

COUNCIL AGENDA

Date: Thursday, May 13, 2021
Time: 9:30 a.m. to 12:30 p.m.
Location: Zoom video conference
Chair: Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
WELCOME & INTRODUCTIONS						
1.	9:30	Welcome and Opening Remarks			Information	S. Briscoe-Dimock
2.	9:32	Approval of Agenda	1. Draft Agenda	1-4	Decision	S. Briscoe-Dimock
3.	9:33	Conflict of interest declarations <i>Council will be asked to review the Conflict of Interest Declaration form and log into Aprio to record their conflict status.</i>	1. Briefing Note 2. COI disclosure form 3. COI Worksheet 4. COI process	5-10	Information	S. Briscoe-Dimock
DISCUSSION & DECISIONS						
4.	9:35	College Performance Measurement Framework: By-law changes <i>Council will be asked to consider implementing by-law changes as next steps in the CPMF process.</i>	1. Briefing Note 2. CRPO Council Orientation Modules 3. Council Orientation Quiz sample 4. Council Competency Self-Assessment	11-137	Discussion, decision	S. Briscoe-Dimock M. Pioro
5.	10:05	Regulatory Risk Framework <i>Council is being asked to provide preliminary feedback on CRPO's proposed approach to addressing risk in the practice of the profession.</i>	1. Briefing Note 2. Regulatory Risk Framework Annotated TOC 3. Regulatory Risk Flow Diagram	138-147	Discussion	M. Pioro

			4. Right Touch Decision Tree 5. Policy Proposal template 6. Professional Practice Working Group Terms of Reference			
BREAK (10:30-10:45)						
6.	10:45	Succession Planning <i>Council is being asked to provide preliminary feedback on CRPO's proposed approach to succession planning (or leadership cultivation).</i>	1. Briefing Note 2. DRAFT Committee Chair Role Description 3. DRAFT Panel Chair Role Description 4. DRAFT Executive Member-at-large Role Description	148-162	Discussion, decision	S. Briscoe-Dimock M. Pioro
7.	11:10	Committee Appointments <i>Council will be asked to ratify committee appointments to fill recent vacancies.</i>	TBD		Decision	S. Briscoe-Dimock
8.	11:15	Executive Limitations Policies: Council Registrar Relationship <i>Council is being asked to review and approve the Council Registrar Relationship policy, which is operational in nature.</i>	1. Council Registrar Relationship policy	163-164		
INFORMATION						
9.	11:25	Board Evaluation update <i>Council will receive an update regarding the ongoing board evaluation project.</i>			Information	S. Briscoe-Dimock

10.	11:35	July Council Meeting <i>Council will receive an update on the scheduled July 15, 2021 Council meeting.</i>			Information	S. Briscoe-Dimock
11.	11:40	Registrar's Report <i>Council will have the opportunity to ask questions related to the Registrar's written report.</i>	1. Registrar's Report	165-167	Information	M. Piro
14.	11:50	Consent Agenda <i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items must be directed to the President prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The Consent agenda will be approved under one motion.</i>	Draft Minutes: March 25, 2021 Committee Reports: 1. Discipline 2. Examination 3. Executive 4. FTP 5. Inquiries, Complaints & Reports 6. Quality Assurance 7. Registration Terms of Reference: 1. ICRC	168-184	Motion	S. Briscoe-Dimock
15.	11:55	Council Question Period <i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i>			Information	S. Briscoe-Dimock
IN CAMERA						
16.	12:25	Approval of In Camera minutes	1. Draft In Camera Minutes: March 25, 2021	185-186	Motion	S. Briscoe-Dimock
17.	12:30	ADJOURNMENT			MOTION	S. Briscoe-Dimock
		Next Meetings: • July 15, 2021				

		<ul style="list-style-type: none">• September 16, 2021• November 18, 2021				
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Conflict of Interest Disclosure Form.pdf



Title : Conflict of Interest Disclosure Form
 File/Link : Conflict of Interest Disclosure Form.pdf
 Size: 222 KB
 Uploaded: 2021-04-29



Signatures

Name

Vote Status

Ahonen, Heidi

Unsigned



Benedetto, Andrew



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Boychyn, Steven



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Briscoe-Dimock, Shelley

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Fahmy, Sherine



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Hewitt-Blackie, Kali



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Keast, David



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Lomp, Kenneth



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Machan, Michael



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Monastero, Miranda



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Mord, Judy



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Selkirk, Keri



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Snyder, Jane



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Sundar, Radhika



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Total : 11 0 0 11 3


Conflict of Interest Disclosure Form

Meeting Date: May 13, 2021
Council / Committee: Council
Meeting type: plenary

I acknowledge and agree that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfil its public interest mandate. I have read and understood the [College's by-laws](#) on conflict of interest, the **Conflict of Interest Worksheet** (Appendix A), and the **Process for Considering & Declaring Conflicts of Interest** (Appendix B) document.

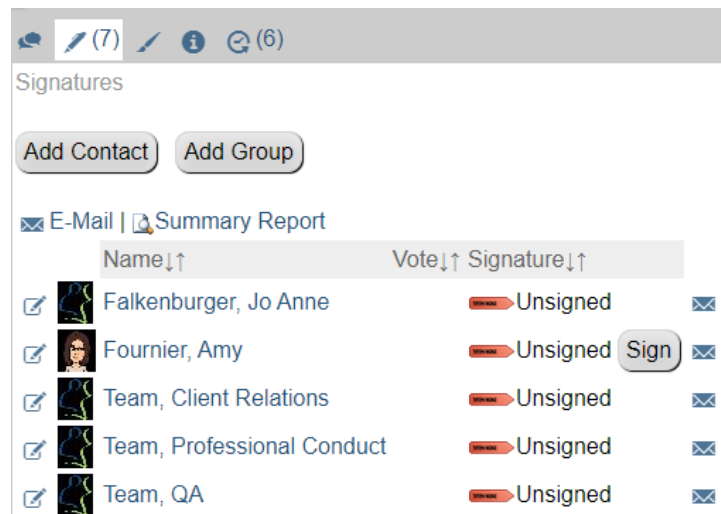
I agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and, if one cannot be avoided, I undertake to declare any real, perceived, or potential conflict of interest and to recuse myself from any consideration of the matter at issue.

 I have NO conflict of interest to report regarding any of the agenda items to be discussed at the above noted meeting.

 I declare a conflict of interest with one or more of the agenda items to be discussed at the above noted meeting.

I certify that the information above is true and complete to the best of my knowledge.*

**To complete and sign the declaration form, log in to your Aprio user account and click on the COI declaration form located in the meeting package. Click on the pen icon, locate your name on the list and click 'sign'. Indicate your vote (thumbs up = no conflict / thumbs down = conflict), input your Aprio password and click 'sign' to register your vote.*



The screenshot shows the 'Signatures' section of the Aprio interface. At the top, there are icons for chat, editing (7), information, and refresh (6). Below this are 'Add Contact' and 'Add Group' buttons. A navigation bar includes 'E-Mail' and 'Summary Report'. The main area is a table with columns for Name, Vote, and Signature.

Name	Vote	Signature
Falkenburger, Jo Anne	Unsigned	
Fournier, Amy	Unsigned	Sign
Team, Client Relations	Unsigned	
Team, Professional Conduct	Unsigned	
Team, QA	Unsigned	

WORKSHEET: Conflict of Interest

What is a conflict of interest?

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

Self-screening Questions

Not sure if you are in a conflict of interest? In assessing for conflicts of interest, know that each situation will vary and have its own specific context. Consider the following questions & examples:



Financial interest

Do you stand to be affected financially by the outcome of this decision?

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

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



Personal or professional relationship

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

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

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



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

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

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



Emotional bias

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

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

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



Interests of Related Persons

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

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

Example: An Inquiries, Complaints and Reports Committee panel is considering a complaint by a firefighter. One panel member's spouse is

also a firefighter. Assuming there is no emotional bias, the profession of the panel member's spouse would not reasonably be seen as interfering with the panel member's duties. They do not declare a conflict of interest.



Threshold analysis

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

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

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

Process for Considering & Declaring Conflicts of Interest

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



Staff pre-screening

- Staff will pre-screen agenda items for obvious conflicts of interest on the part of Council, committee or panel members.
 - If a conflict is identified staff will alert the Chair and materials will not be sent to the conflicted member.
 - The matter will either be assigned to a different panel, or the conflicted member will be alerted in advance that they will not be present for the entire meeting.
-



Council, committee or panel member self-screening

- Go through the above self-screening.
 - If a concern is identified that does not rise to the threshold of a conflict of interest, consider making a courtesy declaration at the meeting to reassure the Council, committee or panel that you have considered the issue.
 - If unsure, consult with staff, legal counsel or the Chair. It is preferable to consult with staff or legal counsel before the Chair to avoid the risk of tainting the Chair.
 - In close cases, consider the potential benefit of declaring a conflict to avoid later disputes about whether or not there was a conflict of interest.
 - If you identify a conflict of interest, do not review the meeting materials further and securely delete them. Alert the Chair and support staff in advance of the meeting. Always declare in a general manner so as not to cause emotional bias on the listener's part.
 - Subsequently, declare the conflict at the meeting itself. Do not take part in or attempt to influence the deliberation and leave the room while deliberation is taking place. The general nature of conflict will be recorded in the minutes.
-



Council, committee or panel discussion of possible conflicts of interest

- Occasionally, you may become aware that another member may have a conflict. If that member does not declare a conflict, or if they are unsure, all members are responsible at the meeting for raising the concern and discussing whether it constitutes a conflict of interest.
- In rare cases of disagreement, a majority of those present can vote to find there is a conflict and exclude the conflicted member from considering the matter.

- Post Meeting Conduct: After recusing yourself on a matter, use professional discretion and avoid revisiting the issue with colleagues, even if the decision is on the public register or you have seen the meeting minutes.¹

¹ Council minutes are public documents (aside from in camera portions). Regarding committee and panel minutes, normally it will not be considered that viewing minutes by a panel member who has declared a conflict poses a risk of improperly affecting the College's decision. However, occasionally confidentiality and risk management may require that panel minutes not be viewed by a member who has declared a conflict of interest.

Briefing Note for Council

Meeting Date:	May 13, 2021
Agenda Item #	4
Issue:	College Performance Measurement Framework: By-law changes
Attachments:	CRPO Council Orientation Modules Council Orientation Quiz Sample Competency self-assessment
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	M. Piro

Purpose & Public Interest Rationale:

The public interest requires that Council members have the competencies to govern the College effectively. While to some extent these competencies will develop while a Council member is serving in their role, some level needs to be held prior to taking on the position. The public interest also requires Council candidates not to be in a conflict of interest that would prevent them from effectively serving as a Council member.

Background:

The Ministry of Health's College Performance Measurement Framework (CPMF)¹ expects that:

- 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.²

The CPMF also has expectations for statutory committee members³ and public Council members.⁴ As these measures relate to other positions where there is no election mechanism,⁵ they will be addressed by CRPO separately.

To date, CRPO has been requiring elected Council members, *after they are elected*, to complete orientation and training about the role. It is proposed that this practice be adjusted so that Council candidates must complete some training modules *before running for election*.

¹ [CPMF Reporting Tool 2020](#).

² Domain 1, Standard 1, Measure 1.

³ Domain 1, Standard 1, Measure 1, “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.

⁴ Domain 1, Standard 1, Measure 1, “c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.”

⁵ With the exception of the Executive Committee.

To date, CRPO has developed Council competency criteria and plans to implement annual evaluation. It is proposed that some aspect of Council competency criteria be applied before a candidate runs for election.

The CPMF also requires that: “The College enforces cooling off periods”. A footnote in the CPMF explains, “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.”

Currently, CRPO’s by-law article 10.04(viii), requires an elected Council member to resign any responsible position with a professional association before taking office as a Council member. This means an individual could immediately transition from, for example, President or board member of a psychotherapy professional association, into the role of a CRPO Council member, with no pause in between. This could lead to an actual or perceived conflict of interest. Specifically, it could be actual or perceived that the individual would approach their Council role with advocacy on behalf of the profession in mind.

It is proposed that Council consider a cooling off period to mitigate this risk. Executive Committee arrived at a consensus of a proposed one-year cooling off period. This matches the current by-law prohibiting College employees (assuming they are an RP) from serving on Council within 12 months of the end of their employment. It also falls within the range of cooling off periods at other RHPA colleges, for example:

- College of Nurses of Ontario: Cannot serve both roles at same time, but no cooling off period.
- College of Psychologists of Ontario: Cannot serve both roles at same time, but no cooling off period.
- College of Physicians and Surgeons of Ontario: 1 year
- College of Occupational Therapists of Ontario: 3 years

Key Considerations:

Council should consider taking an incremental approach. For example, the content and delivery platform of the orientation could evolve over time. Likewise, at first Council can allow candidates to self-screen whether they possess the necessary competencies. In the future Council can build on those requirements by having a more rigorous screening process. Finally, a one-year cooling off period after serving with a professional association is a compromise between risking a conflict of interest if the period is too short, and reducing the pool of Council candidates if the period is too long.

It is also important to respect the election framework. There is a risk that an overly extensive screening process or lengthy cooling off period could cause confusion among registrants or raise allegations of unfairness.

Attached is the proposed content of the pre-nomination module and a sample quiz question. This can be built upon in the future. Also attached is a competency self-evaluation tool that will be adapted into a self-screening tool for potential Council candidates.

Regarding the quiz, a process similar to the jurisprudence module is proposed. Namely, feedback is provided on correct and incorrect answers. If a candidate’s score is low (<50% correct), the candidate will be requested to reflect on and modify the specific answers they answered incorrectly.

Recommendations:

Staff recommends three initiatives to implement the above CPMF measure regarding Council candidate eligibility.

The first is a Council competency self-assessment form that a candidate is required to complete and submit to the College as part of their nomination package. The self-assessment would allow potential candidates to decide for themselves whether they feel prepared to run for Council. It would also communicate to them CRPO's expectations. It would allow CRPO to have a sense of incoming Council members' qualities. As an incremental measure, the self-assessment would not be used substantively to refuse a candidate, though this could be implemented with due care in the future.

The second recommended initiative is an online training module for would-be candidates. Like the jurisprudence module, it would be a low-stakes adult educational activity containing question sets. Council candidates would be required to complete it prior to nomination. Much like the jurisprudence module, the by-law would use language allowing Council to set or approve the training. This would allow Council to make substantive changes to the training without having to amend the by-laws. Minor edits or additions could be made to the training without seeking Council approval.

It is proposed that in addition to new Council candidates, current and past Council members would need to complete the module before they could nominate themselves for (re-)election. Once a candidate has completed the module, they do not need to complete it again for future re-election nominations, unless Council has specifically changed the module for all candidates. There will be additional and ongoing Council training as part of CRPO policy.

The third recommended initiative is a one-year cooling off period after serving in a responsible position with a psychotherapy professional association, before running for Council.

The RHPA does not require a public consultation for proposed by-law amendments of this nature. However, it is advisable to hold one for transparency and buy-in.

Proposed Motion:

Council agrees to circulate, for public consultation, the following proposed amendments to the College by-laws, as indicated below by track changes:

“10.04 – Eligibility for Election

A Member is eligible for election to Council if the Member has been nominated in accordance with the by-laws, has completed and returned the conflict of interest [and Council competency questionnaires](#) and if...”

“10.11 – Conflict of Interest [and Council Competency](#) Questionnaires

The Registrar shall request every nominee to complete and return a conflict of interest [questionnaire and a Council competency questionnaire](#), and any nominee who fails to complete and return the [questionnaires](#) in the form and by the deadline set by the Registrar shall not be eligible for election.”

“10.14 – Acclamation

If, following the deadline for the return of the conflict of interest [and Council competency questionnaires](#) and the written confirmation of eligibility, the Registrar determines that the number of eligible candidates nominated for a position or positions for an electoral district is less than or equal to the number of members of Council to be elected for a position or positions in that district, the Registrar shall declare those candidates who are eligible for election to the position or positions to be elected by acclamation and shall notify the candidates and the membership of this result in the manner the Registrar deems most expedient and practical.”

“[10.095 Council Role Orientation](#)

[No Member is eligible for election as a member of Council unless they have completed the candidate orientation course that was set or approved by Council.](#)”

“(viii) the Member has ~~agreed to resign~~[ed, no less than one year before the date of the election,](#) any responsible position such as director, board member, officer or employee that the Member holds with a Professional Association relating to psychotherapy, ~~by completing and returning the conflict of interest questionnaire, and if elected, to resign any such position before taking office as a Council member;~~”

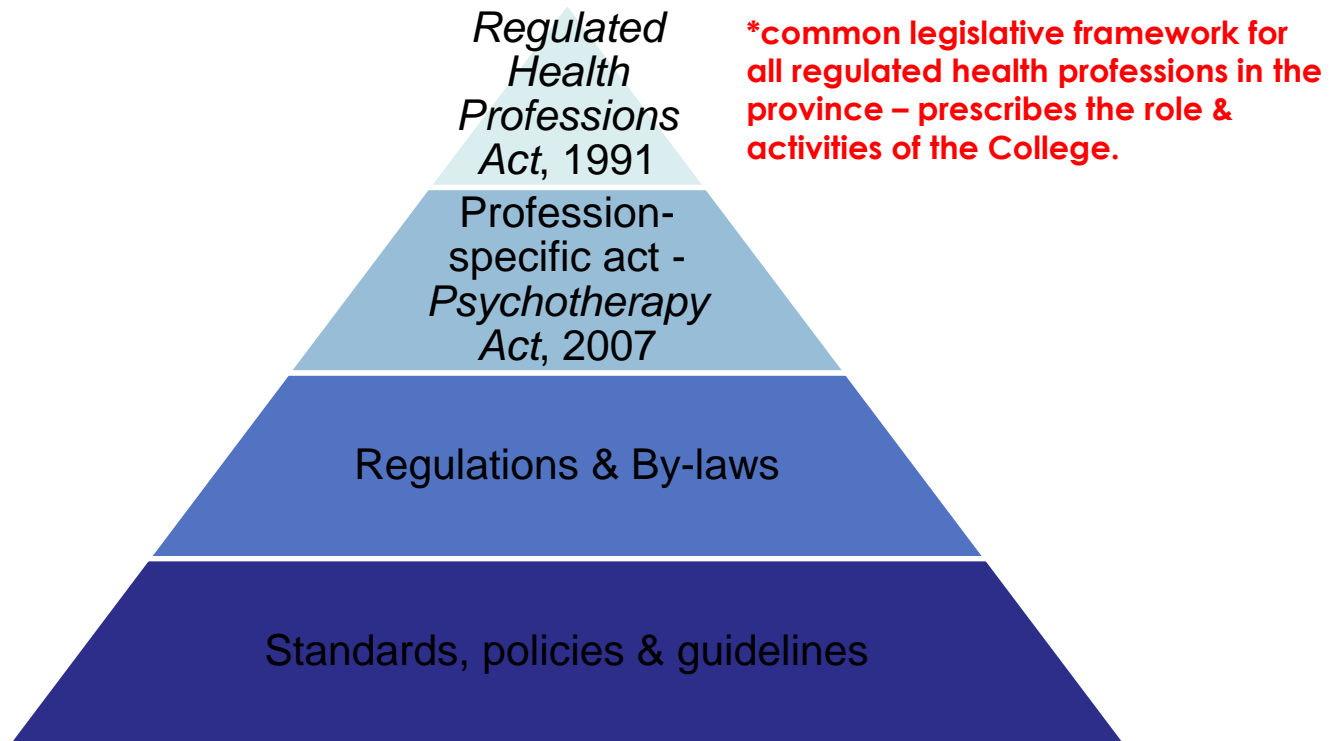


Council Orientation

Everything You Need to Know About Being a CRPO
Council Member

Part I: Legislation

Legislation



Regulated Health Professions Act

The Regulated Health Professions Act sets out the governing framework for the regulated health professions in Ontario.

Regulated Health Professions Act

There are currently 26 regulatory health colleges that regulate 29 distinct professions – that's over 300,000 health care professionals in Ontario.

Regulated Health Professions Act

Major **themes** in the Regulated Health Professions Act include:

- Accountable to public interest
- Public access
- Client choice
- Eradication of sexual abuse
- Equity
- Proactive regulation

Regulated Health Professions Act

The overall **mandate** of the health regulatory colleges as prescribed by the RHPA:

The duty to serve
and protect the
public interest

Regulated Health Professions Act

RHPA also lays out eleven specific objects for each college in carrying out this duty, which we will summarize into five broader objectives:

Regulated Health Professions Act

- Comply with & administer the RHPA and Code
- Develop, establish & maintain standards of practice
- Develop programs to promote continuing evaluation, competence and improvement
- Develop programs to assist individuals to exercise their rights under the RHPA and the Code
- Collaborate with other Colleges to promote interprofessional collaboration

Regulated Health Professions Act

The RHPA has a high level of accountability.

This includes:

- Structural (i.e., public members)
- Political (Minister of Health)
- Internal (governance processes)
- External review of individual decisions (i.e., Health Professions Appeal & Review Board)
- Program scrutiny (i.e., by the Office of the Fairness Commissioner)
- The profession
- The public

Health Professions Procedural Code

The Health Professions Procedural Code (“the Code”) is Schedule 2 of the RHPA.

The Code defines a set of rules that all regulatory health colleges must follow in relation to registering registrants, investigating complaints, disciplining members and components of the quality assurance program.

Psychotherapy Act, 2007

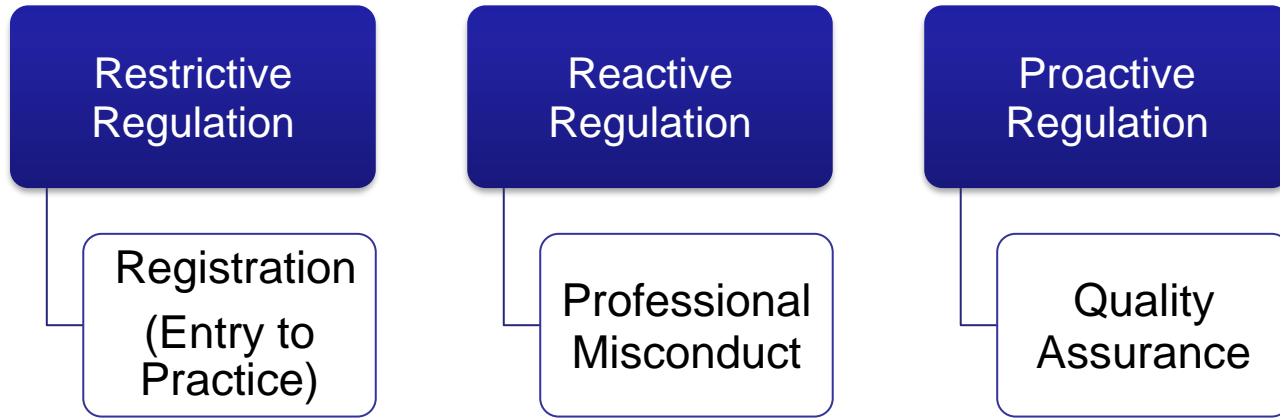
- Provisions that are specific to the practice of psychotherapy
- With this Act, the profession became a regulated health profession in the province of Ontario

Psychotherapy Act, 2007

On December 30, 2017, the government of Ontario proclaimed into force the **controlled act of psychotherapy**.

Controlled acts are particularly high-risk acts that can cause harm if performed by unqualified persons. Other controlled acts include communicating a diagnosis, prescribing drugs, managing labour. RPs only have access to the controlled act of psychotherapy.

Psychotherapy Act Regulations



Professional Misconduct

The Professional Misconduct Regulation provides a list of acts that are considered professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code (schedule 2 of the RHPA).

There are 55 acts of professional misconduct noted in the regulation.



Quality Assurance

All registrants of the profession are required to participate in the Quality Assurance Program.

The Quality Assurance Regulation defines the goals and components of the program.



Quality Assurance

Part of the College's mandate is to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the registrants.

Quality Assurance

As such, the Quality Assurance program focuses on:

- Excellence instead of minimum standards
- Systemic change, emerging trends in the profession
- Being supportive rather than punitive
- Remediating issues to improve quality of practice

Quality Assurance

There are three components in CRPO's Quality Assurance program:

- Professional Development
- Peer & Practice Review (review of registrants' practices by a trained peer assessor)
- Professional Improvement (participation in a remediation program, as deemed necessary by the QA Committee)

Registration

The Registration Regulation defines the requirements that an applicant must meet to be issued a certificate of registration with the CRPO.

The regulation also defines criteria for suspensions, revocations and reinstatement of CRPO registration.



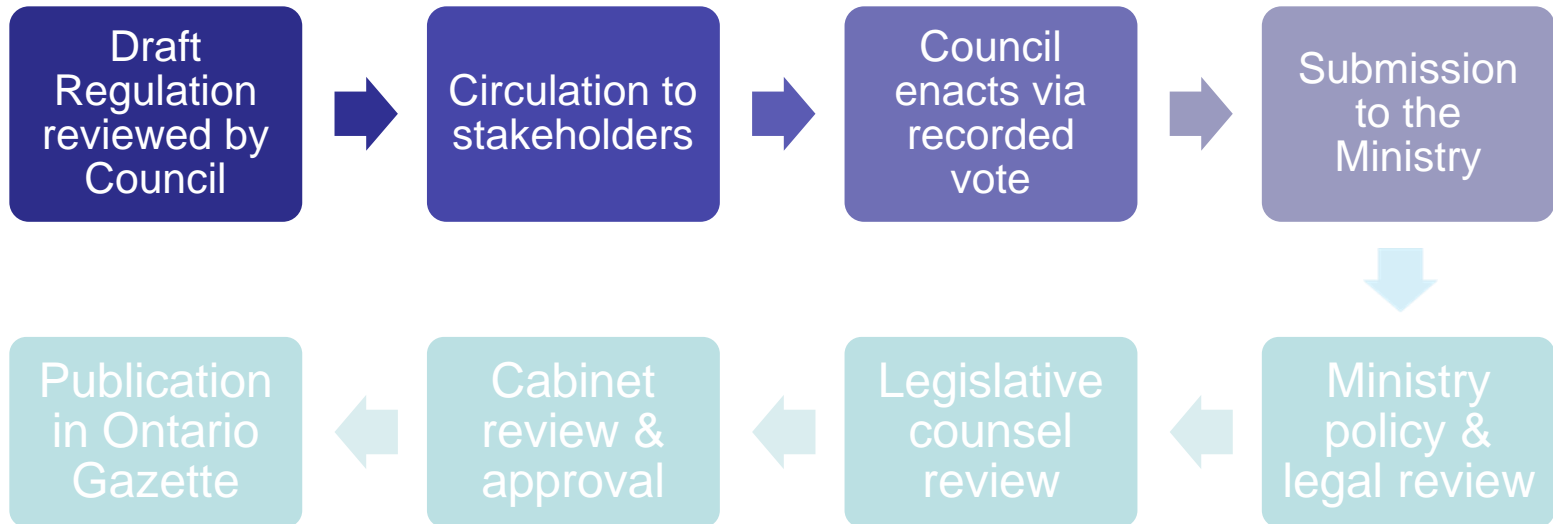
Registration

The Registration Regulation provided a grandparenting route that would allow experienced practitioners already working prior to the existence of the CRPO to have their experience recognized.

As of April 2017, all registrations are completed through the regular route process.

Regulation-making process

Regulation making is a lengthy process and can take months or years to be approved by Cabinet. Here's a snapshot of the process.



By-laws

Most by-laws deal with internal and administrative matters, e.g., elections, fees, committee composition, public register.



- Not all by-laws require circulation to registrants and stakeholders
- Ministry approval is not required

Standards, Policies & Guidelines

- Do not have the force of law.
- Do not require approval by provincial Cabinet.
- Cannot demand compliance, except to the extent that they are incorporated into a regulation.
- Purpose of standards, policies and guidelines is to provide direction.



Council Orientation

Everything You Need to Know About Being a CRPO
Council Member

Part II: Governance Roles & Structures

How the College Regulates

CRPO Council makes decisions that affect how psychotherapists practise and are regulated in the province of Ontario, with a focus on the public interest.



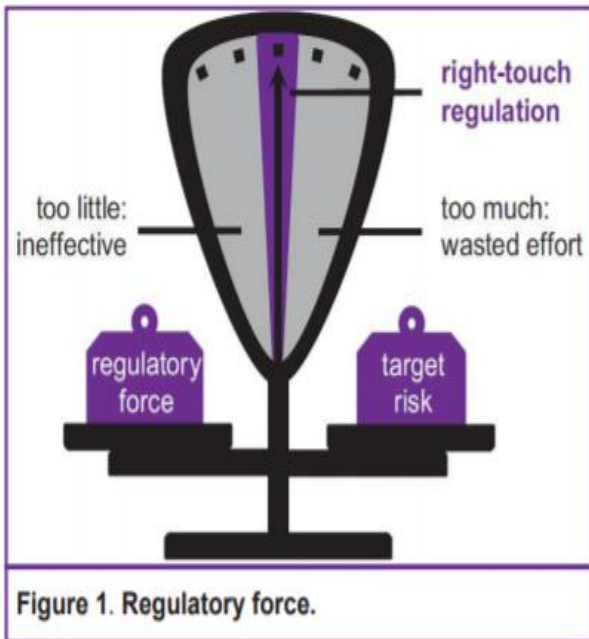
How the College Regulates

As noted in the previous module regarding the RHPA & the Code, regulatory colleges must follow a prescribed set of rules in relation to:

- Developing, establishing and maintaining registration and renewal requirements
- Developing professional practice standards
- Ensuring ongoing competence of registrants through the Quality Assurance Program
- Investigating and addressing all complaints made against registered members

Right Touch Approach

The CRPO has adopted the right touch approach to regulation – understanding the problem before jumping to a conclusion.



“... the minimum regulatory force required to achieve the desired result.”

The Professional
Standards Authority, UK

Right Touch Approach

The right touch approach to regulation was developed in the UK by the Professional Standards Authority. Under this approach, the role of professional regulation means working in the public interest when it supports professionalism and allows it to flourish.

It does this:

- through promotion of standards of competence and conduct
- by taking action where these standards are breached
- through quality assuring education
- does not seek to address all aspects of risk
- cannot prevent every possible thing that could go wrong
- over-regulation can give a false level of assurance and lead to increased risk

Right Touch Approach

Right-touch regulation forces us to be certain that the costs of regulation are worth the benefits they also bring.

- Identify the problem before the solution
- Quantify and qualify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change

Council & Staff

The Registrar, partnered with Council, ensures that the College's mission, vision and strategic plan are implemented and ensures that the College's mandate of public protection is being fulfilled.

Council & Staff

- The Registrar is Council's official link to the day-to-day operations of the College and its staff. The performance of the Registrar is synonymous with Council's performance.
- Registrar is the Council's only employee.
- It is the role of the Registrar to effectively manage staff to deliver the objectives of Council.

Council & Staff

When performing statutory functions, as noted in the Health Professions Procedural Code and the Psychotherapy Act, the Registrar acts independently (e.g. launching a Registrar's investigation)

Role of Council

Council's role is to provide strategic direction, manage risk and provide an oversight role.

Fiduciary Duty

Council members have the duty to act **honestly**, in **good faith** and with a view to the **best interests** of the Council.

With that comes the responsibility to act in the best interests of the College.

Fiduciary Duty

This includes being prepared!

- reviewing meeting materials
- identifying anything that is missing
- identifying and considering issues
- Participating in discussion
- Voting on motions



Code of Conduct

Council members must act respectfully with courtesy and civility. The Code of Conduct is included in the [CRPO by-laws](#).

Includes:

- Paying attention (e.g., mobile devices) and being prepared
- Require genuine listening and consideration
- Do not make up mind before arriving
- Preserving confidentiality
- Declaring any conflicts of interest

Code of Conduct

Ethical behavior expected of Council members

- Must not be subject to inappropriate influence (e.g. lobbying by professional organizations)
- Must not attempt to inappropriately influence decisions (e.g. approaching staff, committee or panel members)
- Post-decision discussions with others is high risk behavior (e.g. unfair characterization of reasons for decision)

Conflict of Interest

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

Conflict of Interest

Declaring a conflict of interest may result in influencing the way other panel, committee or Council members will consider the matter and could result in an unfair decision.

The other panel, committee or Council members may feel 'tainted' or unable to render a decision starting with an open mind.

Conflict of Interest

1. Staff pre-screening

Prior to deliberations, staff reviews files to determine if a conflict exists.

Conflict of Interest

2. Self-reflection

Ask yourself:

- Because of my position, should I be involved in this discussion?
- Because of my relationship with X, should I be involved in this discussion?
- Because of my position, should I be saying this?

If your answer is no, you may wish to continue with a courtesy declaration to support staff.

Conflict of Interest

3. Consult staff or legal counsel

If you are unsure, inform support staff prior to the meeting with a generic 'heads-up'. They will consult with legal counsel, if necessary. This lessens the risk of 'tainting' other decision-makers.

Conflict of Interest

4. Disclose conflict to Chair

If there is any doubt about whether the Council member may have or be perceived to have a conflict, prior to any consideration of the matter, declare the potential conflict to the Chair, or if not possible in the circumstances, the Council, Committee or panel, and accept Council's or the Committee's direction as to whether there is an appearance of a conflict.

Conflict of Interest

If a conflict of interest is determined to exist, the general nature will be recorded in minutes, if reasonably possible in the circumstances.

The member with the conflict will not take part in the decision and must excuse themselves from the meeting during discussion. They must also be mindful to not do anything that might be perceived as attempting to influence others.



Council Orientation

Everything You Need to Know About Being a CRPO
Council Member

Part III: Committees

Role of Committees

The Health Professions Procedural Code sets out the **practical rules** for the colleges regarding things like registering registrants, handling complaints, Quality Assurance Program, etc.

That's where statutory committees come in...

Role of Committees

The RHPA states that every regulatory health college must have the following committees:

1. Client Relations (also called Patient Relations)
2. Discipline
3. Executive
4. Fitness to Practise
5. Inquiries, Complaints & Reports
6. Quality Assurance
7. Registration

Role of Committees

CRPO also has two standing (non-statutory) committees:

1. Examination
2. Nominations & Elections

Role of Committees



The role of committees is to develop policies and provide practical application & case level decision-making

Role of Committees

- The work of committees is independent of Council.
- Each committee has between 5-10 members. These members also sit on Council.
- The committee terms of reference identify the scope & limitations of each committee.
- Committees report statistics to Council but do not provide detail on how decisions are made regarding individual cases.

Executive Committee

The Executive Committee provides leadership to Council and promotes excellence in governance. Members of this committee are elected by Council.



Registration Committee

The Registration Committee develops policy related to registration and provides direction regarding the College's registration processes.

Entry to practice is a crucial component of public protection.



Registration Committee

The CRPO has a duty to ensure that registration practices are transparent, objective, impartial and fair:

- Clear & complete information available for applicants
- Making timely decisions and providing reasons
- Facilitating an appeals process

Examination Committee

The Examination Committee considers appeals regarding failure of the Registration Examination, where there are alleged grounds of unfairness or other extenuating circumstances.

Inquiries, Complaints & Reports Committee



The Inquiries, Complaints and Reports Committee (ICRC) sets College policy with regard to complaints, mandatory reports, Registrar's investigations and inquiries regarding a member's capacity to practise the profession.

Inquiries, Complaints & Reports Committee

ICRC handles registrant-specific concerns:

- Professional misconduct
- Incompetence (unskilled)
- Incapacity (impaired)

ICRC is a screening committee & does not make findings.

Discipline Committee

The Discipline Committee conducts public hearings where they consider serious allegations regarding an RP's practice. Cases are referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee.

All members of Council are appointed to the Discipline Committee and all hearings are open to the public, with limited exceptions.

Fitness to Practise Committee

The Fitness to Practise (FTP) Committee conducts hearings in accordance with the RHPA related to allegations concerning an RP's capacity to practise the profession. It also sets policy and procedure relating to the fitness to practise process.

All members of Council are appointed to FTP.

Quality Assurance Committee

The Quality Assurance Committee (QAC) develops policy to promote ongoing competence and quality improvement of registrants and monitors registrant participation in the Quality Assurance Program.

Quality Assurance Committee



Proactive



Supportive



Focus on excellence rather than “minimum standards”

Client Relations Committee

The Client Relations Committee (CRC) sets policy on the prevention of sexual abuse by registrants of the College and administers a therapy and counselling fund for client victims of sexual abuse.

Client Relations Committee

CRC also assists in the development of:

- Sexual abuse prevention plan
- Council & staff training
- Public education of boundaries and rights

This ensures that staff and Council are well-equipped and informed in how to support individuals who bring forward allegations of sex abuse.

Nominations & Elections Committee

The Nominations and Elections Committee assists the Registrar in supervising and administering CRPO's Council election process, and addresses election-related disputes.

All election procedures are defined in the CRPO by-laws.

Nominations & Elections Committee



The committee may also seek out and encourage registrants of the College to consider running for a position on Council.

Panels

Panels are required to review specific cases or matters.

E.g. registration applications that do not clearly meet the registration requirements are referred to a panel of the Registration Committee for a third-level review.

Panels

Several CRPO committees regularly hold panels throughout the year:

- Registration
- ICRC
- Quality Assurance
- Examination
- Client Relations

Panels

The RHPA dictates the minimum panel composition requirements (e.g., three people, at least one public member and one elected professional member).



Panels

Professional members bring their clinical perspective and experience to the process and work with the other panel members to ensure that decisions are fair and appropriate.

Panels

Panels have specific tools in their toolbox – panel outcomes that they have the legislative authority to order. These ‘tools’ or dispositions can be found in the Health Professions Procedural Code (schedule 2 of the RHPA).

Panels

ICRC panels may order the following:

- Take no action
- Issuing written advice to the RP
- Requesting the RP to enter into a remedial agreement with the CRPO (e.g. submit a reflection paper)

Panels

ICRC panels may order the following:

- Directing the RP to participate in specified continuing education or remediation programs (SCERPs)
- Directing the RP to attend the CRPO office (or appear virtually) to receive an in-person caution

Panels

ICRC panels may order the following:

- Requesting the RP to sign an Acknowledgment & Undertaking to voluntarily restrict practice
- Refer the RP to Discipline
- Refer the matter to incapacity proceedings

Panels

Registration panels may order the following:

- Directing that the applicant be issued a Certificate of Registration;
- Directing that a Certificate of Registration be issued if the applicant successfully complete examinations set or approved by the panel;
- Directing that a Certificate of Registration be issued if the applicant successfully complete additional training specified by the panel;

Panels

Registration panels may order the following:

- Directing that specified terms, conditions or limitations be applied to the applicant's Certificate of Registration and specifying that a limitation on the applicant's right to apply under subsection 19 (1) of the Health Professions Procedural Code (application for variation) be imposed; or
- Directing that the applicant's application be refused.

Panels

Quality Assurance panels may order the following:

- Require a registrant to participate in specified continuing education or remediation programs (if the registrant's knowledge, skill & judgement has been assessed by a CRPO-appointed peer assessor and found to be unsatisfactory);

Panels

Quality Assurance panels may order the following:

- Directing the Registrar to impose terms, conditions or limitations for a specified period on the certificate of registration of a registrant,
- Directing the Registrar to remove terms, conditions or limitations before the end of the specified period

Panels

Quality Assurance panels may order the following:

- Disclose the name of the registrant and allegations against the registrant to ICRC if the QA Committee is of the opinion that the registrant committed an act of professional misconduct or may be incompetent or incapacitated.



Council Orientation

Everything You Need to Know About Being a CRPO
Council Member

Part IV: Panels

Panel Competencies

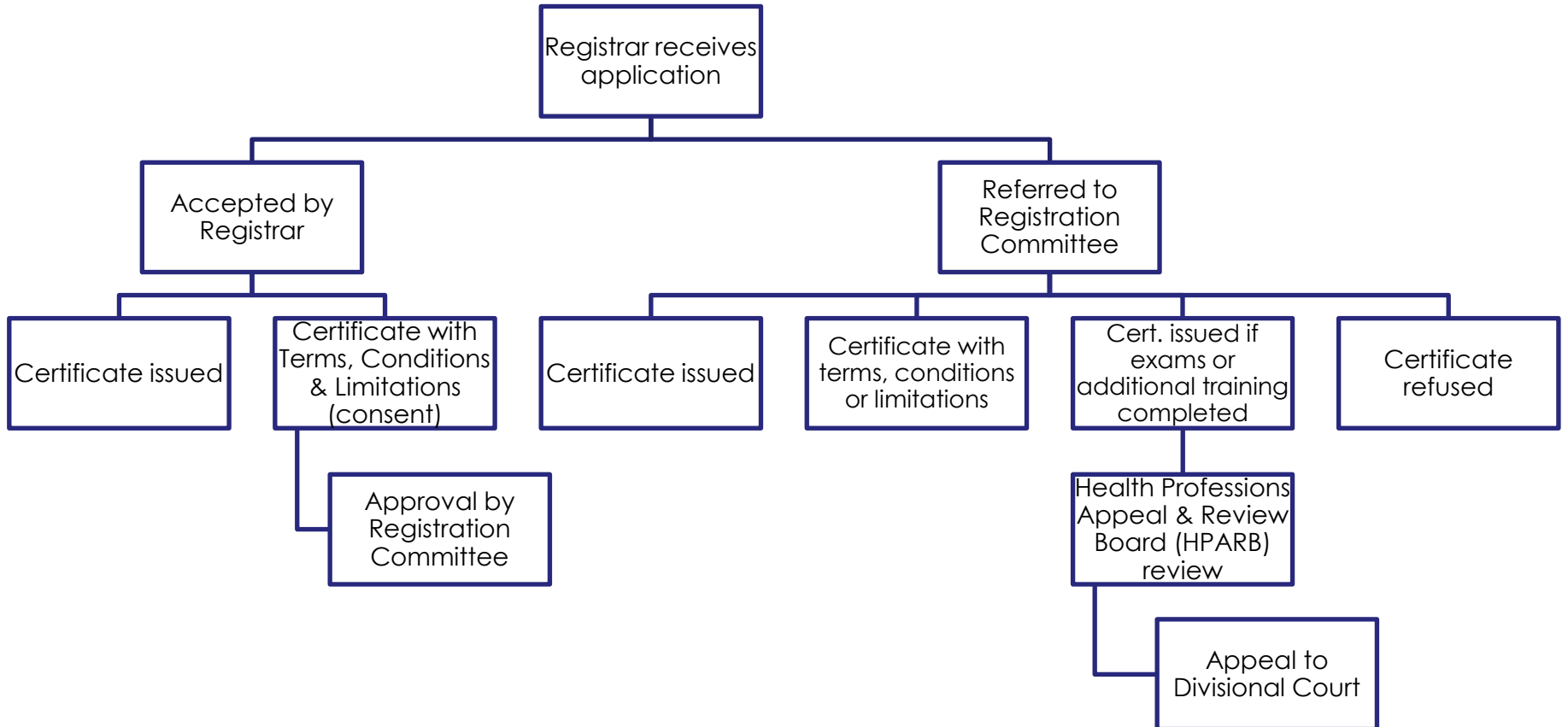
- Fiduciary responsibilities
- Conflict of interest
- Bias
- Right-touch principles
- Legislative interpretation and sources of authority
- Finding fact and managing evidence
- Clear and adequate reasons
- Enforceable decisions

Panel Decision-making Process

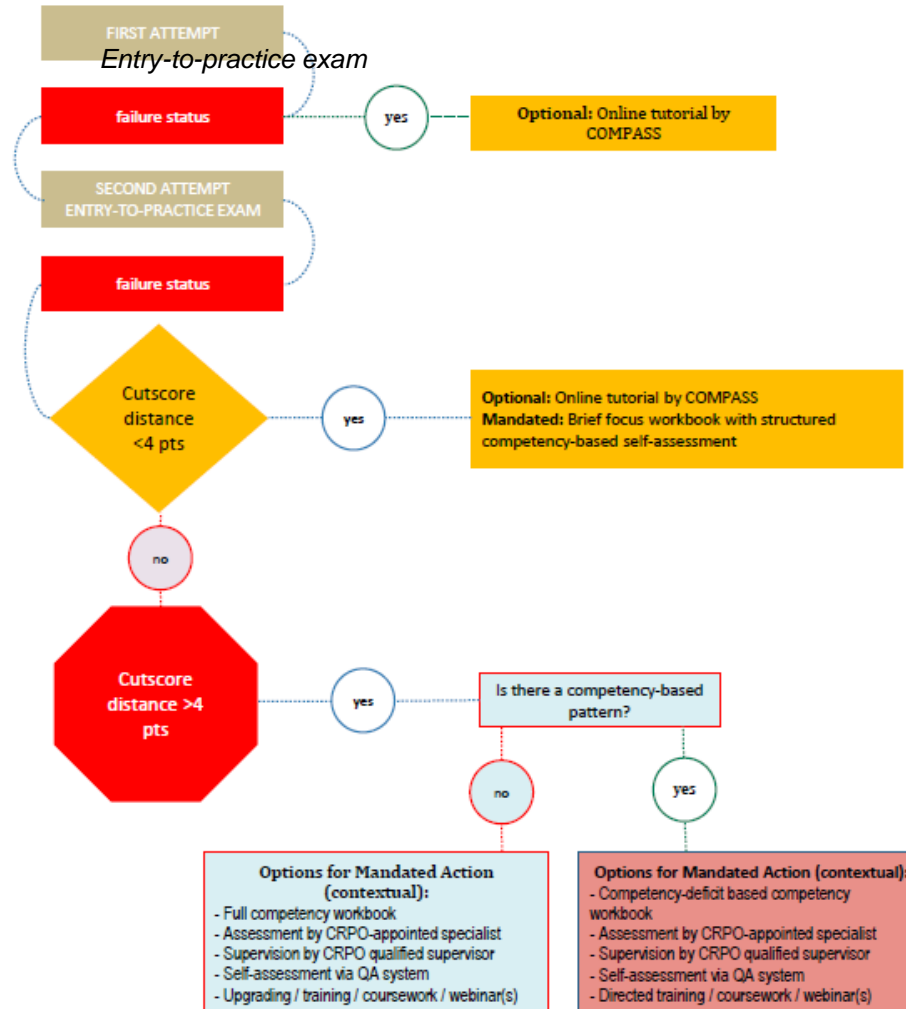
Registration, Exam, QA and ICRC



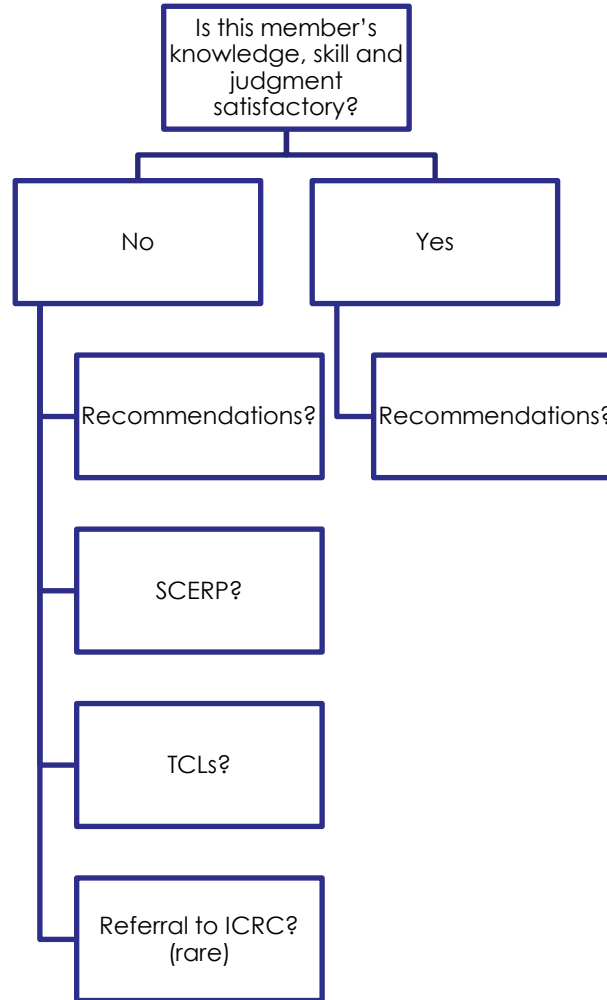
Decision-making: Registration



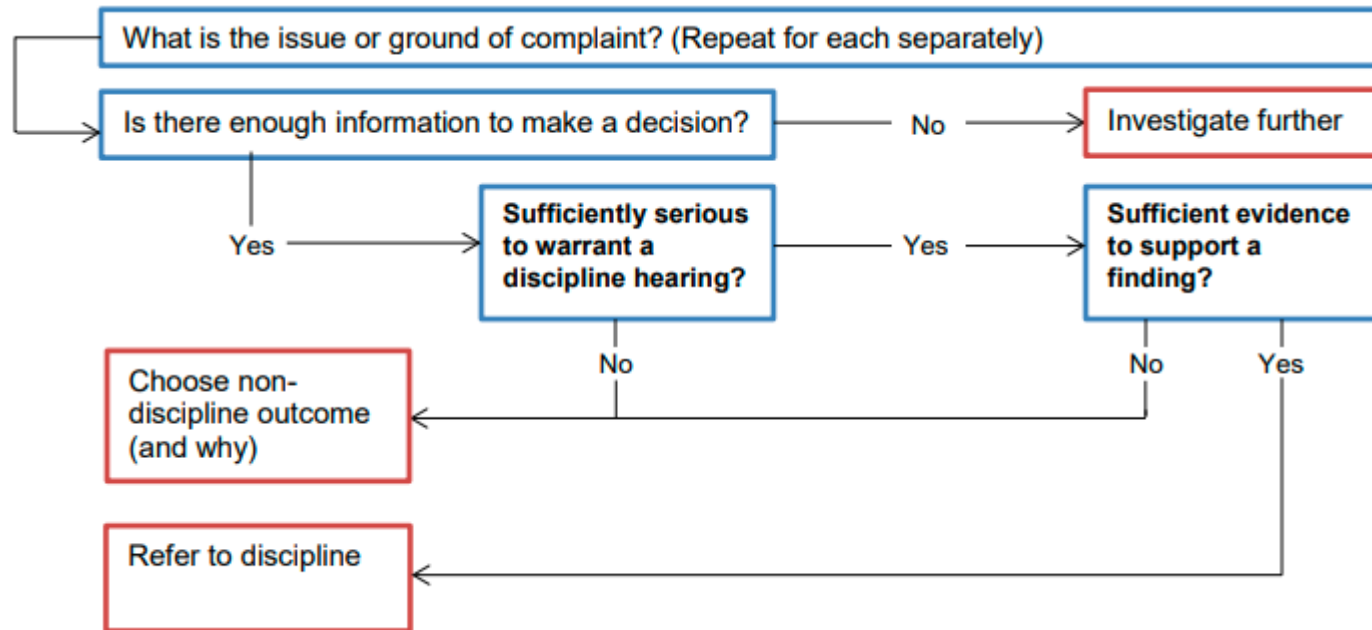
Decision-making: Examination



Decision-making: Quality Assurance



Decision-making: Inquiries, Complaints & Reports



Dispositions

Registration Committee:

- Register
- Decline to register
- Register with TCL

Examination Committee:

- Grant appeal
 - Nullify last attempt
 - Waive registration fee
- Specify “further education”

Quality Assurance Committee:

- Remediation
 - Recommended
 - Required

Dispositions: TCLs

Specified terms, conditions or limitations (TCLs) that can be applied to a registrant's Certificate of Registration.

What is a TCL?

- Restriction on member's practice
- Posted on public register
- TCL ≠ substitute for meeting a non-exemptible requirement
- Is TCL necessary to protect public interest?

Considerations when ordering a TCL:

- how will registrant comply, how long will TCL be in place, who determines successful completion, who pays, etc.

Dispositions: ICRC

Outcome	Risk
Take no action	None/minimal
Issue written advice	Low
Remedial agreement	Low
Specified Continuing Education & Remediation Plan (SCERP)	Medium
In-person caution	Medium
Undertakings	Medium-high
Referral to Discipline Committee	High
Incapacity inquiries	n/a



Basic Principles of Adjudication



Basic Principles of Adjudication

Stay in your lane!

Be aware of your roles & responsibilities as a panel member. This includes:

- ensuring public perspective and the public protection mandate guides decision-making
- ensuring compliance with mandate set out in the RHPA and any other relevant legislation
- reducing the risk of harm to the public & the organization

Basic Principles of Adjudication

- Jurisdiction
 - Legal boundary between what a tribunal (e.g. panel) can and cannot do (see: Health Professions Procedural Code)
- Procedural Fairness
 - Providing notice, the opportunity to respond and providing reasons
- Discretion
 - E.g. providing extensions re: response time

DO	DON'T
<ul style="list-style-type: none"> • Come prepared for meetings/ test technology in advance 	<ul style="list-style-type: none"> • Investigate on your own
<ul style="list-style-type: none"> • Review reference materials on Aprio and website 	<ul style="list-style-type: none"> • Interrupt your peers
<ul style="list-style-type: none"> • Declare any conflict or <u>perceived</u> conflict of interest to staff 	<ul style="list-style-type: none"> • Discuss cases on breaks
<ul style="list-style-type: none"> • Ask questions through the Chair 	<ul style="list-style-type: none"> • Discuss the nature of any conflict of interest in meetings
<ul style="list-style-type: none"> • Keep all committee & panel materials confidential and secure 	<ul style="list-style-type: none"> • Discuss cases with friends, family, colleagues or other Council & committee members
<ul style="list-style-type: none"> • Use the public protection mandate to guide your contribution to all panel deliberations (e.g. How does this protect the public? Is there a risk of harm?) 	<ul style="list-style-type: none"> • Arrive at a meeting with your mind already made up. Be prepared to listen to discussions and have your decision informed by it

Tips for Reviewing Panel Materials & Participating in the Panel

Panel materials can be complex and lengthy. Here are some tips to help you navigate the panel package to effectively participate in discussion and make sound decisions.

Step 1: Reviewing Panel Materials



Read the package in the order it is presented



Pay attention to detail – take your time, ask questions & take notes

Step 1: Reviewing Panel Materials



Think critically

- identify patterns, facts, and details to render a thoughtful decision
- Evaluate the information you receive in your package – is there enough to support a decision?
- Identify any biases – whether it be your own biases or biases that you come across in the panel materials
- Consider all arguments

Step 1: Reviewing Panel Materials



Use reading comprehension strategies:

- Find the main issue, important facts, and supporting details then summarize
- Use your prior knowledge to help you analyze the materials by bridging old and new knowledge

Step 2: Panel Meeting Participation



Be present and attentive – actively listen to your peers

- Keep an open mind – don't jump to conclusions
- Remain neutral and non-judgemental
- Ask for clarification, if needed

Step 3: Deliberation Process



- Panel Chair leads the discussion
- Go through the decision tree
- Decisions made by majority – each panel member has equal vote

Step 3: Deliberation Process

Considerations:

- If the panel requires more information – consider timeliness and fairness to applicant/registrant/complainant
- Panels are not bound by previous decisions – each case must be decided on its own facts
 - Remember: an important principle of fairness is to treat cases alike

Step 4: Decisions & Reasons

Explain the **why** and **why not** for each issue

Analyze and **explain** why the panel reached that **decision**, provide **examples** if possible (not just conclusions)

Step 4: Decisions & Reasons

Why do we need reasons?

- Reasons are required in ICRC and Registration panels in accordance with the Health Professions Procedural Code.
- Clearly documented reasons provide rationale for the decision, which can be useful if the decision is appealed
- Enhances fairness and transparency
- Can improve the quality of decisions

Appeals

If the applicant/registrant or complainant disagrees with the outcomes of a Registration or Inquiries, Complaints and Reports panel decision, the decision can be appealed via the **Health Professions Appeal and Review Board (HPARB)**.

Appeals

What is HPARB?

- independent adjudicative agency
- independent of government
- Board members are not government of Ontario employees
- not allowed to be or to have ever been members of a regulated health profession or Health College
- Board members are appointed by the Lieutenant Governor-in-Council
- powers and processes are specified in the *Regulated Health Professions Act, 1991*

Appeals

When filing an appeal, the party requesting the appeal may choose whether they would like to proceed with a *review* or a *hearing*.

Review	Hearing
Paper process	Court-like proceedings
Neither party attends in person	College & party requesting appeal must present their own cases
Faster	Parties involved may have legal representation
Less formal	Parties involved must introduce their own evidence & may call witnesses to testify
	Hearings are public

Appeals

What can HPARB decide?

For **Registration** appeals:

- Confirm the Registration Committee's order or proposed decision;
- Require the College to issue a certificate of registration or licence to the applicant upon successful completion of any examinations or training the Registration Committee may specify;

Appeals

What can HPARB decide?

For **Registration** appeals:

- Require the Committee to issue a certificate of registration or licence to the applicant, with any terms, conditions and limitations the Board considers appropriate (if the applicant qualifies for registration and if the Registration Committee is determined to have exercised its powers improperly); or to
- Refer the matter back to the Registration Committee.

Appeals

What can HPARB decide?

For **Inquiries, Complaints & Reports** appeals:

- Refer the matter back to the Inquiries, Complaints and Reports Committee;
- Make recommendations to the Committee;
- Require the Committee to do things it is legally capable of doing; or to
- Confirm the Committee's decision.

Monitoring

One purpose of the monitoring function is to mitigate the risk of non-compliance by being proactive in ensuring compliance, versus reacting once a breach has occurred.

Monitoring

The following are examples of obligations the monitoring department will keep track of:

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

MODULE 1: LEGISLATION

1. The *Regulated Health Professions Act (RHPA)* is the overarching legislation that prescribes the role and activities of regulatory health colleges in Ontario. Which of the following themes are **NOT** covered in the RHPA?

- Protecting public interest
- Eradication of sexual abuse
- Client choice
- Public access
- Promoting and advocating on behalf of health care professionals – professional associations represent the interests of professional practitioners.

Council Member Competencies

Governance: Governance competence supports the provision of strategic direction and oversight for Colleges. It allows members to be able to carry out the stewardship responsibilities, creates robust accountability for regulatory and financial performance, and enables Council to set and achieve strategic goals.

Core Understanding:

- Knows where the governance principles, the sources of law and regulation relating to the organization come from, what they require and what impact they have
- Where authority & accountability lies in the organization
- The processes and practices that are crucial to the smooth operation of the organization
- The purpose and requirements of reporting obligations of the organization

Entry Level:

- Knows where to obtain further guidance
- Can explain governance concepts to colleagues
- Can identify potential issues & escalate where appropriate
- Can contribute to group discussions
- Understands the distinction between the role of the board versus the role of management

Expert Level:

- Source of further guidance for peers
- Identifies and explains governance concepts to Council
- Can challenge colleagues where appropriate
- Contributes to technical discussions on governance issues
- Identifies relevant legislation and how it relates to Council decision-making
- Thinks strategically, ensures risks are assessed and monitored
- Identifies viable options and puts aside vested interests to make decisions that are most likely to achieve the organization's mandate
- Thinks about future direction of organization and how to achieve strategic goals

Evaluate your level of competence in governance:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Finance: Financial competence supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.

Core Understanding:

- Basic financial literacy, including financial concepts and how they relate to the organization and how they should inform Council's decision-making
- Financial controls and how to read and interpret financial statements
- Basic understanding of financial management

Entry Level:

- Knows where to obtain further guidance
- Can explain basic finance concepts to colleagues
- Can identify potential issues & escalate where appropriate
- Can contribute to group discussions

Expert Level:

- Has a basic understanding of financial management in order to ensure the integrity of financial information received by Council
- Ability to read and understand financial statements
- Distinguishes between the role of Council as an oversight body and the role of staff in day-to-day operations

Evaluate your level of competence in finance:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Risk Management: Risk management competence supports Council in identifying, evaluating and prioritizing organizational and regulatory risks and ensuring appropriate action is taken to mitigate them.

Core Understanding:

- Understands issues surrounding the identification, management and reporting of risks
- Understands the principles of risk management
- Can identify organizational risks and its impact on the public

Entry Level:

- Knows where to obtain further guidance
- Can explain basic risk management concepts to colleagues
- Can identify potential issues & escalate where appropriate
- Can contribute to group discussions

Expert Level:

- Identifies and prioritizes risk
- Can articulate how risk should be managed and how to achieve the right balance of risk

Evaluate your level of competence in risk management:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Strategy: Strategy competence allows the Council to set vision and direction for the College through planning and prioritizing, monitoring progress and managing change.

Core Understanding: Understands the process of strategic change and the obstacles and enablers to implement it

Entry Level:

- Knows where to obtain further guidance
- Can explain basic strategic planning concepts to colleagues
- Can identify potential issues & escalate where appropriate
- Can contribute to group discussions

Expert Level:

- Can distinguish between strategic and operational decisions
- Demonstrated ability to think critically about systemic issues and the role of the organization in the healthcare system in Ontario

Evaluate your level of competence in strategy:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Leadership / Change Management: Leadership competence enables Council to effectively mobilize to further the mandate of the organization, adapt to changing circumstances, respond to crisis, identify opportunities for change and growth, and create future leaders.

Core Understanding:

- Ability to manage and adapt to change and innovation
- Ability to address and respond to stakeholder scrutiny
- Understands organizational and boardroom dynamics

Entry Level:

- Knows where to obtain further guidance
- Embraces change and innovation
- Demonstrates a commitment to learning and seeks out opportunities to improve
- Can identify potential issues & escalate where appropriate
- Can contribute to group discussions

Expert Level:

- Provides leadership and support through organizational change
- Identifies reasons for and benefits of change to stakeholders
- Ensures change contributes to strategic priorities
- Supports strategic change and ensures change is in public interest
- Is inclusive and respectful

Evaluate your level of competence in leadership / change management:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Diversity & Inclusion: Diversity and inclusion competence supports the ability to shift cultural perspective and adapt one's behavior to function effectively across attributes that include, but are not limited to, gender, ethnicity, religion, sexual orientation, disability, and socio-economic class. Profession specific diversity may include attributes such as region of practice, practice setting and context, specialization or modality.

Core Understanding:

- Understanding and valuing differences in the values and norms of other cultural frameworks.
- Ability to apply this knowledge of the experience of diversity to deliberations and decision-making.

Entry Level:

- Valuing and actively advocating for diverse perspectives.
- Holding criticisms and comments to hear different views before making decisions

Expert Level:

- Conducting self-assessment to understand how one's own attitudes and values may create bias.
- Adjusting and adapting communication styles to be effective across diverse contexts (e.g., does not use ethnophaulisms or outdated terms, does use preferred terms).
- Responding to inappropriate and non-inclusive behavior to re-direct and to build awareness.

Evaluate your level of competence in diversity and inclusion:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Stakeholder Relations / Communications: Stakeholder relations and communications competence supports the Council in being well-informed about the views and needs of key stakeholders, enabling productive relationships.

Core Understanding:

- Well-informed on views and needs of key stakeholders
- Works in partnership with stakeholders in ways that contribute to achieving the goals of the organization
- Identifies links that the organization needs to make with larger community
- Clearly and effectively communicates with stakeholders

Entry Level:

- Identifies key stakeholders and their relationship with the organization

Expert Level:

- Identifies the needs of key stakeholders and their relationship with the organization
- Articulates techniques to better engage with stakeholders
- Considers the impact of Council's decisions and the effect they will have on the key stakeholder groups
- Demonstrated ability to communicate a position to the intended audience

Evaluate your level of competence in stakeholder relations / communications:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Critical Thinking: Critical thinking skills enable the Council to know that the information that they are receiving about the College's performance is accurate, to challenge appropriately where necessary and to hold the College accountable for regulatory outcomes.

Core Understanding:

- Skills in locating, critically assessing and evaluating information

Entry Level:

- Demonstrated ability to analyse and interpret data

Expert Level:

- Appropriately questions whether the College is collecting the right data to inform regulatory work
- Challenges appropriately when data collection is not adding value
- Reviews and analyses a broad range of information and data in order to spot trends and patterns

Evaluate your level of competence in critical thinking:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Technology Skills: Technology skills allow Council members to participate effectively in committee and panel work through efficient use of information and communication technology.

Core Understanding:

- Possesses basic computer skills, including daily word processing tasks – editing, printing, formatting
- Possesses basic internet skills – navigate using links; compose, send, open, read, reply to, and forward messages; attach a file and open an attachment; complete an online form

Entry Level:

- Knows where to obtain further guidance
- Understands how to keep information secure and confidential in an electronic or online environment
- Basic internet skills, including email, downloading and uploading, using secured Wi-Fi connection
- Experience downloading, installing and using videoconference software

Expert Level:

- Experience using presentation slides, including graphics and multimedia components
- Can identify how technology impacts risk and strategy
- Ability to troubleshoot and resolve issues

Evaluate your level of competence in technology skills:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Regulatory Knowledge: Regulatory knowledge allows Council clarity about the function and purpose of the RHPA and the College's mandate, and how the Act and Regulations should be interpreted and applied.

Core Understanding: Awareness or knowledge of regulatory climate and evolving regulatory issues, regulated industries and their oversight systems

Entry Level:

- Is aware of legislation, regulations, standards and by-laws the govern health care professionals
- Aware of the College's role in the health care system

Expert Level:

- Knowledge of College functions and issues facing Council
- Awareness and knowledge of regulatory trends
- Identifies when to seek legal advice on statutory and legal responsibilities and ethical aspects of Council's decision-making

Evaluate your level of competence in regulatory knowledge:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Health System Knowledge: Health system knowledge allows Council to understand the opportunities, challenges and external forces affecting the provision of mental health services.

Core Understanding: Understanding of how health care is delivered in Ontario

Entry Level:

- Knows where to obtain further guidance
- Can contribute to group discussions

Expert Level:

- Understanding of the workings of government and ability to access government officials

Evaluate your level of competence in health system knowledge:

- I have this competency at ENTRY level
- I have this competency at INTERMEDIATE level
- I have this competency at EXPERT level
- I do not have this competency

Briefly describe how you gained this competency:

Briefing Note for Council

Meeting Date:	May 13, 2021
Agenda Item #	5
Issue:	Regulatory Risk Framework
Attachment(s):	<ul style="list-style-type: none"> • Draft Regulatory Risk Framework Annotated TOC • Draft Regulatory Risk Flow Diagram • Right Touch Decision Tree • Policy Proposal template 0.2 March 2021 • Draft Professional Practice Working Group Terms of Reference
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	M. Pioro

Purpose & Public Interest Rationale:

The public interest will be well served by a systematic response to problems or challenges that arise in the practice of the profession by registrants.

Background:

CRPO's strategic plan (2020-2023) states under the main heading of "strengthen operational and governance infrastructure", that one of CRPO's objectives is to "Implement effective governance and risk-management frameworks across all operational and regulatory functions." Two Council work plan deliverables mention the framework:

- Regulatory risk management framework in place and tools shared with stakeholders
- Regulatory risk framework results used to identify and report potential harm to RP clients and the wider public

Attached are draft documents for discussion. They represent possible tools, concepts and processes that make up CRPO's approach to regulatory risk. They include:

- Draft Regulatory Risk Framework Annotated TOC
- Draft Regulatory Risk Flow Diagram
- Right Touch Decision Tree
- Policy Proposal template 0.2 March 2021

Next steps:

Council is asked to ask questions and provide any feedback.

Staff will also present on the attachment: Draft Professional Practice Working Group Terms of Reference. It is proposed that the Professional Practice Working Group (PPWG) be reconstituted to advise College staff on the regulatory risk framework, among other policy-related initiatives. The PPWG has included chairs of different CRPO committees, possibly among other individuals. The PPWG is therefore in a good position to help coordinate work that may affect or fall under different CRPO committees.

Draft Regulatory Risk Framework Annotated Table of Contents

CRPO's regulatory risk framework consists of various tools (such as policies and processes) to assist in addressing non-compliance, harm or other problems in the practice of the profession.

1. Mission, Vision and Values

<https://www.crpo.ca/about-crpo/>

All proposed College work should be assessed in terms of falling within the general mission of CRPO. If the proposed work lies outside CRPO's mission, it should not be taken on by CRPO, and may be referred to another relevant organization.

2. Regulatory Objectives

<https://www.crpo.ca/wp-content/uploads/2020/01/FINAL-CRPO-Regulatory-Objectives-2020-2023.pdf>

CRPO's regulatory objectives, adopted by Council in January 2020, help clarify whether proposed initiatives further the College's mission in a specific way. As in item #1 above, a proposed initiative should not be undertaken by CRPO if it does not further one or more of the regulatory objectives.

3. Regulatory Risk Flow Diagram

Attached

This diagram illustrates the sources, analysis and possible outcomes of risk information received by CRPO.

4. The Right-Touch Regulation Decision Tree

Attached

This figure, developed by the UK's Professional Standards Authority for Health and Social Care, sets out the analysis used in right touch regulation to determine whether to develop a new regulatory measure, or to take an alternative approach to a problem.

5. CRPO Policy Proposal Template

Attached

This template operationalizes right touch regulation and the Ontario Ministry of Health and Long Term Care's (MOHLTC) College Performance Measurement Framework (CPMF), by ensuring that adequate risk and other considerations are factored into CRPO policy development.

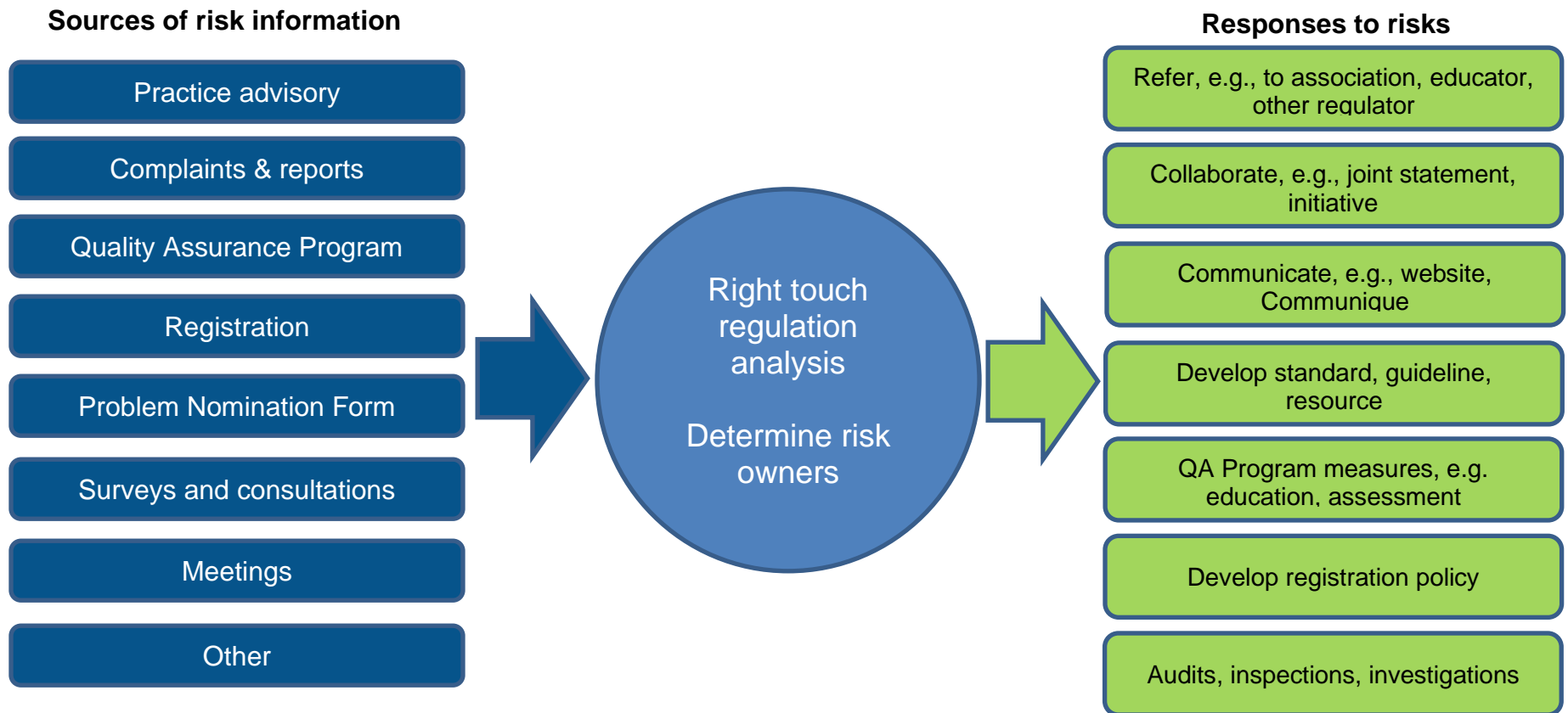
6. Regulatory Risk Register

Under development

This document will systematically list issues encountered by CRPO, assess their risk severity and risk occurrence based on data (number of CRPO complaints, number of practice inquiries), as well as on stakeholder feedback, and provide information on risk owner and next steps.

Draft Regulatory Risk Flow Diagram

CRPO's mandate is to regulate registrants in the public interest. This diagram illustrates how CRPO receives, analyzes, and responds to potential risks of harm in the profession. CRPO receives information about risk in the profession from various sources. Following a right-touch model,¹ CRPO analyzes the risks, then respond with the appropriate regulatory action, if any.



¹ Professional Standards Authority, *Right-touch Regulation Revised* (London: PSA, 2015).

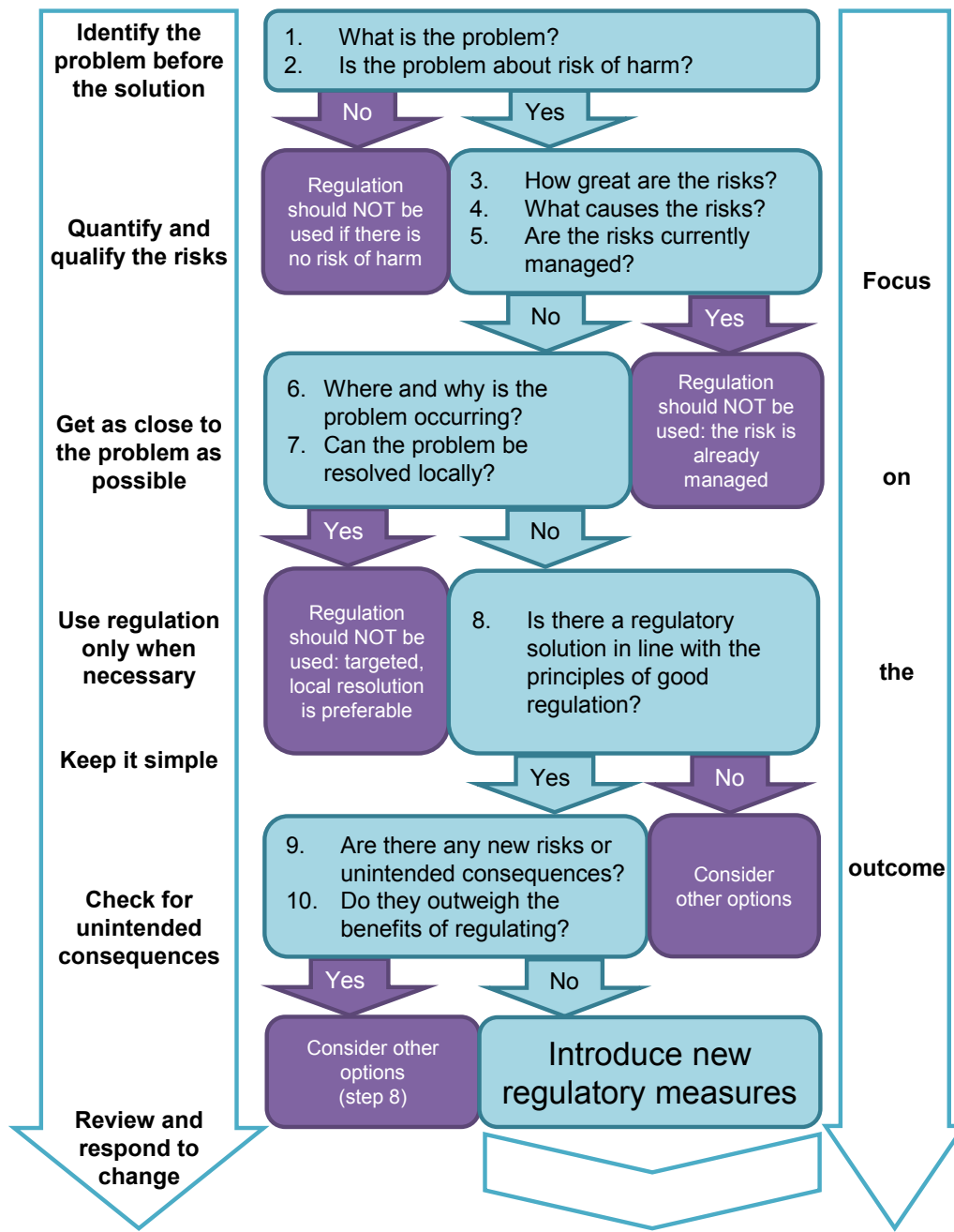


Figure 2. The Right-touch regulation decision tree.

CRPO Policy Proposal

Staff contact:	
Group responsible for maintaining and approving the policy:	
Submission Date:	
Policy proposal type:	<input checked="" type="checkbox"/> new <input type="checkbox"/> revision <input type="checkbox"/> rescind
Policy title:	

Rationale

1. Is the proposed policy consistent with [mission, vision, values, strategic plan, and regulatory objectives of CRPO](#)?
2. Why is the policy needed (or not)? What is the problem or risk of harm the policy intends to address?
3. Analyze the risk:
 - a. What is the severity and occurrence of the risk?
 - b. What are the causes of the risk?
 - c. Are the risks currently managed?
 - d. Where and why is the problem occurring?
 - e. Can the problem be solved locally, by communication, or by education?
 - f. Is there a regulatory solution in line with the principles of good regulation (see CRPO Regulatory Objective #3)?
4. Who would be affected by the policy? For example: clients, registrants, stakeholders, Council members, etc.
5. Are there risks or unintended consequences to the proposed policy, and if so, are these outweighed by the benefits?
6. What are alternatives to the proposed policy and their implications?

7. Indicate relevant evidence and data that supports developing or changing the policy:
8. Is the policy consistent with the current practice environment? For example, the policy reflects changing population's health needs, public/societal expectations, models of care, clinical evidence, advances in technology.
9. Does the policy align with other regulatory colleges where appropriate? For example, where practice matters overlap.
10. Have appropriate experts and/or stakeholders provided input into the policy?
11. Is the policy consistent with legislation, and is legal review required?
12. What kind of public consultation is required, if any?
13. What is the communication and implementation plan, if the proposed policy is approved?

Type of document: Terms of reference	Approved by: Council
Date approved:	Next Review date: 2022
Amendment Dates:	

Professional Practice Working Group Terms of Reference

Name and type	Professional Practice Working Group Ad Hoc
Purpose	To ensure the knowledge of practicing clinicians informs policy and resource development. To promote coordination between parallel initiatives across Council and Committees.
Specific Areas of Responsibility	<ol style="list-style-type: none"> 1. Acting as an advisory body to the Registrar on professional practice and regulatory risk management issues. 2. Applying professional knowledge to policy and resource development, particularly regarding inter-committee initiatives where connections may be necessary or appropriate. 3. Acting as a resource to CRPO committees by: <ol style="list-style-type: none"> a. advising on the development of specific professional practice policies and resources, considering the context of clinical practice settings; b. reviewing and making recommendations on specific professional practice policies and resources; c. reviewing professional practice policies and resources, and making recommendations.
Composition	<p>Members of the Working Group shall be appointed by Council for a period of one year.</p> <p>Membership of the Professional Practice Working Group shall consist of:</p> <ul style="list-style-type: none"> • professional members of Council, typically the committee chair (or their designate) of each of Executive; Registration; Quality Assurance; Inquiries, Complaints and Reports; and Client Relations, as well as a public member. • non-Council members if Council wishes. <p>From time to time, the Working Group may invite guest Council or non-Council members, and other subject matter experts, to provide necessary advice to the Working Group.</p>
Competencies	Working Group members are required to meet the minimum Council Competencies and Committee Competencies .
Decision-Making Process	Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.

Delegated Authority	As an ad hoc, non-statutory working group, the Professional Practice Working Group provides advice and recommendations, and does not have formal authority.
Reporting	The Working Group advises the Registrar. The Working Group 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 Working Group will select a Chair from among its members.
Quorum	The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Working Group is composed of only three (3) members, in which case, the quorum for such a Working Group shall be two (2) members. Despite anything in the by-laws, a Working Group is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Working Group.
Meetings	Working group meetings will, wherever possible, be held at a place and on a date set in advance and shall occur on an ad hoc basis and at such frequency as necessary for the Working Group to conduct its business.
Staff Support	The Registrar acts in an ex-officio role as a Working Group resource and in a non-voting capacity. Other staff members provide support to the Working Group.
Communication with Council	The Working Group Chair will report to Council as needed, depending on the nature of the work undertaken by the Working Group.
Records	The Working Group Chair will ensure that notes of all Working Group meetings and proceedings are recorded and maintained at the College office.
Conflict of Interest	All Working Group 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 Working Group members have a duty to uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Working Group should be forwarded to the Registrar or staff member providing support to the Working Group.
Public Communications	Media inquiries regarding activities of the Working Group, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.

Parliamentary Authority

Schedule 2 of the by-laws outlines the Rules of Order of Council.

DRAFT

Briefing Note for Council

Meeting Date:	April 15, 2021
Agenda Item #	6
Issue:	Succession Planning
Attachments:	<ul style="list-style-type: none"> • DRAFT Committee Chair Role Description • DRAFT Panel Chair Role Description • DRAFT Executive Member-at-large Role Description
References:	Situational Analysis on the State of Governance
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	M. Piro

Purpose & Public Interest Rationale:

Succession planning helps to ensure that Council and committee membership is comprised of people with a diverse set of skills, attributes and perspectives to work together to fulfill the mandate of public protection.

Having a succession planning process in place ensures a well-composed Council and Executive Committee with competent individuals who are willing to serve on Council, committees, and as officers. An established, articulated process for recruiting Council members and Executive Committee officers supports a formal, organized approach to recruitment, appointments and professional development. Further, such a process ensures that the Council will always have a pipeline of qualified individuals to select from when there is an Executive Committee officer vacancy for any reason.

Background:

The Executive Committee began discussing succession planning in September 2020 in their role as stewards of the governance reform initiative and based on the recommendations in Darrel Pink's Situational Analysis on the State of Governance. The Executive Committee discussed the issue of succession planning, with staff presenting the status of work plan items relevant to the task of developing and implementing a succession plan. It was agreed at this meeting that having a plan in place is important as CRPO continues to grow and Council and staff work toward best practices in governance.

The Executive Committee also discussed:

- surveying current Council members to determine who is interested in leadership roles
- the need for additional training and support for Council members to develop leadership skills
- developing clear role descriptions for the President and Vice-president and how they work together
- reviewing the governance calendar to ensure appropriate alignment of general and Executive Committee elections

Key Considerations:

Developing survey regarding interest in leadership positions

Note that “leadership positions” are assumed to include committee and panel chairs, Executive Committee officers who are members-at-large, the President and Vice-President.

Staff is anticipating that the assessment of leadership readiness will involve the established [Council and committee competencies](#), with the expectation being that anyone considered for a leadership role will have significant competencies at an advanced level.

Council is asked to reflect on:

- what, in addition to an expressed interest should be considered in evaluating leadership readiness and eligibility?
- what process should be used to undertake this evaluation?
- if it is appropriate to require a minimum term before Council members are eligible for any of the leadership positions?
 - o term limits for professional members are a 3-year term of office as per by-law 9.04 and 9 consecutive years as per RHPA Code s. 5(2)
 - o while there is no term limitation in legislation for public members, appointments and re-appointments are at the pleasure of the Cabinet. Under the current government, RHPA colleges have seen appointments of 6 months, 1, 2 and 3-years. Requests for re-appointments for continuity reasons have consistently been refused by the current Minister.
- should a member have completed specific training and education prior to being considered for a leadership position? If so, what?
- for future consideration: what evaluation should be conducted on members in leadership roles and how should they be used in determining re-appointment decisions?

Once these questions have been sufficiently addressed, a policy regarding eligibility will be developed for approval by Council as well as an online survey .

Should additional criteria be established for eligibility, Council should consider if a by-law change is warranted. As it stands, the by-laws do not speak to requirements beyond being “a member of Council” (section 6.01 Eligibility for Nomination).

Component	Description	Current Status	Potential Next Steps
1. Leadership survey	<ul style="list-style-type: none">• Survey to gauge interest in leadership positions, namely panel chair, committee chair, Executive member at large, Vice President, President	<ul style="list-style-type: none">• Introduced to Executive Committee in 2020; Council in May 2021	<ul style="list-style-type: none">• Staff to present research, options drafts to Executive Committee• Consider if this survey should be separate from or combined with general committee appointment and reappointment process

2. Leadership pre-requisites	<ul style="list-style-type: none"> • Qualifications before taking on such roles, whether set out in policy (competencies and role descriptions) or by-law (e.g. minimum number of years on Council or committee before taking on leadership position) 	<ul style="list-style-type: none"> • Introduced to Executive Committee in 2020; Council in May 2021 	<ul style="list-style-type: none"> • Staff to present research, options drafts to Executive Committee
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Additional training and support for Council members

This issue of professional development in advance of assuming a leadership position should be considered in the context of the more general training schedule for new members and ongoing education for Council and committees.

There is currently no specific CRPO-led training for committee or panel chair or Executive Committee roles.

Council should reflect on:

- what additional orientation (to the role and responsibilities) or education (to achieve competencies) is required of Council members who wish to assume leadership positions?
- would this best be served by: in-house sessions on a set schedule (i.e., relative to the governance calendar and committee appointments); use of external training and education resources as they are available; a combination of both?
- is there a role for 'guest' chairing of panels with the supervision and support of the committee chair?
- should a formal mentoring system be implemented for new Council members who wish to take on leadership roles?
- how is *successful* completion of any required education defined and determined?

The resolution of these questions should inform the leadership eligibility policy/ies referenced above.

Component	Description	Current Status	Potential Next Steps
3. Leadership training	<ul style="list-style-type: none"> • Avenues for purposely developing leadership competence, such as in-house training, external training, mentorship/buddy system, practice as a co-chair, etc. 	<ul style="list-style-type: none"> • Introduced to Executive Committee in 2020; Council in May 2021 	<ul style="list-style-type: none"> • Staff to present research, options drafts to Executive Committee • Await the result of Pollinate's Council efficacy survey and determine if there is a tie-in between general Council

			training needs and leadership training
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Developing clear role descriptions

Clear role descriptions are needed for all leadership positions.

Chair role The Executive Committee approved a chair role description in November 2017 but it has not been used to any practical extent. For Council’s preliminary consideration, staff is presenting revised versions of the panel and committee chair role descriptions. After receiving Council’s feedback and undergoing further development, they will be presented for approval.

Executive committee membership role The by-laws provide for the Executive Committee membership to include three members who are registrants and two who are public appointments (section 13.01 Executive Committee).

The by-laws further describe the duties of officers (section 7) as including:

For all members:

- to serve on the Executive Committee; and
- to perform all duties and responsibilities as may be decided by Council.

For the President:

- if present, to preside as Chair at all meetings of the Council;
- serve as Chair of the Executive Committee;
- perform those duties assigned to the President in the by-laws, including those set out in article 18 (namely to act as the authorized spokesperson for the College);

For the Vice President

- to perform the duties of the President in the event that the President is unable to perform those duties;
- to serve on the Executive Committee; and
- perform all duties and responsibilities pertaining to their office and such
- other duties and responsibilities as may be decided by Council.

Staff have drafted role descriptions for Executive Committee members-at-large (attached), the Vice President and President (still undergoing development) taking into account the competence matrices.

Component	Description	Current Status	Potential Next Steps
4. Role descriptions	<ul style="list-style-type: none"> • Clear outline of leadership roles of panel chair, committee chair, Executive member at large, Vice President, President 	<ul style="list-style-type: none"> • Ongoing refinement by Executive Committee and staff • Presenting samples to Council in May 2021 for preliminary discussion 	<ul style="list-style-type: none"> • Continue development; seek approval when ready

	<ul style="list-style-type: none"> • Helps potential candidates decide whether to offer to serve; helps target training; allows person in role to be evaluated 		
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Governance calendar

The timelines and some of the processes related to Council election and committee appointment are established in CRPO's by-laws; others are the result of historical practice.

These include:

- 10.02 – Election Date (General Elections), which directs an election of members to Council shall be held on a date determined by the Registrar between May and June, inclusive, of each year on a staggered schedule across the electoral districts
- 6.02 – Election Procedure (Executive Officers), which directs that at the first regular Council meeting after the elections for Council members, Council shall elect the President, Vice-President and any other officer positions
- 5.02 – Term of Office (Executive Officers), which directs that the term of office for each officer of the College shall commence immediately following their election as an officer and shall continue until the next election for officers approximately one year later

The election of the Executive Committee has typically taken place in September of each year due to the practice of not holding Council meeting during summer months.

A full review of and recommendations regarding committee appointments have historically been made at the meeting following the election of the Executive Committee (usually November or early December) in order to allow the new Executive Committee members to review and recommend the committee slate to Council.

The impacts of these processes and timelines relative to succession planning and the assumption of leadership roles include:

- the potential for the loss of professional members from the Executive Committee in June should their term end and they choose not to stand / are not re-elected in June
 - o Staggered elections mean that elections are held the same year in either two (Central – which has two seat, and Ontario) or three districts (North, East and Central East or West, South West and Central West), which could possibly lead to a changeover of three professional Executive Committee members in a given year
- we note that the potential loss of public members at any point exists given that CRPO has no control over reappointment or reappointment dates
- no ability to identify or develop Council members to assume leadership roles because of the 'open' nature of the elections and lack of specific requirements (beyond Council membership) for candidacy

- the expectation that anyone running for an Executive Committee position will be in a position to assume the duties of their position immediately following election
 - o for professional and public members, who serve on Council in a part-time capacity, this may not be reasonably achieved. This requirement could be a deterrent to qualified members of Council who would, given ample time, be able to readjust professional or personal schedules to serve on the Executive.
- for professional members who are newly elected in May or June, the practice has been for Executive Committee to appoint them to committees (with Council ratifying these appointments at their next meeting) based on the vacancies created by the end of the term of the professional Council member leaving the seat. This means that limited consideration can be given to matching the competencies of newly elected professional member to the needs of all committees.

Staff would also note that Darrel Pink concluded in his governance review that the lack of a meeting immediately following general elections and the typical delay in appointments effectively leads to a ‘summer hiatus’ that paused work plans. His recommendation was that this be addressed through the addition of an earlier meeting, an acceptance that committee appointments are a Council function (and so not dependent on recommendations from incoming the Executive Committee) and a standing meeting follow committee appointments to review and re-affirm terms of reference and workplans.

Council should reflect on:

- what revisions to timelines would better align general elections, Executive Committee elections and committee appointments
- how to establish mechanisms through policy and / or by-law changes, within the existing election requirements of the Health Professions Procedural Code, to identify and develop Council members to assume leadership roles
- consider a by-law change to delay the commencement of Executive Committee terms to sometime after election (e.g., elect Executive Committees in June immediately following the general election with a term that commences in September, allowing the previous Executive to remain in office for those three months)

Staff would note that *Standard 1* of the Ministry’s College Performance Management Framework creates a requirement that colleges provide evidence that:

- 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.

In light of this, any by-law revisions contemplated should likely also contemplate pre-candidacy requirements for professional members and should consider timing in order to best serve this requirement.

Component	Description	Current Status	Potential Next Steps
6. Governance calendar	<ul style="list-style-type: none"> • Aims to optimize use of time and members over the year, e.g. 	<ul style="list-style-type: none"> • Introduced to Executive Committee in 	<ul style="list-style-type: none"> • Staff to present research, options drafts to Executive Committee

	avoiding summer hiatus, avoid losing Executive Committee members after spring Council election, build more lead time before committee members are chosen and start	2020; Council in May 2021 <ul style="list-style-type: none"> Concrete proposals not yet evaluated 	<ul style="list-style-type: none"> Consider incremental changes, i.e. practice and policy before by-law
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Evaluation

Council is asked to consider how those in leadership positions may be evaluated on an ongoing basis, and how this leadership evaluation ties in with the Council efficacy, meeting pulse, and self-evaluation that CRPO is beginning to implement.

Component	Description	Current Status	Potential Next Steps
7. Leadership evaluation	<ul style="list-style-type: none"> Policy and process for providing feedback to members in leadership positions and deciding whether to reappoint (if applicable) 	<ul style="list-style-type: none"> Formal policy and process not yet adopted 	<ul style="list-style-type: none"> Staff to present research, options drafts to Executive Committee Consider tying in with Council evaluation components and overall committee re-/appointment process

Next Steps:

Council will consider:

- developing policies directing on:
 - o when and how Council members should express interest in leadership roles (panel chair, committee chair, member of Executive, officer)
 - o length of tenure required to assume any leadership role
 - o education that must be successfully completed prior to assuming any leadership, including definition of 'successful'
 - o other criteria that will be considered in determining eligibility
 - o process for evaluating members for / and in leadership roles
- undertaking the development of orientation and resources to support Council members in preparing for leadership roles

- practical leadership role orientation documents including accurate time commitment expectations
- effective chairing
- other key competency education (e.g., financial statements)
- mentoring

- proposing by-law changes or implementation of policies
 - establishing eligibility for nomination to Executive Committee
 - aligning governance timeline changes
 - e.g., requiring Council meeting within X time period of general elections to align Executive Committee elections and full review of / changes to committee composition immediately following
 - delayed terms of office (e.g., Executive Committee elections in June, term commencements in September)

- Revising (as needed) role descriptions for recommendation to Council
 - committee chairs
 - panel chairs
 - Executive Committee member-at-large
 - Vice President
 - President

Type of policy: governance	Approved by: Executive
Date approved:	Review date:

Committee Chair Role Description

Context

CRPO committees operate within a prescriptive framework drawn primarily from legislation and bylaw. As such, Chairs must ensure that their committee works in the public interest, following due process and undertaking appropriate and effective decision-making.

This decision-making must happen within an environment that encourages wide participation and allows opinions to be aired openly. The Chair accepts responsibility to help the committee accomplish their stated task, move through the agenda in the time available, and help the group make necessary decisions. While respect and consideration from the Chair are due to each member of the committee, the responsibility of the Chair is to the group and its work rather than to the individuals within the group.

The following role description is intended to:

- Support members in deciding if they are interested/able to accept the role of Committee Chair.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of Chair performance and Committee function.

Overview

The role of the committee Chair includes responsibilities that transcend specific committee mandates. Information specific to each committee (e.g., frequency of meetings, typical panel workload, and expected deliverables) can be found on the CRPO website, in the terms of reference, procedural manuals or rules of procedure, and minutes of previous meetings.

Chairs must possess advanced level competencies identified for the Committee they lead and have the expertise necessary to fulfill its mandate. They must also be knowledgeable and supportive of Council policy and the regulatory and statutory obligations of the committee and the College. The Chair must understand the purpose of the committee, provide leadership to the committee to achieve its goals, and organize the committee's work so that action is taken in an orderly and timely manner.

The Chair is accountable to Council through regular reporting on committee or group activity and progress. The Chair collaborates with an identified senior staff person to facilitate ongoing management of the committee's work.

Specific Responsibilities

In being aware of broader issues, trends and best practices, the Chair will have the following specific responsibilities:

1. Provide direction and guidance to the committee or group in keeping with its Council-approved terms of reference, any related legislative responsibilities, and the overall fiduciary duty to work in the public interest.
2. Apply the Council approach to rules of order, approved by-laws and code of conduct in overseeing committee or group meetings.
3. Collaborate with appropriate staff to ensure:
 - a. effective orientation of new committee members;
 - b. check in with panel chairs and committee members;
 - c. timely development of meeting agendas for both plenary and panel meetings; and
 - d. development of objectives and long range plans for committee consideration.
4. Prepare for meetings by reviewing materials and working with staff to establish a plan, priorities and/or direction prior to each meeting.
5. Facilitate dialogue at meetings in a manner that:
 - a. welcomes all members' perspectives on issues;
 - b. encourages independent thinking and constructive collaboration;
 - c. promotes alignment on decisions that are balanced;
 - d. upholds decisions once they are reached; and
 - e. demonstrates good judgment for the successful fulfillment of the committee's purpose.
6. Consult with the President or Registrar as needed to manage circumstances where committee or group function is less than optimal, including introducing strategies to resolve conflicts which may arise.
7. Act as the principal spokesperson for the committee or group in reporting to Council at all general meetings.
8. Raise matters arising in the broader environment related to committee or group mandate for Council consideration or action.
9. Participate in the evaluation of committee or group processes as well as of individual members to ensure high levels of performance.
10. Ensure that the committee provides feedback to the Executive Committee on the Chair's performance. Participate in self-evaluation to obtain feedback on own and committee's performance.
11. Enforce attendance guidelines with committee members to ensure that if two or more consecutive meetings are missed without reasonable cause, or if one third of all meetings within the year are missed, that a member's continued involvement with the committee is reviewed.

Term of Office

1. Committee Chairs are nominated by the Executive Committee and appointed annually by Council members, typically at the November meeting.
2. Committee or group members may serve as Chair when it is in the best interest of the continuity of the ongoing work of the committee or group.

Time Commitment

[To be developed]

Role Outcomes

- Policies and standards of the College are upheld in the fulfillment of committee duties.
- Decisions comply with appropriate legislation and CRPO policies and are shaped by an understanding of the relationship of the various activities of the College committees.
- Reports to the College Council are made, as required, representing committee activities.
- Risk as it relates to the committee's mandate is managed, and Council is alerted to pertinent issues in a timely manner.
- New policies, guidelines or other tools are recommended to the Council, as required.
- Committee members are evaluated to support and promote the improvement of committee effectiveness.
- Interaction with College staff occurs by provision of information regarding the committee's work. Interaction with staff is managed in a respectful, collegial manner.
- Policy development, policy implementation, and communications initiated or led by the committee are informed by and respectful of diversity, including culture and gender identity.

Type of policy: governance	Approved by: Executive
Date approved:	Review date:

Panel Chair Role Description

Context

CRPO committee panels operate within a prescriptive framework drawn primarily from legislation and bylaw. As such, Chairs must ensure that their panel works in the public interest, following due process and undertaking appropriate and effective decision-making.

This decision-making must happen within an environment that encourages wide participation and allows opinions to be aired openly. The Chair accepts responsibility to help the panel accomplish their stated task, move through the agenda in the time available, and help the group make necessary decisions. While respect and consideration from the Chair are due to each member of the committee, the responsibility of the Chair is to the group and its work rather than to the individuals within the group.

The following role description is intended to:

- Support members in deciding if they are interested /able to accept the role of Panel Chair.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of Panel Chair performance and panel function.

Overview

The role of the committee Panel Chair includes responsibilities that transcend specific committee mandates. Information specific to each committee (e.g., frequency of meetings, typical panel workload, and expected deliverables) can be found on the CRPO website, in the terms of reference, procedural manuals or rules of procedure, and minutes of previous meetings.

Chairs must possess advanced level competencies identified for the committee whose panel they lead and have the expertise necessary to fulfill its mandate. They must also be knowledgeable and supportive of Council policy and the regulatory and statutory obligations of the committee and the College. The Chair must understand the purpose of the panel, provide leadership to the panel to achieve its goals, and organize the panel's work so that decisions are taken in an orderly and timely manner.

The Panel Chair is accountable to the Committee Chair, who is in turn accountable to Council. The Panel Chair collaborates with an identified senior staff person to facilitate ongoing management of the panel's work.

Specific Responsibilities

In being aware of broader issues, trends and best practices, the Panel Chair will have the following specific responsibilities:

1. Facilitate decision-making and ensure panel minutes and decisions are recorded.
2. Support members to perform decision making in accordance with College values, Standards of Professional Practice, Code of Ethics and any other relevant legislation.
3. Encourage the expression of diverse perspectives to enrich deliberations.
4. Review and approve all panel Decisions and Reasons in a timely manner.
5. Check in with the committee chair and committee members.

Term of Office

1. Panel Chairs are selected by the Committee Chair as per by-law 12.07 Panels.
2. Committee or group members may serve as Chair when it is in the best interest of the continuity of the ongoing work of the panel.

Time Commitment

[To be developed]

Role Outcomes

- Decisions comply with appropriate legislation and CRPO policies and are shaped by an understanding of the relationship of the various activities of the College committees.
- Panel members are evaluated to support and promote the improvement of committee effectiveness.
- Interaction with College staff occurs by provision of information regarding the committee's work. Interaction with staff is managed in a respectful, collegial manner.

Type of policy: Governance	Approved by: Executive
Date approved:	Review date:

Executive Committee Member-at-large Role Description

Context

CRPO committees – including and in particular the Executive Committee – operate within a prescriptive framework drawn primarily from legislation and bylaw. As such, Executive Committee members must ensure that they work in the public interest, following due process and undertaking appropriate and effective decision-making.

The following role description is intended to:

- Support Council members in deciding if they are interested/able to accept the role of Executive Committee member-at-large.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of Executive Committee member performance and Council function.

Overview

The Executive Committee is a statutory committee of Council. It has the following broad responsibilities:

- To provide leadership to Council and facilitate its efficient and effective functioning, including the oversight of governance and financial functions.
- To act on behalf of Council as per [section 12.1 of the Health Professions Procedural Code](#), between the meetings 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.
- To oversee the Registrar's annual performance review and to consider and make recommendations to Council regarding the Registrar's appointment, reappointment, dismissal, performance or terms of office.
- To investigate circumstances when it is believed that a Council or committee member has not complied with the College's Code of Conduct.

Specific Responsibilities

- Reviews Committee composition and, informed by the [Council and committee competency and composition matrixes](#), makes recommendations to Council for committee appointments
- Negotiates the employment contract with the Registrar.
- Develops a tool for performance appraisal of Registrar based on current HR practice.
- Makes a recommendation to Council on the renewal of the Registrar's contract.
- Authorizes unbudgeted expenses.
- Assumes responsibility for oversight of the annual audit.

Term of Office

As per the by-laws:

5.02 – Term of Office

The term of office for each officer of the College shall commence immediately following their election as an officer and shall continue until the next election for officers, approximately one year later.

5.03 – Maximum Term

The maximum consecutive term in one office is three (3) consecutive, full-year terms.

Time Commitment

CRPO Council: Time Commitment Guideline

Role Outcomes

[To be developed]

Type of policy: Operations	Approved by: Executive Committee
Date approved:	Next review date:
Amendment Dates:	

Executive Limitations Policy: Council Registrar Relationship

Purpose

The purpose of the policy is to establish clear lines of authority, accountability and communication between Council and the Registrar.

Policy Statement

The Council will establish clear lines of authority, accountability and communication between Council and the Registrar. Council and the Registrar work together to achieve CRPO's mandate of public protection.

Each has distinct levels of responsibility and levels of authority.

- The Council, with the support of its committees, governs the College, and is ultimately responsible for the entire organization.
- The Registrar has all the rights of participation at meetings of the Council that a Council member has other than the right to vote.
- The Registrar is responsible for the implementation of statutory functions and policies.
- The Registrar is responsible for administration and implementation of specific programs and services.

Policy Applicable to: Council, Committees, Staff and Agents

Legal Authority

The Registrar has authority as defined in the [Regulated Health Professions Act, 1991](#).

[Schedule 2 Health Professions Procedural Code](#)

Registrar

(2) The Council shall appoint one of its employees as the Registrar. 1991, c. 18, Sched. 2, s. 9.

[8.01– Appointment of Registrar](#)

The Registrar shall be appointed by Council and, despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of Council under this article.

[8.02 – Duties of the Registrar](#)

The Registrar shall be the Chief Executive Officer of the College and shall have such 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.

Procedure

Council has the ultimate authority for the College. Council recognizes the authority delegated to the Registrar by Council and the authority given to the Registrar by legislation and works toward creating a partnership that serves the College and its primary duty of public protection.

The President is authorized to direct the Registrar to carry out the decisions of Council. Receiving direction from all Council members would inevitably make the role of the Registrar untenable. Similarly, Council members do not direct staff members. The performance of the staff is the responsibility of the Registrar.

Implicit in this line of authority is a basic rule: Council directs the Registrar, and the Registrar directs staff. The Registrar reports to Council and staff report to the Registrar.

If a Council member has a concern about a particular staff member's performance, the Council member should communicate that concern to the President, who is authorized to discuss the matter with the Registrar.

Similarly, if a staff member has a concern, for example, with a policy or a Council member, he or she should take it to the Registrar who in turn would take it to the President.

If a staff member has a concern about the conduct of the Registrar, that person may raise his or her concern with the President.

Registrar's Report to Council

May 13, 2021

Respectfully submitted by Mark Piore

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 have contacted 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 Professional Conduct Coordinator, Kavitha Pillaiyinar, has been hired.

UPDATES

College Performance Measurement Framework 2020 Report

The CPMF 2020 report, as approved by Council on March 25, was posted to the website as a final version and submitted to the Ministry of Health and Long Term Care before the March 31 deadline.

Practice Advisory Service

		2018-2019	2019-2020	2020-2021
Q1	Apr-Jun	98	325	451 (to date)
Q2	Jul-Sep	216	352	
Q3	Oct-Dec	243	432	
Q4	Jan-Mar	357	541	626

We continue to receive inquiries related to COVID-19, including:

- Providing in-person therapy under new stay-at-home order restrictions
- Receiving vaccination
- Whether RPs working in hospital settings are able to go beyond their usual scope of practice if required

Other common topics include:

- Cross-jurisdictional practice
- RPs working remotely with clients outside Ontario
- Practitioners outside of Ontario working remotely with clients in Ontario
- Providing and receiving clinical supervision
- Duty to report
- Accurate record-keeping
- Billing
- Starting a private practice

Registration

	January	February	March
Applications started	26	237	203
Total applications submitted	23	203	193
Applications from recognized programs submitted	17	168	154
Applications from non-recognized programs submitted	6	30	36
Labour mobility applications	0	5	3

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 8,278.

- RP 6,371
- Qualifying 1,732
- Inactive 175

Registration Renewal

- 7,942 registrants renewed by March 31
- 195 registrants received a late renewal notice and risk suspension if they do not renew by April 30

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	30
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	6
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	30
Undertaking	3
Learning Plan (Educational Upgrade)	3
ICRC:	
Clinical supervision/monitoring:	19
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	14
Practice Restrictions	4
Reflective Paper	7
Review Standards	1
Practice Assessment	2
Resignation	1
In-Person Caution	4
Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place	6
On Hold: currently under appeal at HPARB	7
Not Completed: result of resignation/revocation	13
On Hold: other reasons (e.g. on leave or Interim Order)	4
Undertaking	4
In-Person Caution (only)	1
Remedial agreement	3
SCERP	29
Terms, Conditions and Limitations	1
Interim Order	7
Interim Suspension	4
QA:	
Clinical supervision/monitoring	1
Reflective Paper/Report	1
Review Standards	1
Submit revised advertising material	0
Discipline:	
Education	3
Clinical Supervision	1
Costs	4
Suspension	1

STAKEHOLDER ENGAGEMENT

Stakeholder Meetings

- April 22, 2021: meeting with Ontario Association of Mental Health Professionals (OAMHP) representatives.
- April 28, 2021: meeting with Ontario Society of Registered Psychotherapists (OSRP) representatives.

Staff Presentations

Since the last Council meeting, staff have led the following presentations:

- *April 13, 2021*: a presentation on the CRPO registration process was provided via Zoom to University of Guelph students.
- *April 19, 2021*: a presentation to Sheridan College counselling staff members on cross-border virtual psychotherapy practice.
- *May 7, 2021*: a presentation is scheduled to be provided on the CRPO registration process via Zoom to Toronto Art Therapy Institute. The presentation had not yet occurred at the time of writing this report.

COUNCIL MINUTES

Thursday, March 25, 2021
9:30 a.m. to 2:45 p.m.
ZOOM videoconference

Council Members:

Heidi Ahonen, RP
Andrew Benedetto, RP

Steven Boychyn

Shelley Briscoe-Dimock, RP (President)
Kali Hewitt-Blackie, RP
David Keast
Kenneth Lomp, RP (Vice-President)
Michael Machan, RP
Miranda Monastero, RP
Judy Mord, RP
Keri Selkirk
Jane Snyder
Radhika Sundar, RP
Kathy-Ying Zhao

Staff Members:

Mark Piro, Acting Registrar
Jo Anne Falkenburger, Director of Operations
& Human Resources
Amy Fournier, Executive Coordinator
(Recorder)
Kristina Hanson, Office Coordinator

Guests:

Christy Pettit, CEO, Pollinate Networks Inc.

1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 9:30 a.m. and welcomed all present.

2. Approval of Draft Agenda

The Chair introduced the draft agenda. Committee terms of reference were added to the Consent Agenda, noting that the items were included in the package, but not noted on the agenda. As such, the agenda was approved as amended.

MOTION C-25MAR2021 – M01

That the agenda of the March 25, 2021 meeting of Council be approved as amended.

Moved: M. Machan

Seconded: K. Lomp

CARRIED

3. Conflict of Interest Declarations

None declared. M. Piro, Acting Registrar, informed Council that the COI disclosure form does not need to be completed and submitted for committee or panel meetings, however it may be included in meeting materials as a resource. Staff are working on streamlining the process for Council members.

4. **Presentation: Board Evaluation Project**

Christy Pettit, CEO of Pollinate Inc., presented the most recent iteration of the evaluation documents. C. Pettit provided information on the baseline evaluation, subsequently to be completed annually, and the 5-minute pulse check evaluation for all Council, committee, and panel meetings. The 5-minute pulse check evaluations can begin immediately. After approximately one month of completing the 5-minute evaluations, Council and committee members may provide feedback to Pollinate.

The annual Council effectiveness survey will take approximately 20-30 minutes to complete. Council was asked to complete the annual effectiveness survey over the course of the month of May 2021. Pollinate will then compile a comprehensive report to be presented to the Executive Committee in June 2021. Results will then be provided to Council in July.

M. Piro provided additional information to Council regarding the individual Council member self-evaluations. These evaluations will not be a part of the 2021 evaluation cycle. The annual evaluation will also provide committees with the opportunity to review the current Terms of Reference and reflect on the work of the past year, along with looking to what the year ahead will bring. It was noted that the Vice President would participate in reviewing the results of the individual self-evaluations, along with a member of CRPO staff (e.g. committee support staff, manager) and the committee/panel chair in order to distribute responsibilities and for succession planning.

5. **Discipline and FTP Committee Chair Appointment**

S. Briscoe-Dimock provided background information, noting that in December 2020, the College was informed that G. Cockman, public member, would not be reappointed for another 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.

On March 4, 2021, the Executive Committee 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 where possible. Given these considerations, the Executive recommended appointing C. Cowan-Levine as chair of the Discipline and FTP committees.

MOTION C-25MAR2021 – M02

That Council appoint Carol Cowan-Levine, non-council member, as Chair of the Discipline and Fitness to Practise Committees.

Moved: K. Hewitt-Blackie

Seconded: A. Benedetto

CARRIED

6. College Performance Measurement Framework (CPMF) Update

M. Pioro presented Council with the penultimate draft of the CPMF, noting that a final version will be posted to the CRPO website as required by the March 31, 2021 deadline. Weblinks will be added to the draft, but it is otherwise complete and was presented to Council for high-level approval. M. Pioro thanked former registrar, Deborah Adams, and other staff for their contributions in compiling the report. Next steps regarding the CPMF include by-law changes to the elections and nominations process and a cooling off period. These items will be considered by the Executive Committee and brought forward to Council at a future meeting. Council approved the CPMF report by consensus.

7. Governance Reform Initiative

A. Executive Limitations Policies

M. Pioro introduced the Executive Limitations policies noting the plan 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 brought forward the Compensation and Benefits and Reserve Fund for high-level approval by Council. Council approved the policies by consensus.

B. Privacy Policy Update

M. Pioro introduced the revised Privacy Policy noting that the policy template is broadly used by regulatory health colleges. Council reached consensus and approved the policy as presented.

C. Policy Review Cycle

M. Pioro presented the draft policy review cycle document noting that the requirement to regularly review policies falls under the CPMF requirements. Council recommended that policies be reviewed at a minimum of at least three years. This wording will be added to the final draft. Council reached consensus and approved the draft policy with amendments.

8. CRPO Work Plan Progress Update

S. Briscoe-Dimock and M. Pioro introduced the work plan progress update for information. Council was informed of the progress made in the last twelve months.

9. IN CAMERA: 2021-2022 Annual Budget

MOTION C-25MAR2021 – M03

That the public be excluded from the meeting pursuant to clause 7.2 (b) of the *Health Professions Procedural Code* of the *Regulated Health Professions Act*, in that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public at 11:15 a.m.

Moved: R. Sundar

Seconded: M. Machan

CARRIED

MOTION C-25MAR2021 – M04

That the meeting resumes open session at 1:18 p.m.

Moved: M. Monastero
Seconded: J. Mord
CARRIED

10. Professional Council Member Remuneration

S. Briscoe-Dimock introduced the item and thanked Council members for their feedback on the document over the last few meetings. M. Pioro noted that the revised policy provides simplicity and clarity for both staff and professional Council members. The policy will be reviewed annually by the Executive Committee and Council so that any proposed amendments align with the College's budget planning.

RESOLUTION C-25MAR2021 – M05

That the REVISED Per Diem and Honoraria Remuneration of Council and Committee Members policy be approved as presented.

Moved: K. Selkirk
Seconded: K. Hewitt-Blackie
CARRIED

11. Quality Assurance Program Update

K. Lomp, Quality Assurance Committee Chair, and M. Pioro, presented background and the many upcoming changes to the QA program. Highlights included working with a consultant to review and revitalize the existing program, such as implementing a risk-informed online assessment. The new QA program is expected to launch in late 2022.

12. Registrar's Report

M. Pioro presented his report. Council was invited to ask questions and discuss any items noted in the report.

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
- Terms of Reference (it was noted that the terms of reference were included in the Council package, however they were not noted on the agenda.)

MOTION C-25MAR2021 – M04

That Council approve the consent agenda as amended.

Moved: M. Machan

Seconded: J. Snyder
CARRIED

14. Council Question Period

Questions raised included Direct Client Contact (DCC) hours and supervision ratio guideline. Council members were asked to weigh in on whether the ratio is realistic, as well as other relevant considerations.

15. ADJOURNMENT

MOTION C-25MAR2021

That the meeting be adjourned at 2:40 p.m.

Moved: M. Machan
Seconded: J. Snyder
CARRIED

DRAFT

Discipline Committee Report to Council

May 13, 2021

Committee Members	
<ul style="list-style-type: none"> • Heidi Ahonen, RP • Andrew Benedetto, RP • Steven Boychyn • Shelley Briscoe-Dimock, RP • Carol Cowan-Levine, RP, Chair (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 (term ended April 23, 2021) 	

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings & Motions

Referrals:

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

Hearings:

Since the last Council meeting, the following hearings have occurred:

- CRPO v DURANT: March 30, 2021

The following hearing is pending rescheduling:

- CRPO v HARAMIC

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,

Carol Cowan-Levine, RP
Chair, Discipline Committee

Examination Committee Report to Council

May 13, 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:

- March 12, 2021

Panel meetings:

- n/a

At the March 12, 2021 two-hour plenary meeting, the Examination Committee considered the following matters:

Exam Appeal Policy

The Committee approved a revised exam appeal policy.

COVID-19 Mass Extension

The Committee granted a mass extension for any registrants impacted by the COVID-19 pandemic who are unable to make their first or final exam attempt within the timelines specified in the Registration Regulation to the Spring 2022 exam administration.

Modified Peer and Practice Review

The Committee discussed the use of the Modified Peer and Practice Review (PPR) for the purposes of educational upgrading following a second exam failure. The Committee discussed options outside of the modified PPR to assist with educational upgrading such as a mentor, library of resources, and sharing any patterns identified by COMPASS (e.g., over selection in the exam). The Committee directed staff to bring this topic back for discussion at a future meeting.

Terms of Reference

The Committee approved the draft Terms of Reference.

Formal Motions to Council:

n/a



The Committee Recommends:

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

Attachments:

n/a

Respectfully submitted,

Heidi Ahonen, RP
Chair, Examination Committee

Executive Committee Report to Council

May 13, 2021

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

Committee meetings:

- April 15, 2021

The Executive Committee considered the following matters at the April 15, 2021 meeting:

Board Evaluation Project

The Executive Committee discussed the Council efficacy survey to be completed by all Council members throughout the month of May. A verbal update will be provided at the meeting. See agenda item 9.

College Performance Measurement Framework

The Executive Committee reviewed the proposed by-law changes that are needed to align with the CPMF. See agenda item 4.

Regulatory Risk Framework

Executive reviewed a number of possible tools, concepts and processes that encompass the College's approach to regulatory risk. See agenda item 5.

Succession Planning

Executive discussed Council succession planning (leadership development). See Agenda item 6.

Equity, Diversity and Inclusion Education for Council

The Executive Committee supported staff in moving forward with scheduling an Equity, Diversity and inclusion workshop, and an education session on the purpose and importance of land acknowledgments. These sessions will occur at future Council meetings.

Executive Limitations Policies

The Executive Committee approved the Council Registrar Relations policy. See agenda item 8.

Registrar Recruitment

Executive Committee received an update on the Registrar recruitment process, which is ongoing.

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

May 13, 2021

Committee Members	
<ul style="list-style-type: none"> • Heidi Ahonen, RP • Andrew Benedetto, RP • Steven Boychyn • Shelley Briscoe-Dimock, RP • Carol Cowan-Levine, RP, Chair (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 (term ended April 23, 2021) 	

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:

Since the last Council meeting, we have received no new referrals to Fitness to Practise. Currently, we have a total of 3 referrals.

Hearings:

A hearing is scheduled on May 10, 2021.

Pre-hearing Conference:

No pre-hearing conferences have occurred since the last Council meeting. We have one request to schedule a second pre-hearing conference.

Motions/Submissions to the Chair:

We have received one motion to withdraw the allegations of incapacity. This matter is pending scheduling.

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,

Carol Cowan-Levine, RP
Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council May 13, 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-Ying Zhao (term ended April 23, 2021)

Plenary meetings:

- April 22, 2021

Panel meetings:

- April 7, 2021

General Summary

The Committee held a full-day plenary meeting on Thursday, April 22, 2021. The Committee made decisions on its Terms of Reference and an internal policy for processing Registrar's Reports. The Committee also established criteria intended to dictate the structural format of any in-person caution ordered.

Staff shared feedback received about the complaint process. The Committee engaged in rich discussions about numerous topics relevant to complaints and reports received over the last year. This included social media, communicating a diagnosis and the role of a clinical supervisor.

M. Zeballos-Quiben and E. Vanhauwaert from the compliance monitoring team presented information about their growing list of identified education and training resources. These courses are reviewed based on content, instructor, eligibility, evaluation, location and cost. This list of education programs is intended to provide ICRC with options to refer registrants who require additional remediation in a particular area of learning.

Respectfully submitted,

Professional Conduct Team

Quality Assurance Committee Report to Council

May 13, 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-Ying Zhao (term ended April 23, 2021)

Committee meetings:

n/a

The QAC has not met since the last Council meeting on March 25, 2021; however, staff reports that the first case-writing workshop took place on April 21, 2021 as part of the QA Program Enhancement Project. The next case writing workshop has been scheduled for June 4, 2021.

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

May 13, 2021

Committee Members

- Andrew Benedetto, RP (Chair)
- Heidi Ahonen, RP
- Elda Almario, RP (Non-Council Committee Member)
- 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

Committee meetings:

- April 29, 2021

Panel meetings:

- March 26, 2021
- April 23, 2021

At the April 29, 2021 half-day plenary meeting, the Registration Committee considered the following matters:

Clinical Experience Recognition for Programs

The Committee reviewed the results of the pilot project and approved the process for recognizing clinical experience from recognized programs.

Clinical Supervision

The Committee discussed issues relating to clinical supervision and the upcoming stakeholder survey. The Committee will review the results of the survey at its next plenary meeting.

New Recognized Program

The Committee approved a recommendation to recognize the University of Ottawa Master of Arts/Education in Counselling Psychology program.

Language Proficiency Policy

The Committee approved an [updated policy on language proficiency](#).

Registration Exam

The Committee was updated on recent exam sittings, pass rates, and impacts of the pandemic.

Fair Registration Report

The Committee approved the [Fair Registration Practices Report 2020](#) for submission to the Fairness Commissioner.

Panel Packages and Meetings

The Committee discussed the format of panel packages and meetings. The Committee approved a template format for case studies requested by panels.

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	16
Approved	4
Refused	6
Terms, Conditions & Limitations	3
Requests for more information	3

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.

Health Professions Appeal and Review Board Update

Since the March 25, 2021 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned two decisions. HPARB confirmed the Committee's refusals in both cases.

HPARB orders and reasons are posted on CanLii. The decision can be found here:

- [S.C. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [A.S. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)

When an applicant appeals to HPARB, they have the opportunity to make additional submissions in response to the panel's decision and reasons. This sometimes reveals new information not available to the panel that made the original decision. When HPARB returns an application to the College for reconsideration, it is often because new information has come to light. Returning the application for reconsideration allows the panel to review the new information and decide if it changes their original decision.

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: ICRC
Date approved: April 22, 2021	Review date: 2022

Inquiries, Complaints and Reports Committee Terms of Reference

Name and type	Inquiries, Complaints and Reports Committee Statutory
Purpose	The Inquiries, Complaints and Reports Committee (ICRC) is a statutory committee as defined in the <i>Health Professions Procedural Code (Code)</i> , which is Schedule 2 of the <i>Regulated Health Professions Act, 1991 (RHPA)</i> .
Specific Areas of Responsibility	<p>The ICRC develops policies and processes in order to fulfil its mandate.</p> <p>The ICRC will perform the following functions:</p> <ol style="list-style-type: none"> a. through panels selected by the Chair and in accordance with the Code, applicable regulations, by-laws and policies: <ol style="list-style-type: none"> i. investigate complaints, consider Registrar's Reports, and conduct inquiries into alleged member incapacity, professional misconduct and incompetence; ii. request or approve the appointment of investigators; and iii. make fair and reasonable dispositions of all matters brought before it. b. consider and make recommendations for changes to applicable legislation, regulations, by-laws, policies, programs, standards and guidelines that fall within the scope and purpose of the Committee; and, c. 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 legislation and policy.
Committee Composition	<p>Members of the ICRC are appointed by Council.</p> <p>The Committee must be composed of at least three (3) persons and must include:</p> <ul style="list-style-type: none"> • at least two (2) registrants who are members of Council; • at least one (1) public member, and; • one (1) or more registrants who are not members of Council if Council so wishes. <p>The number of Committee members who are also registrants must, wherever possible, exceed the number of public members.</p>

<p>Panel Composition</p>	<p>Panels are selected by the Chair to perform statute-specific functions.</p> <p>In accordance with the Code, panels of the ICRC must be composed of:</p> <ul style="list-style-type: none"> • at least three (3) members of CRPO Council: • at least one (1) of whom must be a public member appointed by the Lieutenant Governor in Council. <p>Three members of a panel constitute a quorum.</p>
<p>Committee Competencies</p>	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies.</p> <p>Appointed committee members (i.e., non-council appointments) may be required to meet the minimum Council Competencies and Attributes.</p>
<p>Decision-Making Process</p>	<p>Wherever possible, decisions will be made by consensus. When necessary, formal voting will be used.</p> <p>Unless specifically provided for otherwise under the Code or the by-laws, every motion that properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.</p> <p>The Committee Chair, as a member of the Committee, may vote. In the event of a tie vote, the motion is defeated.</p>
<p>Evaluation</p>	<p>The ICRC will be evaluated through:</p> <ul style="list-style-type: none"> • Regular reports to Council including information on adherence to policies and procedures • Participation in annual committee evaluation
<p>Delegated Authority</p>	<p>The ICRC will advise Council with respect to inquiries, complaints and reports.</p>
<p>Reporting</p>	<p>The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.</p>
<p>Appointment of Chair</p>	<p>The Chair or Chairs of the Committee will be appointed by Council.</p> <p>In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.</p>
<p>Quorum</p>	<p>The quorum for the committee or a panel of the committee is three (3) members unless otherwise provided in the Code or the by-laws.</p>

	Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee 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 <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the By-laws outlines the Rules of Order of Council.