021

Committee Members
• Heidi Ahonen, RP • Andrew Benedetto, RP, Interim Chair • Steven Boychyn • Shelley Briscoe-Dimock, RP • Carol Cowan-Levine, RP (Non-Council Committee Member) • Kathleen (Kali) Hewitt-Blackie, RP • David Keast • Kenneth Lomp, RP • Michael Machan, RP • Miranda Monastero, RP • Judy Mord, RP • Jane Snyder • Keri Selkirk • Radhika Sundar, RP • Kathy-Ying Zhao

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Referrals:
Since the last Council meeting, we have received two new referrals to Discipline.

Hearings:
Since the last Council meeting, the following hearings have occurred:
- CRPO v LA ROSE: January 26, 2021
- CRPO v FIELD: February 5, 2021

The following hearing is pending rescheduling:
- CRPO v HARAMIC: January 12, 2021

The following hearing is scheduled:
- CRPO v DURANT: March 30, 2021

Two additional hearings are awaiting scheduling:
- CRPO v GHOSAL
- CRPO v HUNTER

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

Motions/Submissions to the Chair:
No motions have occurred since the last Council meeting.

Training
No training has occurred since the last Council meeting.

Formal Motions to Council
n/a

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

Respectfully submitted,

Andrew Benedetto, RP
Interim Chair, Discipline Committee

Examination Committee Report to Council
March 25, 2021

Committee Members
• Heidi Ahonen, RP (Chair) • Andrew Benedetto, RP • Steven Boychyn • Felipe Cepeda, RP (Qualifying) (Non-Council Committee Member) • Kali Hewitt-Blackie, RP • Michael Machan, RP • Miranda Monastero, RP • Keri Selkirk

Committee meetings:

- n/a

Panel meetings:

- January 18, 2021
- February 25, 2021

Panel Meetings

A one-hour meeting took place on January 18, 2021 via videoconference. Below are the outcomes of that meeting:

Total learning plans reviewed	2
Learning plans approved	2

A half-day meeting took place on February 25, 2021 via videoconference. Below are the outcomes of that meeting:

Total files reviewed	24
Appeals granted	4
Appeals denied	14
Educational upgrading next steps directed for second failure candidates	3
Eligible for third exam attempt for second failure candidates	3

The Committee Recommends:

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

Respectfully submitted,
Heidi Ahonen
Chair, Examination Committee

Executive Committee Report to Council
March 25, 2021

Committee Members
• Andrew Benedetto, RP • Steven Boychyn • Shelley Briscoe-Dimock, RP (Chair) • Kenneth Lomp, RP

Committee meetings:

- February 11, 2021
- March 4, 2021

Meetings related to Registrar recruitment:
- January 11, 2021
- February 3, 2021
- February 12, 2021 (exit interview)
- March 9, 2021

The Executive Committee considered the following matters at the February 11 and March 4, 2021 meetings:

Governance Reform Initiative:

- **Board Evaluation Project**
  The Executive Committee reviewed Council evaluation components and provided feedback to Christy Pettit of Pollinate Inc. See agenda item 3.

- **Operational Risk Management Review: Executive Limitations Policies**
  The Executive Committee had the opportunity to review several executive limitations policies. Executive limitations policies set boundaries for operations; they tell the Registrar what the Council will not tolerate. Articulating these policies allows Council to describe these boundaries and to hold the Registrar accountable. In accordance with the suggested approach in the Situational Analysis on the State of Governance, CRPO is adopting a comprehensive internal risk management framework; the steps in this work include codifying current operational practices into formal policies. See agenda item 7.

- **Policy Review Cycle**
  The Executive Committee reviewed a draft policy review cycle that will be implemented in accordance with recommendations in the College Performance Measurement Framework (CPMF) under Domain 5: Regulatory Policies. The intention is to promote transparency and adopt a more meaningful and managed approach to policy work. See agenda item 7.

College Performance Measurement Framework
A penultimate draft of the CPMF document will be presented to Council for review prior to the March 31, 2021 submission deadline. See agenda item 6.

Registration Examination
Executive received an update regarding implications of the pandemic for Qualifying registrants and the administration of the registration examination.

Professional Council Member Remuneration Policy
See Agenda item 11.

Privacy Policy
The Executive Committee approved the revised [Privacy Policy](#). See agenda item 7.

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

2021-2022 CRPO Expense Budget
The item will be addressed during the in-camera portion of the March 25, 2021 council meeting. See agenda item 9.

Public interest rationale: the presentation of an annual budget demonstrates responsible planning to ensure adequate resources are available (financial, human, information) to achieve CRPO's desired results in fulfillment of its regulatory mandate.

Registrar Recruitment
Executive met to advance the recruitment process for the position of Registrar. See agenda item 10.

ACTION TAKEN IN BETWEEN COUNCIL MEETINGS

Appointment of Interim Discipline and Fitness to Practise Committee Chair
In accordance with the Regulated Health Professions Act (12(1)), "[b]etween the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law."

As such, at its February 11, 2021 meeting, Executive Committee appointed an interim Discipline and Fitness to Practise Committee chair when CRPO received notice that G. Cockman would not be reappointed. Andrew Benedetto was appointed interim chair of the Discipline and FTP committees to work with staff on time sensitive scheduling. A regular chair has been recommended by the Executive Committee. See agenda item 5.

Formal Motions to Council
Noted in briefing notes.

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

Respectfully submitted,

Shelley Briscoe-Dimock
Chair, Executive Committee

Fitness to Practise Committee Report to Council
March 25, 2021

Committee Members
• Heidi Ahonen, RP
• Andrew Benedetto, RP, Interim Chair
• Steven Boychyn
• Shelley Briscoe-Dimock, RP
• Gary Cockman, (term ended January 7, 2021)
• Carol Cowan-Levine, RP (Non-Council Committee Member)
• Kathleen (Kali) Hewitt-Blackie, RP
• David Keast
• Kenneth Lomp, RP
• Michael Machan, RP
• Miranda Monastero, RP
• Judy Mord, RP
• Jane Snyder
• Keri Selkirk
• Radhika Sundar, RP
• Kathy-Ying Zhao

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Referrals:
Since the last Council meeting, we have received two new referrals to Fitness to Practise.

Hearings:
No hearings have occurred since the last Council meeting.

Pre-hearing Conference:
Two pre-hearing conferences have occurred since the last Council meeting.

Motions/Submissions to the Chair:
No motions have occurred since the last Council meeting.

Training
No training has occurred since the last Council meeting.

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

Respectfully submitted,

Andrew Benedetto, RP
Interim Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council
March 25, 2021

Committee Members
• Steven Boychyn • Shelley Briscoe-Dimock, RP (Chair) • David Bruce, RP (Non-Council Committee Member) • Kimberly Cato, RP (Non-Council Committee Member) • Kathleen (Kali) Hewitt-Blackie, RP • Kenneth Lomp, RP • Miranda Monastero, RP • Judy Mord, RP • Carla Ribeiro, RP (Non-Council Committee Member) • Kafui Sawyer, RP (Non-Council Committee Member) • Keri Selkirk • Jane Snyder • Kathy Zhao

Plenary meetings:

- N/A

Panel meetings:

- January 7, 2021
- January 19, 2021
- February 9, 2021
- February 17, 2021
- March 1, 2021
- March 10, 2021
- March 22, 2021

General Summary

Current fiscal (to date) April 1, 2020-Present	Received[1]	Decisions Released[2]
Formal Complaints	60	60
Registrar's Investigations	12	11
Incapacity Investigations	2	3

Referrals for a hearing (to date) April 1, 2020-Present	
Discipline Referrals	6
Fitness Referrals	3

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[1] Does not include files opened in previous fiscal years.
[2] Includes files opened in previous fiscal years.

Staff and Committee have been hard at work preparing for 7 panel meetings which have taken place since January 2021. The Committee continues meeting virtually and has adapted to delivering in-person cautions via videoconference. The frequency of panel meetings has helped to clear a backlog of files ready for decision or appointment of investigator. The Committee is also better positioned to swiftly attend to urgent matters, for example interim orders.

There are currently 6 registrants under interim order as a result of ongoing ICRC investigations. This includes 4 registrants who are subject to interim suspensions. These matters relate to allegations of sexual abuse of clients and capacity concerns.

Staff are preparing for a full day of learning and discussion at ICRC's next plenary meeting on April 22, 2021. This agenda will include, among other items, a detailed review of the relevant portions of the recently completed College Performance Measurement Framework (CPMF).

Respectfully submitted,

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

Quality Assurance Committee Report to Council
March 25, 2021

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)   - Brenda Sedgwick, RP (Non-Council Committee Member)   - Jane Snyder (Public Member)   - Kathy Zhao (Public Member)

Committee meetings:

- January 28, 2021 – Workshop

QAC participated in a workshop facilitated by Anthony Marini of Martek Assessments Ltd. The workshop explained tools and a plan for greater reach and engagement through a revised QA Program. The central feature of the revised QA Program would be a peer-developed and validated online competency assessment. The results of the online assessment can be used to reinforce areas of strength and identify areas for further development.

QAC agreed in principle to revise the QA Program in line with this approach. Detailed information about the revised program will be presented to Council.

- March 11, 2021 – Plenary

QAC met and addressed the following:

1. Committee Terms of Reference review
2. Discussion of current status of QA Program (during transition to revised QA Program)
3. Recruitment of case writers and other QA Program revision next steps

The Committee Recommends:
That the Quality Assurance Committee's Report to Council be accepted as presented.

Respectfully submitted,

Kenneth Lomp RP
Chair, Quality Assurance Committee

Registration Committee Report to Council
March 25, 2021

Committee Members
• Andrew Benedetto, RP (Chair) • Heidi Ahonen, RP • Elda Almario, RP (Non-Council Committee Member) • Gary Cockman (term ended January 7, 2021) • David Keast • Michael Machan, RP • Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment) • Ahil Nageswaran, RP (Non-Council Committee Member) • Radhika Sundar, RP • Jane Snyder (as of January 14, 2021)

Committee meetings:
- February 26, 2021

Panel meetings:
- January 22, 2021
- February 19, 2021

At the February 26, 2021 half-day plenary meeting, Registration Committee considered the following matters:

Independent practice for grandparented registrants
The Committee discussed how grandparented registrants can demonstrate that they meet the independent practice requirement moving forward. The Committee directed staff to accept solemn declarations from grandparented registrants attesting that they have completed 1,000 direct client contact hours and 150 clinical supervision hours.

Committee Terms of Reference
The Committee approved the draft Terms of Reference.

2021 Program Renewal
The Committee finalized the 2021 application form for programs renewing their recognized status with CRPO.

Renewal of Program Recognition
The Committee renewed recognition of the Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy Diploma program for a period of five years.

Panel Meetings
All meetings took place via video conference and were half a day in length. Below are the statistics for these meetings.

Total applications reviewed	17
Approved	0

Refused	11
Conditional Approval	4
Terms, Conditions & Limitations	1
Requests for more information	1

Applications that meet the registration requirements can be approved at the staff level. The majority of applications are approved by staff without requiring review by the panel. Applications that do not appear to meet the requirements are referred to panel for further review. Only the panel has the ability to refuse applications (staff do not). Because of this, the number of applications refused by the panel is typically higher than the number of applications approved by the panel.

Committee Membership Change
Gary Cockman's public appointment term ended on January 7, 2021. The Chair would like to express appreciation for his valuable contributions to the Registration Committee and wish him the best in his future endeavours.

Formal Motions to Council
- n/a

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

Respectfully submitted,

Andrew Benedetto, RP
Chair, Registration Committee

Type of document: Terms of reference	Approved by: QAC
Date approved: March 11, 2021	Review date: TBD

Quality Assurance Committee
Terms of Reference

Name and type	**Quality Assurance Committee** **Statutory**
Purpose	The Quality Assurance Committee is a statutory committee as set out in the *Health Professions Procedural Code* (Code), which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Specific Areas of Responsibility	The Quality Assurance Committee is responsible for:
	
	1. Developing, reviewing and revising the Quality Assurance Program.
	2. Monitoring registrant participation in the Quality Assurance Program by:
	   a. overseeing systems that facilitate registrants' ongoing participation in the Quality Assurance Program; and
	   b. following up on registrants whose participation is found to be unsatisfactory.
	3. Developing, reviewing and revising standards of practice, which may also include the development of guidelines and policy statements, for consideration by Council.

Committee Composition	Members of the Quality Assurance Committee are appointed by Council. The Committee must be composed of at least four (4) persons and must include: • at least two (2) members who are members of Council; • at least two (2) public members; and • one (1) or more members who are not members of Council if Council so wishes. The number of Committee members who are also registrants must, wherever possible, exceed the number of public members.
Panel Composition	Panels are selected by the Chair to perform statutory functions. Panels of the Committee must be composed of: • at least three (3) members of CRPO Council

	• at least one (1) of whom must be a member of the Council appointed by the Lieutenant Governor in Council. Two (2) members of a panel of the Committee constitute a quorum if at least one of the members is a member of the Council appointed by the Lieutenant Governor in Council.
Committee Competencies	Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies. Appointed committee members (i.e., non-council appointments) may be required to meet the minimum Council Competencies and Attributes.
Confidentiality of Committee Information	In accordance with the Code, the Quality Assurance Committee must not disclose, to any other committee, information relating to a registrant, except in the following circumstances: a. the Quality Assurance Committee may disclose the name of the registrant and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the Registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated; and b. the Quality Assurance Committee may also disclose information about a registrant to another committee for the purpose of showing that the registrant knowingly gave false information to the Quality Assurance Committee or an assessor.
Decision-Making Process	Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.
Delegated Authority	The Quality Assurance Committee will advise Council with respect to the Quality Assurance Program.
Reporting	The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.
Appointment of Chair	The Chair, or Chairs, of the Committee will be appointed by Council.
Quorum	The quorum is three (3) Committee members unless otherwise provided in the Code or the by-laws, or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee will be two (2) members.

	Despite anything in the by-laws, a committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee
Meetings	Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.
Staff Support	The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.
Communication with Council	The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.
Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Psychotherapy Act,* 2007 to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the by-laws outlines the Rules of Order of Council.

Type of document: terms of reference	Approved by: Examination Committee
Date approved: March 12, 2021	Next Review date: TBD

Examination Committee
Terms of Reference

Name and type	Examination Committee Non-statutory
Purpose	The Examination Committee is a non-statutory committee required for the College to fulfill its regulatory mandate.
Specific Areas of Responsibility	The Examination Committee will fulfill the following functions: 1. Consider appeals regarding failure of the registration examination, where there are alleged grounds of unfairness or other extenuating circumstances. 2. Determine the outcome of appeals and outline the course of action to be taken after an appeal has been granted or denied. 3. Consider time extensions to individuals who, due to extenuating circumstances, are unable to write the examination within the time period set in the Registration Regulation. 4. Determine the outcome of time extension requests and outline the course of action to be taken after a request has been granted or denied. 5. Consider and make recommendations for changes to the registration examination, and related policies and processes. 6. Submit to Council an annual report on the number of and types of matters dealt with, the dispositions of those matters generally, and activities relating to changes to applicable examination related matters.
Committee Composition	Members of the Examination Committee are appointed by Council. The Examination Committee must include: • at least three (3) registrants who are members of Council, • at least one (1) public member, and • one or more registrants who are not members of Council if Council so wishes.
Panel Composition	Panels are selected by the Chair to perform statute-specific functions. In accordance with the Code, panels must be composed of at least: • three (3) Committee members,

	• at least one (1) of whom must be appointed to the Council by the Lieutenant Governor in Council. Three (3) members of a panel constitute a quorum.
Committee Competencies	Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies. Appointed committee members (i.e., non-council appointments) may be required to meet the minimum Council Competencies and Attributes.
Decision-Making Process	Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.
Delegated Authority	The Examination Committee will advise Council with respect to the Committee's specific areas of responsibility.
Reporting	The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.
Appointment of Chair	The Chair, or Chairs, of the Committee will be appointed by Council.
Quorum	The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee must be two (2) members. Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.
Meetings	Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.
Staff Support	The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.
Communication with Council	The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.

Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Psychotherapy Act,* 2007 to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the by-laws outlines the Rules of Order of Council.

Registration Committee
Terms of Reference

Name and type	Registration Committee **Statutory**
Purpose	The Registration Committee is a Statutory Committee as defined in the *Health Professions Procedural Code* (Code), which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Specific Areas of Responsibility	The Registration Committee is responsible for the following activities:
	
	1. Meeting in the form of panels to make decisions regarding applications for registration in accordance with the Code, the Registration Regulation, and College policy.
	2. Considering the requirements of the Office of the Fairness Commissioner in:
	   a. The study, review and development of registration policies and protocols that are transparent, objective, impartial and fair;
	   b. Overseeing the preparation and submission of the fair registration practices report to the Fairness Commissioner.
	3. Developing amendments to the Registration Regulation, for approval by Council and the Ministry of Health and Long-Term Care (MOHLTC).

Committee Composition	Members of the Registration Committee are appointed by Council. The Registration Committee must be composed of: • three (3) members who are members of Council; • two (2) public members who are members of Council; and • one (1) or more members who are not members of Council if Council so wishes. The number of Committee members who are also registrants shall, wherever possible, exceed the number of public members (appointed by the Lieutenant Governor in Council).
Panel Composition	Panels are selected by the Chair to perform statute-specific functions. In accordance with the Code, panels must be composed of at least:

	• three (3) Committee members, • at least one (1) of whom shall be appointed to the Council by the Lieutenant Governor in Council. Three (3) members of a panel constitute a quorum.
Committee Competencies	Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies. Appointed committee members (i.e., non-council appointments) may be required to meet the minimum Council Competencies and Attributes.
Decision-Making Process	Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.
Delegated Authority	The Registration Committee will advise Council with respect to the Committee's specific areas of responsibility.
Reporting	The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.
Appointment of Chair	The Chair, or Chairs, of the Committee will be appointed by Council.
Quorum	The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee must be two (2) members. Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.
Meetings	Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.
Staff Support	The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.
Communication with Council	The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.

Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Psychotherapy Act,* 2007 to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the by-laws outlines the Rules of Order of Council.

First Name	Last Name	Role	COI form rec'd	COI? Y / N
Shelley	Briscoe-Dimock	President	Y	N
Heidi	Ahonen	Professional Member	N	
Andrew	Benedetto	Professional Member	Y	N
Kali	Hewitt-Blackie	Professional Member	Y	N
Michael	Machan	Professional Member	N	
Miranda	Monastero	Professional Member	N	
Judy	Mord	Professional Member	Y	N
Radhika	Sundar	Professional Member	N	
Steven	Boychyn	Public Member	Y	N
David	Keast	Public Member	Y	N
Keri	Selkirk	Public Member	Y	N
Jane	Snyder	Public Member	Y	N
Kathy	Zhao	Public Member	Y	N
Kenneth	Lomp	Vice-President	Y	N