

COUNCIL AGENDA

Date: Thursday, December 2, 2021
Time: 9:30 a.m. to 12:00 noon
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	1-3	Decision	S. Briscoe-Dimock
3.	9:34	Conflict of interest declarations <i>Council is asked to complete and return the Conflict-of-Interest Declaration form to document their status relative to the agenda prior to the meeting.</i>	1. Briefing Note 2. COI disclosure form 3. COI Worksheet 4. COI process	4-9	Information	S. Briscoe-Dimock
DISCUSSION & DECISIONS						
4.	9:35	Committee Appointments Slate 2021-22 <i>Council is being asked to approve the proposed appointments for committee composition.</i>	1. Briefing Note References: 1. Current Committee appointments 3. Committee Appointments policy	10-13	Discussion, decision	S. Briscoe-Dimock
5.	9:55	Diversity and Inclusion Working Group <i>Council is being asked to approve the creation of a Diversity and Inclusion Working Group</i>	1. Briefing Note	14-15	Discussion, decision	D. Adams
INFORMATION						
6.	10:05	Risk Register	1.RRM information package	16-25	Information, discussion	M. Pioro

7.	10:25	Budget Preparation f. 2022-23 <i>Council is being provided with an update on budget development.</i>	1. Briefing Note 2. Revenue Projections (available at meeting)	26-28	Information, discussion	D. Adams, J. Falkenburger
BREAK (10:40-10:55)						
8.	10:55	Standards Review update <i>Council will receive an update regarding the ongoing standards review.</i>			Information, discussion	M. Piro, K. Lomp
9.	11:10	Succession Planning: Role Descriptions <i>Council is being provided with role descriptions for leadership positions to support work on competency development and succession planning.</i>	1. Briefing Note 2. Executive Member-at-large Role Description 3. President Role Description 4. Vice President Role Description 5. Committee Chair Role Description 6. Panel Chair Role Description 7. New Council Mentor guidelines Reference: Succession Planning Policy	29-44	Information, discussion	S. Briscoe-Dimock
10.	11:20	Board Evaluation <i>Council is being provided with the Q3 report and an update on next steps in the evaluation framework implementation.</i>	1. Q3 Evaluation report	45-54	Information	S. Briscoe-Dimock, D. Adams
11.	11:35	Registrar's Report <i>Council will have the opportunity to ask questions</i>	1. Registrar's Report 2. Web analytics	55-59	Information	D. Adams

		<i>related to the Registrar's written report.</i>				
CONSENT AGENDA						
12.	11:40	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: September 16, 2021 Committee Reports: 1. Discipline 2. Examination 3. Executive 4. FTP 5. Inquiries, Complaints & Reports 6. Quality Assurance 7. Registration	60-66 67-92	Motion	S. Briscoe-Dimock
13.	11:50	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
	12:00	ADJOURNMENT			MOTION	S. Briscoe-Dimock
		a. Confirm Meeting & Prep Time b. 5-minute meeting evaluation c. Next Meetings: <ul style="list-style-type: none"> • January 27, 2022 • March 30, 2022 (Council education) • March 31, 2022 • May 26, 2022 • June 23, 2022 • September 15, 2022 • December 8, 2022 				

Briefing Note for Council

Meeting Date:	December 2, 2021
Agenda Item #	4.0
Issue:	Committee appointments slate
Attachment(s):	2021-2022 Proposed Committee Composition
References:	Committee Appointments policy CRPO By-laws
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

As the body charged with ensuring that Registered Psychotherapists provide safe, ethical and competent care to Ontarians, individuals serving on Council and committees must possess the knowledge, skills and experience to discharge their duties effectively.

CRPO's Council has adopted a competency framework, which sets out the required individual and Council level competencies as well as committee composition. This framework allows CRPO to be effective and efficient by directing that qualified individuals are appointed to ensure continued competence across all regulatory and governance functions.

Source of Authority:

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

Background:

Each year, the Executive Committee reviews CRPO Council's current committee composition and provides its recommendations for appointments and reappointments to Council. Providing for change in the composition of committees through term changes allows the College to build capacity within the organization. Maintaining consistency in committee composition (typically over the course of a member's term) is beneficial for continuity of the committee as well as allowing members to develop in-depth of knowledge and skill in a particular area of the regulatory work.

Key Considerations:

Although committee composition has remained consistent from last year, there were two new public appointments and eight new non-Council appointments made in 2021. Additionally, three professional members' seats will be subject to the 2022 general election in June.

Next Steps:

Given the ongoing efforts to implement governance-led improvements – including increasing onboarding and training requirements for new members, the broader use of competence and composition matrices to direct appointments, the addition of new Committee members through non-Council appointments and more rigorous succession planning for leadership positions – the Executive Committee has determined that it would be appropriate for the current composition of committees remain in place for another year.

Recommendations:

The Executive Committee recommends that Council approve the 2021-2022 committee composition as presented.

Proposed Motion:

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

Council Members 2021-2022	Executive	Client Relations	Discipline	Examination
<p>Professional 1. Andrew Benedetto 2. Heidi Ahonen 3. Shelley Briscoe-Dimock (President) 4. Kali Hewitt-Blackie 5. Kenneth Lomp (VP) 6. Michael Machan 7. Miranda Monastero 8. Judy Mord 9. Radhika Sundar</p> <p>Public 10. Steven Boychyn 11. Sherine Fahmy 12. David Keast 13. Grishanth Ram 14. Keri Selkirk</p>	<p>Professional Andrew Benedetto Shelley Briscoe-Dimock © Kenneth Lomp</p> <p>Public Steven Boychyn Keri Selkirk</p>	<p>Professional Shelley Briscoe-Dimock Judy Mord Radhika Sundar</p> <p>Public Steven Boychyn Keri Selkirk</p> <p>Non-Council Sue Lymburner ©</p>	<p>Professional Heidi Ahonen Andrew Benedetto Shelley Briscoe-Dimock Kali Hewitt-Blackie Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar</p> <p>Public Steven Boychyn Sherine Fahmy David Keast Grishanth Ram Keri Selkirk</p> <p>Non-Council Carol Cowan-Levine ©</p>	<p>Professional Heidi Ahonen © Andrew Benedetto Kali Hewitt-Blackie Michael Machan Miranda Monastero</p> <p>Public Steven Boychyn Keri Selkirk</p> <p>Non-Council Felipe Cepeda</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p>Professional Heidi Ahonen Andrew Benedetto © Michael Machan Radhika Sundar</p> <p>Public David Keast Grishanth Ram</p> <p>Non-Council Elda Almario Muriel McMahan Ahil Nageswaran</p>	<p>Professional Heidi Ahonen Andrew Benedetto Shelley Briscoe-Dimock Kali Hewitt-Blackie Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar</p> <p>Public Steven Boychyn Sherine Fahmy David Keast Grishanth Ram Keri Selkirk</p> <p>Non-Council Carol Cowan-Levine ©</p>	<p>Professional Shelley Briscoe-Dimock © Kali Hewitt-Blackie Kenneth Lomp Miranda Monastero Judy Mord</p> <p>Public Steven Boychyn Sherine Fahmy Keri Selkirk</p> <p>Non-Council David Bruce Carla Ribeiro Kafui Sawyer VACANT</p>	<p>Professional Michael Machan © Judy Mord Radhika Sundar</p> <p>Public Sherine Fahmy David Keast Grishanth Ram</p>	<p>Professional Heidi Ahonen Andrew Benedetto Kali Hewitt-Blackie Kenneth Lomp © Miranda Monastero</p> <p>Public Sherine Fahmy David Keast</p> <p>Non-Council Kayleen Edwards Brenda Sedgwick</p>

Council Member	CRC	Discipline	Exam	Executive	FTP	ICRC	N&E	QA	Reg	Total
PROFESSIONAL										
Heidi Ahonen		X	©		X			X	X	5
Andrew Benedetto		X	X	X	X			X	©	6
Shelley Briscoe-Dimock	X	X		©	X	©				5
Kali Hewitt-Blackie		X	X		X	X		X		5
Kenneth Lomp		X		X	X	X		©		5
Michael Machan		X	X		X		©		X	5
Miranda Monastero		X	X		X	X		X		5
Judy Mord	X	X			X	X	X			5
Radhika Sundar	X	X			X		X		X	5
Total Professional:	3	9	6	3	9	5	3	5	4	
PUBLIC										
Steven Boychyn	X	X	X	X	X	X				6
Sherine Fahmy		X			X	X	X	X		5
David Keast		X			X		X	X	X	5
Keri Selkirk	X	X	X	X	X	X				6
Grishanth Ram		X			X		X		X	4
Total Public:	2	6	3	2	6	3	3	2	2	
NON-COUNCIL										
Sue Lymburner	©									1
Kayleen Edwards								X		1
Muriel McMahon									○	1
Brenda Sedgwick								X		1
Ahil Nageswaran									X	1
Carla Ribeiro						X				1
Elda Almario									X	1
Felipe Cepeda			X							1
Kafui Sawyer						X				1
David Bruce						X				1
Carol Cowan-Levine		©			©					2
Total Non-Council:	1	1	1	0	1	3	0	2	3	

© Committee chair

○ IRTG panel appointment only

Briefing Note for Council

Meeting Date:	December 2, 2021					
Agenda Item #	5.0					
Issue:	Diversity and Inclusion Working Group					
References:	Regulatory Objectives Committee competency matrix Committee composition matrix					
Action:	Information	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Decision	<input checked="" type="checkbox"/>
Staff Contact:	D. Adams					
Submitted by:	Executive Committee					

Purpose & Public Interest Rationale:

CRPO's policies, guidelines, standards and Code of Ethics should promote diversity, equity, and inclusion (DEI). These values need to be reflected in the Council's strategic planning activities and approach to work so that these principles and values are reflected in the regulatory work done by CRPO and the care provided by RPs to the public.

Background:

CRPO's [Regulatory Objectives](#) specifically include promoting equity, diversity and inclusion in the provision of psychotherapy services. Taken with the other objectives, this provides Council and staff with the mandate to ensure that our work is done in a way that strives to address inequities, racism and injustice in the way that we protect the public.

A Diversity and Inclusion Working Group (DIWG) could provide a forum for CRPO to effectively engage with and be informed by registrants with lived experience of barriers that exist for racialized or members of other marginalized communities seeking to enter the profession, working in mental health and for clients receiving care.

Source of Authority:

CRPO's by-laws, [Section 12.2 Creation of Additional Non-Statutory Committees](#), direct that Council may establish and maintain any additional committees deemed necessary for the effective and efficient function of the College.

Note that "Committee" means a committee of the College and includes statutory committees established under section 10 of the Code, standing committees, ad hoc committees, planning groups and **working groups** and any other committee established by Council under these by-laws;

Key Considerations:

A DIWG could advise the Registrar with linkages to support both the strategic work of meeting our regulatory objectives as well as core regulatory functions. Such a group would be best positioned to assist in identifying and addressing the legacy of challenges, disproportionate

impacts, violence, and discrimination in Black, Indigenous and racialized peoples' experience in health professions, including psychotherapeutic services.

Specific deliverables for this working group could include:

- identifying health equity impacts of systemic racism, specifically access to mental health services
- reviewing registrant competency (both entry-to-practice and continuing competency through QA)
- informing work of sustainable, data-driven, accountable initiatives to address systemic racism
 - through standard review and standard setting
 - through assessment of complaints and discipline data
- supporting alignment of right-touch regulation as it relates to inclusivity
- assisting in addressing information deficits (e.g., collecting racial identity data from registrants and about clients)

Draft terms of reference, based on the current CRPO template and approach, would need to be developed for an ad hoc, non-statutory working group that would provide advice and recommendations but would not have formal authority. The Working Group would report to Council at some, though not necessarily all scheduled meetings. Reports to Council could be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.

Next Steps:

The Executive Committee discussed the Registrar's request to strike a DIWG and to provide input on the creation of a terms of reference, a plan for member recruitment, work plan development and strategic alignment. They directed that work should proceed on this front and Council should be asked to approve the creation of the Diversity and Inclusion Working Group.

Proposed Motion:

[Be it moved] that Council approve the creation of the Diversity and Inclusion Working Group.

Regulatory Risk Management Tools

DRAFT v. November 9, 2021 – For illustrative purposes

Overview

The purpose of regulatory risk management is to identify, assess and respond to non-compliance, harm or other problems in the practice of the profession, or in the health system in which registrants work. A systematic approach to regulatory risk creates accountability for monitoring and addressing these risks.

The following are tools to assist in focusing CRPO's work on regulatory risks.

1. Mission, Vision and Values

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

All College work should fall within the general mission of CRPO.

2. Regulatory Objectives

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

Regulatory objectives help clarify whether specific initiatives further the College's mission.

3. Regulatory Risk Flow Diagram

Attached

Illustrates the sources, analysis and possible outcomes of risk information.

4. Right Touch Decision Tree

Attached

Source: UK PSA. Contains questions to ask before considering new regulatory measures.

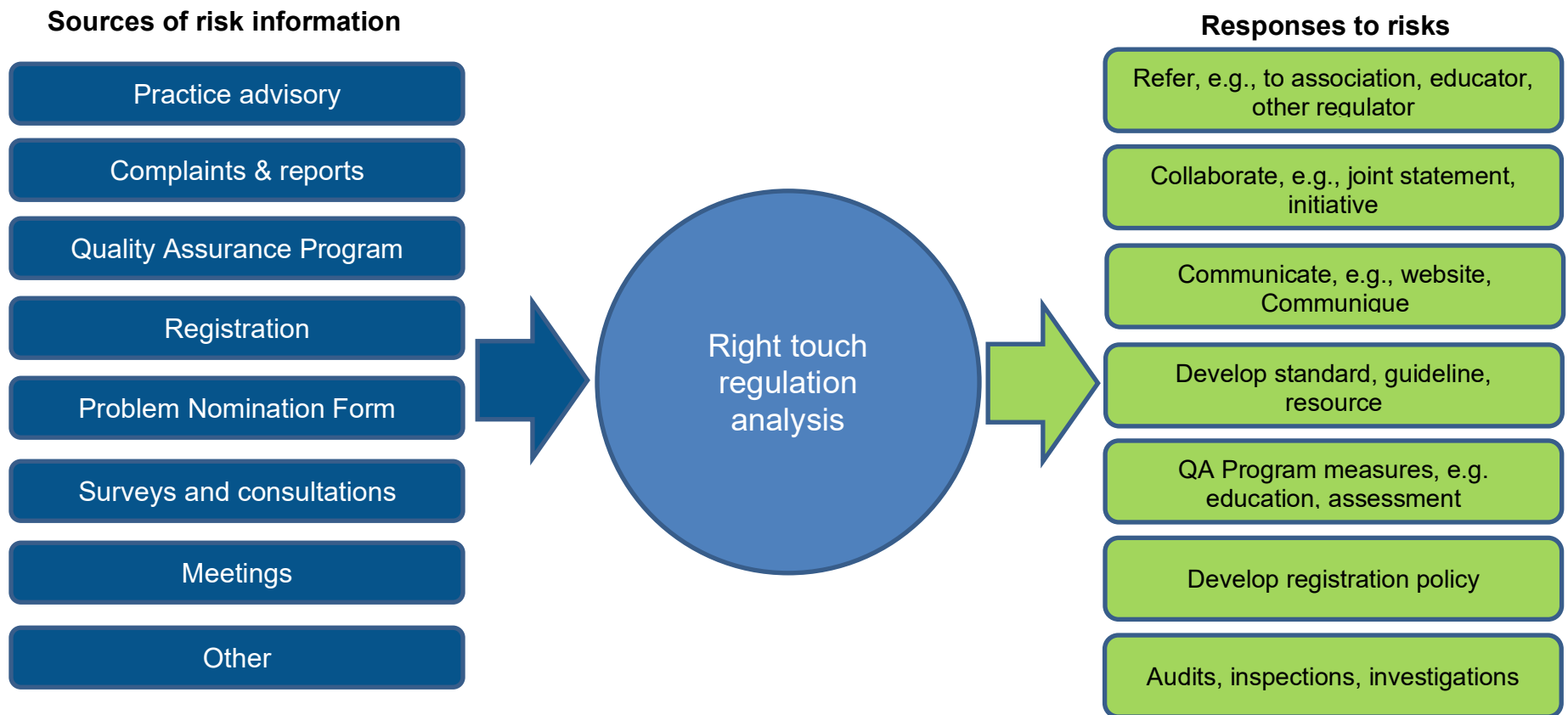
5. Regulatory Risk Register

Attached

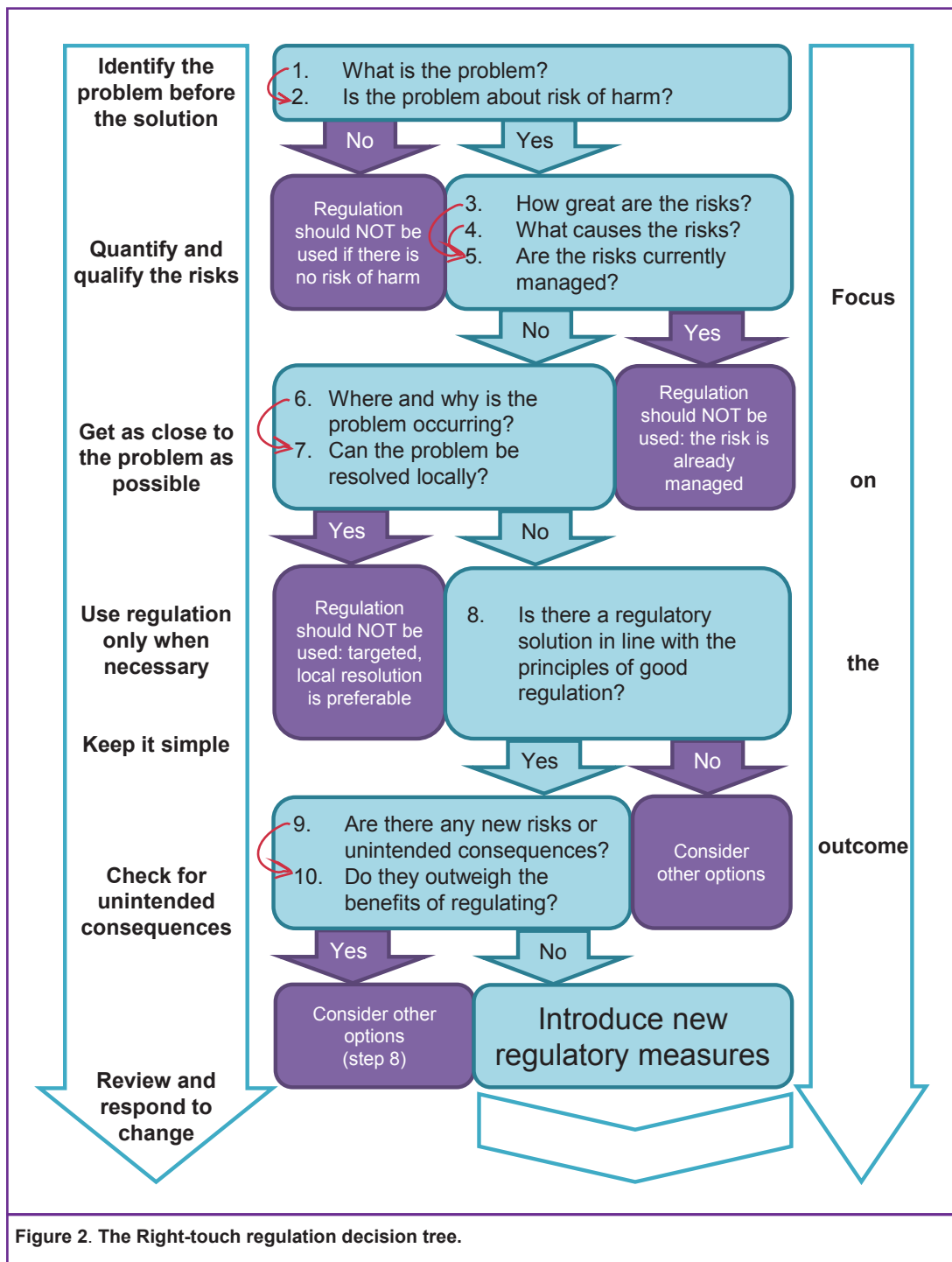
Evolving repository of regulatory risks and response measures.

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).



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8 CRPO annotations (red), arrow indicates previous question feeds into the next.

UK PSA October 2015

CRPO Regulatory Risk Register

v. DRAFT November 9, 2021

Risk description	Risk rating	Measures in place	Measures to consider or pending
Sexual misconduct			
Sexual abuse of current clients by registrants		<ul style="list-style-type: none"> • Sexual abuse web page • Zero Tolerance of Sexual Abuse by Members Policy • Sexual abuse therapy fund • Procedural safeguards and accommodations, e.g. support person, publication ban, testify behind screen • Standard 1.8 Undue Influence and Abuse • Mandatory reporting provisions • Mandatory suspension, revocation for sexual abuse 	<ul style="list-style-type: none"> • Trauma-informed review of investigation process (pending) • Staff and Council/committee training program on trauma-informed responses to sexual abuse allegations
Sexual abuse of former clients by registrants		<ul style="list-style-type: none"> • Policy on Sexual Contact with Former Clients within 5-Years Post Termination of Care • Guideline: Sexual Contact with Former Clients beyond Five-Years Post Termination of Care 	<ul style="list-style-type: none"> • Trauma-informed review of investigation process (pending) • Staff and Council/committee training program on trauma-informed responses to sexual abuse allegations
Sexual misconduct with supervisees or students		<ul style="list-style-type: none"> • Standard 1.5 General Conduct (includes DDU and conduct unbecoming) • Mandatory revocation for certain criminal findings (e.g. sexual assault, even if non-client) 	<ul style="list-style-type: none"> • Incorporate into Professional Practice Standards
Sexual misconduct in personal life		<ul style="list-style-type: none"> • Standard 1.5 General Conduct (includes DDU and conduct unbecoming) • Mandatory revocation for certain criminal findings (e.g. sexual assault, even if non-client) 	<ul style="list-style-type: none"> • Incorporate into Professional Practice Standards
Boundary violations (non-sexual)			
Personal or business relationships with current or former clients		<ul style="list-style-type: none"> • Standard 1.7 Dual or Multiple Relationships 	<ul style="list-style-type: none"> • Standard 1.7 currently under review

Risk description	Risk rating	Measures in place	Measures to consider or pending
Multiple roles in small education programs (teacher, supervisor, therapist)		<ul style="list-style-type: none"> • Standard 1.7 Dual or Multiple Relationships 	<ul style="list-style-type: none"> • Standard 1.7 currently under review
Non-therapeutic self-disclosure, e.g., therapist's personal views, including intolerance or cultural insensitivity		<ul style="list-style-type: none"> • Jurisprudence Manual, section on boundaries 	TBD
Frequent communication with client outside therapy session		<ul style="list-style-type: none"> • Jurisprudence Manual, section on boundaries 	TBD
Meeting clients outside therapy office (informal session locations)		<ul style="list-style-type: none"> • Jurisprudence Manual, section on boundaries 	TBD
Social media and internet boundary crossings			<ul style="list-style-type: none"> • Social media guideline
Individuals unclear whether therapist is offering psychotherapy or a different service			<ul style="list-style-type: none"> • Consider developing guidance
Improper or inadequate supervision			
False or misleading invoices		<p>For all supervision-related issues:</p> <ul style="list-style-type: none"> • Standard section 4 Clinical supervision • Supervision web pages 	<p>For all supervision-related issues:</p> <ul style="list-style-type: none"> • Clinical supervision review currently underway • In discussion with stakeholders about the need for supervision courses for registrants

Risk description	Risk rating	Measures in place	Measures to consider or pending
Abuse of power by clinical supervisor over supervisees			
Inadequately trained supervisors			
Absent or unclear supervision agreements			
Inadequate oversight or support of supervisees			
Poor supervision record-keeping		<ul style="list-style-type: none"> • Clinical supervision records checklist 	
Issues with delegating controlled acts to supervisees/RPs E.g. Motor Vehicle Accident (MVA) assessments			
Falsely claiming supervision for insurance purposes			
Client transition and record custody when leaving supervised practice			
Scope of practice (competence, credentials, controlled acts)			
Confusing assessment and diagnosis		<ul style="list-style-type: none"> • Standard section 1.4: Controlled acts 	<ul style="list-style-type: none"> • Review standard

Risk description	Risk rating	Measures in place	Measures to consider or pending
Falsely implying specialization with inadequate training		<ul style="list-style-type: none"> Standard section 1.2: Use of Terms, Titles & Designations 	<ul style="list-style-type: none"> Review standard
Taking on clients outside of one's competence		<ul style="list-style-type: none"> Standard section 2: Competence 	<ul style="list-style-type: none"> Review standard
Advertising substandard or degree mill credentials		<ul style="list-style-type: none"> Standard section 1.2: Use of Terms, Titles & Designations 	<ul style="list-style-type: none"> Review standard
Students registering with CRPO with little clinical experience			<ul style="list-style-type: none"> Review situation
Children and Families			
Report-writing amid custody proceedings		<ul style="list-style-type: none"> Several standards apply to this situation (1.6 Conflict-of-interest; 2 Competence; 3.1 Confidentialiy; 3.2 Consent; 5.2 Failing to Provide Reports; 5.3 Issuing Accurate Documents) 	<ul style="list-style-type: none"> Consider developing specific guidance
Conflicting roles serving individuals, children and families			<ul style="list-style-type: none"> Review Standard 1.6 Conflict of Interest
Inadequate training to work with high-conflict couples or families		<ul style="list-style-type: none"> Standard section 2: Competence 	<ul style="list-style-type: none"> Review standard
Inadequate risk assessment and safety planning in response to violence against women		<ul style="list-style-type: none"> Communicated with education programs about need to focus on this or related topics (2019-2021) Responded to August 2021 report from Office of the Chief Coroner by forwarding recommendations to registrants in October Communique and noting for future review 	<ul style="list-style-type: none"> Incorporate into revised Professional Practice Standards, Jurisprudence Module; QA online assessment

Risk description	Risk rating	Measures in place	Measures to consider or pending
Record-keeping			
Overly brief or illegible client records		<ul style="list-style-type: none"> Professional Practice Standards Section 5: Record-Keeping and Documentation CRPO Clinical Records Checklist 	<ul style="list-style-type: none"> CRPO in dialogue with stakeholders to develop a psychotherapy-specific record-keeping course that can be taken as PD or required as a SCERP by registrants
Business Practices			
Non-competition clauses			<ul style="list-style-type: none"> Consider developing guidance
Excessive client or supervision fees		<ul style="list-style-type: none"> Standard 6.1 Fees 	TBD
Abandoned healthcare records on registrant death		<ul style="list-style-type: none"> Health information custodian successor requested at every annual renewal Standard 6.4: Closing, Selling or Relocating a Practice Practice Matters article on contingency planning Refer stakeholders to Ontario Information and Privacy Commissioner 	<ul style="list-style-type: none"> Additional, stepwise guidance on professional will, closing a practice, etc.
Unauthorized or Unregulated Practice			
Students or graduates delaying registration, practising unregulated		<ul style="list-style-type: none"> Unauthorized practice process 	<ul style="list-style-type: none"> Review situation and communicate with education programs

Risk Register Explanatory Notes

Risk descriptions

These are short descriptions of each risk heading or category. The risks described are not exhaustive. The register will be regularly reviewed and evolve.

Risk rating

The risk rating is:

- **Inter-subjective.** The scores for significance and frequency, while based on data and several people’s informed perspectives, are not intended to be precise or exact.
- **Provisional.** It can change based on new information or considerations.
- **Practical.** It is intended to guide the priority and extent of response to each risk.

The risk rating colour is related to the multiplication of risk severity and risk likelihood. Risk severity is determined by reviewing:

- Significance of outcomes (e.g. referring complaints to the Discipline Committee, refusing applications for registration)
- The priorities of stakeholders (e.g. the public, government, registrants, Council members)

Risk likelihood is based on how often the issue arises within:

- College committees (e.g. complaints, applications for registration)
- Practice advisory inquiries
- Stakeholder input

Risk Rating Legend

Severity				Likelihood
High (4-5)	4-10	12-15	16-25	
Medium (3)	3-6	9	12-15	
Low (1-2)	1-2	3-6	4-10	
	Low (1-2)	Medium (3)	High (4-5)	

Measures in place

- Does not include general, college-wide processes that apply to all risks, e.g. investigating complaints, Quality Assurance Program, screening applications for registration, etc. Rather, this section refers to measures focusing on particular risks.

Briefing Note for Council

Meeting Date:	December 2, 2021
Agenda Item #	7.0
Issue:	CRPO fiscal 2022-2023 Annual Budget Preparation
Attachment(s):	2022-2023 Revenue Estimates draft (to be provided at the meeting)
References:	CRPO By-laws
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	J. Falkenburger, D. Adams
Submitted by:	Executive Committee

Public Protection Rationale:

The College must demonstrate responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

A College's strategic plan and budget must complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

Background:

In preparation for the presentation of the fiscal 2022/23 budget to Council in January, the Executive Committee has agreed that staff should provide an overview of the estimated revenues and a high-level summary of the work expected expenditures will cover.

The Executive Committee will be asked to approve the detailed budget prior to it coming to Council; this meeting agenda item is to provide Council with an opportunity to understand the ongoing planning to align the allocation of resources with achieving CRPO's regulatory objectives over the coming year.

Revenue: Fees

CRPO's by-law [19.05 Fee Increases](#) provides for a fee increase every two years based on the percentage increase for that two year period in the Consumer Price Index (CPI) for goods and services in Canada as published by Statistics Canada or any successor organization.

Based on this, there should have been a fee increase in June 2020. Council decided to defer this increase because many RPs had seen decreased earnings due to the Chief Medical Officer of Health's March 19 directive to cease all non-urgent services

Increases to CPI over the past four years are as follows:

2018 2.3%
 2019 1.9%
 2020 0.7%
 2021 4.4%
 (to date)

Staff is proposing an increase of 4% to fees to estimate revenues. This lower rate (than the cumulative 2020 and 2021 to date increases) recognizes that the restrictions due to the pandemic may have continued to impact registrants beyond the order to cease all non-urgent services.

Note that this increase will not impact the 2022 renewal since the by-laws dictate that the change comes into effect in June.

Revenue: Application and Registrant Numbers

Month	JRP		
	2019-2020	2020-2021	2021-2022
April	112	105	200
May	120	127	153
June	71	101	130
July	82	103	109
August	97	102	138
September	80	107	137
October	108	77	143
November	88	118	
December	106	145	
January	167	26	
February	100	237	
March	90	250	

Month	Applications		
	2019-2020	2020-2021	2021-2022
April	65	84	175
May	90	102	167
June	80	100	114
July	80	88	98
August	92	70	110
September	70	90	100
October	77	84	107
November	86	73	
December	108	151	
January	107	23	
February	97	203	
March	93	193	

Revenue projections are based on the expected continued growth of registrant numbers, as supported by the sustained trend upward in both the number of applications submitted and JRP payments (which indicate intent to apply).

Planned Expenditures

In addition to the costs of core regulatory work, there are a number of projects either planned or underway that will need to be funded through the fiscal 2022 – 2023 budget. These include:

- QA enhancement project assessment platforming
- complaints and QA module development in the registrant management system
- communications outreach (including in person town halls and public focus groups in the third quarter, provided in person meetings are possible)

Governance and Operations Expenditures

Staff is also proposing increases (to be discussed and approved by the Executive Committee before formally coming to Council) to Council/committee remuneration and the President's stipend.

A proposed increase to the per diem for Council and committee work is in line with Council discussions of routine incremental increases Council/committee remuneration. The proposed increase to the President's stipend is in consideration of the time commitment and responsibility that the position involves.

The budget proposal will also include staff salary realignment and staffing increases. A regulatory sector salary review will inform any salary increases. Staffing increases are underway to support growth of the registrant base, enhancements to the QA program and the need for policy and communications expertise

Next Steps:

The Executive Committee will be presented with a full budget (revenue and expense) proposal for their detailed review. They will be asked to approve the proposal before it is brought to Council at the January 2022 meeting.

Briefing Note for Council

Meeting Date:	December 2, 2021
Agenda Item #	9.0
Issue:	Succession Planning: Role Descriptions
Attachments:	Appendix A: Executive Member-at-large Role Description Appendix B: President Role Description Appendix C: Vice President Role Description Appendix D: Committee Chair Role Description Appendix E: Panel Chair Role Description Appendix F: New Council Mentor guidelines (for information)
References:	Succession Planning Policy
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Council and statutory committee members must have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Effective onboarding, relevant ongoing education, and appropriate succession planning help 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

Background:

At the May 2021 meeting, staff provided Council with draft copies of role descriptions and asked to consider what approach should be taken to filling leadership roles, particularly, how to educate and support Council members interested in pursuing leadership positions. Topics included mentoring and co-chair positions. Council also discussed using a diversity lens to ensure that leadership positions reflect the population at large.

Staff was directed to continue to revise the role descriptions so they align with time commitment expectations and will further develop the role of Vice-President to share or be assigned certain responsibilities along with the President. Staff also developed a mentoring guideline as part of the leadership roles available to interested Council and non-Council members; it is presented here for information only.

The Executive Committee, in its capacity as the stewards of CRPO's governance reform work, reviewed and approved the role descriptions at its October meeting.

Next Steps:

The Executive Committee recommends that Council adopt the following role descriptions:

- Executive Member-at-Large
- President
- Vice-President
- Committee Chair
- Panel Chair

Proposed Motion:

[Be it moved] that Council adopt the role descriptions as presented.

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 by-law. 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

- Meeting agenda items are well deliberated.
- Registrar's annual evaluation is completed in a timely manner.
- Committee chair and committee member appointments are completed, taking into account required competencies and composition.
- Risk as it relates to the Executive committee's mandate is managed.
- Policy development, policy implementation, and communications initiated or led by the committee are informed by and respectful of diversity, including culture and gender identity.

President 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 President.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of President performance and Council function.

Overview

The role of the President is maintaining the integrity of the Council's process.

As per by-law [7.01 Duties of the President](#), the President shall:

- if present, and subject to article 11.06, 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](#) related to Communications; and
- perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

Specific Responsibilities

1. The President is accountable to the Council.

2. The responsibility of the President is that Council planning, oversight and evaluation are consistent with its governance role and Council-Registrar Relationship policy and those legitimately imposed upon it from outside the organization.

- (a) Meeting discussion content will only be those issues which, according to Council policy, clearly belong to the Council to decide, not the Registrar.
- (b) Deliberation will be fair, open and thorough, but also efficient, timely, orderly, and kept on topic.
- (c) Promotes the establishment and evaluation of the CRPO's strategic goals

- (d) Champions an ongoing Council (and non-Council) member performance evaluation, which includes annually providing Council members with individual feedback regarding their performance and managing any performance issues that contravene the College's Code of Conduct.

2. This authority extends to all decisions which fall within, and are consistent with, any reasonable interpretation of Council governance policies and on the Council-Registrar Relationship, except where the Council specifically delegates portions of this authority to others. The President must recognize Council adopted procedures where they exist.

- (a) Chairs Council and Executive Committee meetings, including assisting in agenda planning and facilitating participation of members of Council & Executive in meetings by cultivating an open dialogue, guiding discussion and navigating conversation on contentious issues.
- (b) The President has no authority to make decisions about policies created by the Council within the Executive Limitations policy areas.
- (c) While the President is the liaison between the Council and the Registrar, the President only has the authority to supervise or direct the Registrar within agreed Council policy.
- (d) The President may act as the authorized spokesperson in accordance with the by-laws and approved policies and positions of the College.
- (e) The President has a responsibility to ensure security and maintenance of confidential Council documents.
- (f) The President is empowered to ensure the orientation of newly appointed Registrar and Council members.
- (g) The President ensures continuity of College business by developing a succession plan.
- (h) The President is empowered to seek legal advice directly in matters that relate directly or indirectly to the Registrar & CEO's performance, employment contract or other similar matters.

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](#)

In addition to expected meeting preparation and attendance, the President is expected to commit to:

- regularly scheduled update meetings with the Registrar
- being available to respond to external (e.g., government, media) requests for information
- acting as authorized spokesperson in accordance with the by-laws and approved policies and positions of the college
- participating in outreach to stakeholders (e.g., government, professional associations, education and training programs, registrants, etc.)
- leading the Executive Committee in preparation for completion and delivery of the Registrar's annual evaluation
- Review of Council member evaluations
- Review of committee chair evaluations
- Review of committee member evaluations
- participating in welcoming/orienting new Council members
- check ins with all committee chairs
- check ins with all Council members
- banking approvals
- other activities/duties as indicated

Role Outcomes

- Council and Executive Committee meeting agendas are planned collaboratively with the Registrar.
- Meeting agenda items are well covered in Council and Committee meetings.
- Media are updated as needed.
- Stakeholders are informed/updated on College related information (e.g., government, training programs, professional associations, Registrants).
- Registrar's annual evaluation is completed and delivered in a timely manner.
- Council, committee chair and committee member evaluations are reviewed and addressed in a professional and timely manner.
- New Council members feel welcomed and are sufficiently oriented to participate in Council meetings.
- New Executive members are sufficiently oriented to participate in Executive meetings.
- Committee chairs and Council members are afforded an opportunity to discuss issues to support and promote the improvement of committee and Council effectiveness.
- Approvals (e.g., banking, signature) requiring the President's authorization, approval or signature are completed in a timely manner.
- Risk as it relates to the Executive Committee's mandate is managed, and Council is alerted to pertinent issues in a timely 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.

Vice-President 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 Vice President.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of Vice President performance and Council function.

Overview

The Vice-President is elected by Council and has the ability to perform the duties of the President as assigned or if the President is unable to fulfil those duties in accordance with the CRPO by-laws (7.02).

Specific Responsibilities

The Vice-President will ensure consistency and integrity in Council's processes as well as providing regular supportive duties to the President in the interest of capacity building and succession planning.

In addition to the description noted in the by-laws, the Vice-President,

- is an officer of the College and is an elected member of the Executive Committee
- assists President in agenda planning and meeting facilitation
- assists the President in providing leadership to the College
- ensures continuity of College business by participating in succession planning and mentorship with the President

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](#)

In addition to expected meeting preparation and attendance, the Vice-President is expected to commit to:

- participating in outreach to stakeholders (e.g., government, professional associations, education and training programs, registrants, etc.)
- collaborating with Executive in preparation for completion and delivery of the Registrar's final annual evaluation
- Review of Council member evaluations
- Review of committee chair evaluations
- Review of committee member evaluations
- banking approvals
- other activities/duties as indicated

Role Outcomes

- The President is supported in their role and responsibilities.
- Council meeting discussions are supported (e.g., through speaker's list, support in breakout discussion).
- Council, committee chair and committee member evaluations are reviewed and addressed in a professional and timely manner.
- Approvals (e.g., banking, signature) requiring an officer's authorization, approval or signature are completed in a timely manner.
- Risk as it relates to the Executive committee's mandate is managed, and Council is alerted to pertinent issues in a timely 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.

Committee Chair Role Description

Context

CRPO committees operate within a prescriptive framework drawn primarily from legislation and by-law. 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

[CRPO Council: Time Commitment Guideline](#)

In addition to expected meeting preparation and attendance, the Committee Chair is expected to commit to:

- provide direction to staff related to plenary agenda planning and meeting materials
- provide feedback (as needed) as to how committee members are fulfilling their duties
- review and approve committee reports to Council
- contribute to annual report content development

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.

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

[CRPO Council: Time Commitment Guideline](#)

In addition to expected meeting preparation and attendance, the Panel Chair is expected to commit to:

- review and sign off on all decisions and reasons
- provide feedback (as needed) as to how panel members are fulfilling their duties

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.

DRAFT Mentoring Guidelines

Criteria:

Mentors will be matched with a new Council member who will be appointed to at least one of the same committees.

Mentors will have:

- at least 1 year of service on Council
- completed prescribed training

Objectives:

Mentoring will help newly elected or appointed public and professional Council members to:

- Support developing familiarity with their roles and responsibilities
- Reinforce the mandate and functions of CRPO
- Share some of the organizational culture as part of the backdrop of their training
- Get personally acquainted with at least one Council member
- Reinforce the provision of the information and obtain support they need to ensure regulatory and governance success
- Feel comfortable asking questions and do the work of “learning in public”

Approach:

Check in prior to first meeting

Schedule a call prior to the first meeting, once meeting materials are available. With meeting materials call and answer any questions regarding the content of the materials, the agenda items or meeting processes.

Serve as a coach during Council or committee meetings

If in person, mentors will sit next to the new Council member, to provide additional background information, translate terms and acronyms, and help them navigate through meeting materials.

Follow-up after meeting

Debrief after meetings (particularly if remote) to provide any needed additional information, history or context. With meeting materials, call and answer any questions.



College of Registered Psychotherapists of Ontario

Quarterly Meeting Evaluation Report
Version for Council



Q3 - September
8th, 2021



Q1 to Q3 Responses

Meeting Type	Q1	Q2	Q3	Total
Council	14	13	6	33
Examination Committee – plenary		3		3
Executive Committee	4	4	4	12
ICRC – panel A		7	3	10
ICRC – panel B	2	4	8	14
ICRC – panel C		3	3	6
ICRC – plenary	10			10
QAC – panel		1		1
QAC – plenary			8	8
Registration Committee – panel	10	9	13	32
Registration Committee – plenary	6		6	12
Total Responses	46	44	51	141

46/94

All meetings – Q3

Environment - I felt supported, valued and encouraged to discuss opinions openly; disagreements were handled well.



Information - Adequate background context/material was provided, with enough time to absorb it.



Objective and Outcomes - I had a clear understanding of objectives for the meeting, believe we met the objectives and know next steps.



Time - Today's meeting started and ended on time, the agenda was appropriately focused, timed and followed.



Work and Decisions - I feel confident the work and decisions of this meeting were the best possible for the public interest.



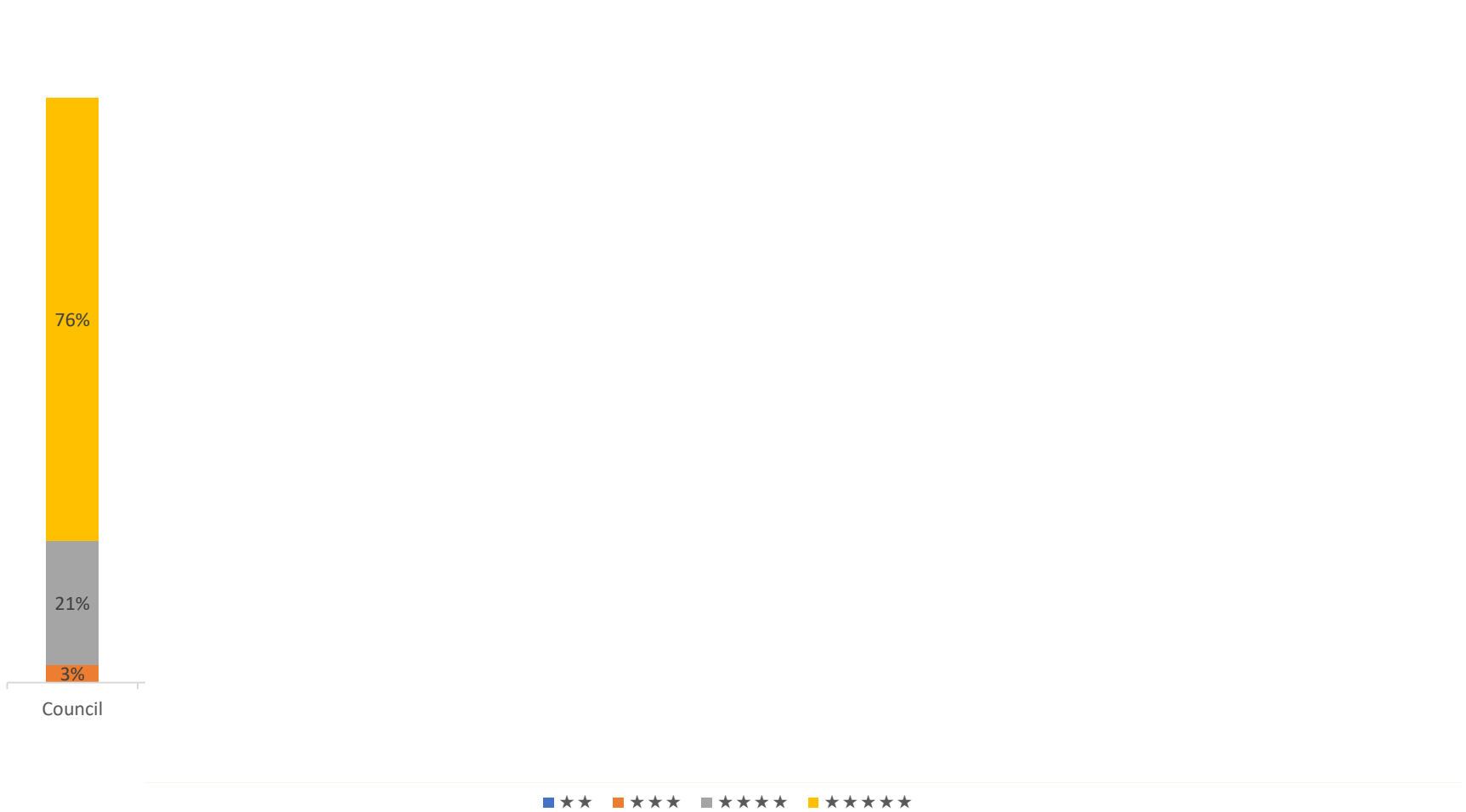
Q3
(Q2)
(Q1)

Q3 Comments

Council	great meeting
Council	productive meeting
Council	Education sessions were useful and appreciated.

APPENDIX

Environment - I felt supported, valued and encouraged to discuss opinions openly; disagreements were handled well.



Information - Adequate background context/material was provided, with enough time to absorb it.



Objective and Outcomes - I had a clear understanding of objectives for the meeting, believe we met the objectives and know next steps.



Time - Today's meeting started and ended on time, the agenda was appropriately focused, timed and followed.



Work and Decisions - I feel confident the work and decisions of this meeting were the best possible for the public interest.



Registrar's Report to Council

December 2, 2021

Respectfully submitted by Deborah Adams

Public Interest Rationale

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

Pandemic and Emergency Preparedness

College operations will remain fully remote (both staff work and committee and Council meetings) for the immediate future. Return to in person and hybrid meetings is under review and Council will be provided with updates as the situation evolves.

The sub-lease is completed for the office space at 375 University. Staff will continue to occupy one large office as needed and have access to common spaces. We will also have access to the boardroom two days a month and so will be able to schedule Council and committee plenary meetings once in person gatherings are possible to hold safely.

Staff continues to monitor and relay information being provided by government, public health and other trusted sources to registrants through the website and the Practice Advisory service.

Quality Assurance Enhancement Project

The QA Enhancement Project continues to meet key milestones, with work underway to recruit RPs to be trained as case writers and in the Angoff method for standard setting. Staff is also working with Martek Assessments (the consultancy supporting the enhancement project) in anticipation of implementing the assessment in the next fiscal year.

College Performance Management Framework

The Ministry released the first [Summary Report: College Performance Measurement Framework](#) based on colleges' 2020 submissions. The report includes selected commendable practices, areas where the health colleges are collectively performing well, potential areas for system improvements as well as areas that the college's reported they would be focusing their improvement efforts. Staff have taken note of the report and have begun work on preparing for the 2021 submission, which will be due March 2022. The Executive Committee will be kept apprised of this work and Council will receive an update at their next meeting.

Ministry of Health

As part of the government's [Removing Barriers to Support People and Businesses](#) initiative, the Ministry of Health has been mandated to modernize the governance of health regulatory colleges. This is not unexpected as colleges were already consulted regarding this work (information on the request for feedback was provided as an appendix to the Executive Committee report at the September 16 meeting).

We have been informed that the Ministry will be scheduling discussions on the policy proposals to modernize the governance under the *Regulated Health Professions Act*, 1991 and our specific health profession Acts. These consultations on the policies will help inform the drafting of legislative amendments and are meant to improve decision-making, bolster transparency and

accountability of Ontario’s regulatory colleges and further support high-quality health care for Ontarians.

Registrant Management System

Work continues on the implementation of the registrant management system. Staff are prioritising elements related to registration renewal and QA submissions with ongoing work on reporting planned over the longer term. Future modules – including related to conduct – will be developed and deployed over the course of the next fiscal year.

Staffing Update

As planned, we have hired a new QA coordinator. Akta Sehgal joined the staff team to provide support to the work of the QA Committee both in administering the QA program and in overseeing the enhancement project.

Practice Advisory Service

		2018-2019	2019-2020	2020-2021
Q1	Apr-Jun	98	325	669
Q2	Jul-Sep	216	352	505
Q3	Oct-Dec	243	432	287 (to date)
Q4	Jan-Mar	357	541	626

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

- Providing in-person therapy
- Vaccination

Other common topics include:

- Cross-jurisdictional practice
 - RPs working remotely with clients outside Ontario
 - Practitioners outside of Ontario working remotely with clients in Ontario
- Clients looking for a psychotherapist
- Duty to report
- Confidentiality
 - Release of client records
- Record-keeping (Financial)
- Fees
- Dual or multiple relationships

Registration

The number of applications continues to exceed the number received for the same period last year.

	August	September	October
Applications started	120	120	126
Total applications submitted	110	100	107
Applications from recognized programs submitted	95	88	93
Applications from non-recognized programs submitted	15	12	14

Labour mobility applications	0	0	0
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Total registrants:

- RP 6,812
- Qualifying 2,141
- Inactive 157

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	26
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	5
Currency upgrading	11
Education	6
Practice Assessment	5
Not Completed: result of resignation/revocation	1
On Hold: other reasons (e.g., on leave or Interim Order suspension)	4
Terms, Conditions and Limitations	32
Undertaking	2
Learning Plan (Educational Upgrade)	3
ICRC:	
Clinical supervision/monitoring:	16
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	14
Practice Restrictions	4
Reflective Paper	4
Review Standards	1
Practice Assessment	2
Resignation	1
In-Person Caution	5
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	14
On Hold: other reasons (e.g., on leave or Interim Order)	3
Undertaking	3
In-Person Caution (only)	1
Remedial agreement	1
SCERP	16

Terms, Conditions and Limitations	1
Interim Order	5
Interim Suspension	2
QA:	
Clinical supervision/monitoring	0
Reflective Paper/Report	0
Review Standards	0
Submit revised advertising material	0
Discipline:	
Education	7
Clinical Supervision	3
Costs	8
Suspension	1

STAKEHOLDER ENGAGEMENT

Stakeholder Meetings

- *November 10, 2021:* College Performance Measurement Framework System Partner Meeting with Ministry of Health Regulatory Design and Implementation Unit
- *November 10, 2021:* Council Orientation Module Collaborative Group Meeting with five other regulatory colleges represented
- *November 1, 2021:* Canadian Centre for Diversity and Inclusion (CCDI) Employer Partner check in
- *October 21, 2021:* Canadian Counselling and Psychotherapy Association (CCPA) stakeholder check in
- *October 12, 2021:* Ontario Association of Mental Health Professionals (OAMHP) stakeholder check in
- *October 5, 2021:* Ontario Society for Registered Psychotherapists (OSRP) stakeholder check in

Staff Presentations

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

- *September 29, 2021:* OAMHP Conference presentation on clinical supervision (requirements, documentation, responsibilities, the survey, etc.).
- *September 22, 2021:* Quality Assurance Program Enhancement Project webinar hosted by Anthony Marini, Mark Piro, Emily Beaton and Deborah Adams

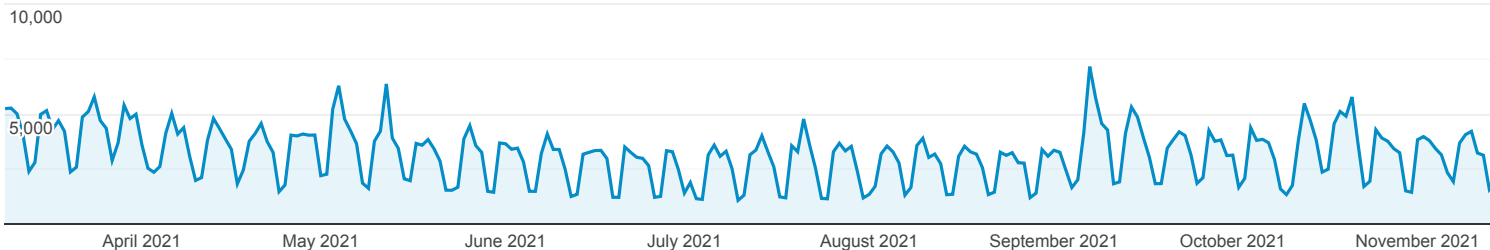
Overview

All Users
100.00% Pageviews

Mar 9, 2021 - Nov 14, 2021

Overview

● Pageviews



Pageviews

798,774

Unique Pageviews

693,564

Avg. Time on Page

00:01:52

Bounce Rate

79.48%

% Exit

61.77%

Page	Pageviews	% Pageviews
1. /	178,919	22.40%
2. /applying-to-crpo/	62,462	7.82%
3. /find-a-registered-psychotherapist/	59,940	7.50%
4. /recognized-accepted-programs/	44,392	5.56%
5. /education-programs/	27,707	3.47%
6. /new-members-registered-psychotherapist-qualifying/	17,957	2.25%
7. /registration-exam/	15,885	1.99%
8. /supervision/	14,945	1.87%
9. /assessment-of-applications/	14,027	1.76%
10. /contact-us/	12,515	1.57%

COUNCIL MINUTES

Thursday, September 16, 2021

11:35 a.m. to 3:30 p.m.

ZOOM videoconference

Council Members:

Heidi Ahonen, RP

Andrew Benedetto, RP

Steven Boychyn, Public Member

Shelley Briscoe-Dimock, RP (President)

Sherine Fahmy, Public Member

Kali Hewitt-Blackie, RP

David Keast, Public Member

Kenneth Lomp, RP (Vice-President)

Michael Machan, RP

Grishanth Ram, Public Member

Keri Selkirk, Public Member

Radhika Sundar, RP

Regrets:

Judy Mord, RP

Miranda Monastero, RP

Staff Members:

Deborah Adams, Registrar

Jo Anne Falkenburger, Director of Operations
& Human Resources

Amy Fournier, Executive Coordinator
(Recorder)

Mark Pioro, Deputy Registrar & General
Counsel

1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 11:37 a.m. and welcomed all present.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-16SEP2021 – M01

That the agenda of the September 16, 2021, meeting of Council be approved as presented.

Moved: H. Ahonen

Seconded: K. Selkirk

CARRIED

3. Conflict of Interest Declarations

None declared.

4. Professional Practice Working Group (PPWG) Composition

M. Piro, Deputy Registrar & General Counsel, and D. Adams, Registrar & CEO, introduced the item, noting that the role of the PPWG, as stated in the terms of reference, is to engage on an ad hoc basis to provide professional psychotherapy practice knowledge to the Registrar. The proposed PPWG composition includes representation from all CRPO statutory committees, with flexibility to include input from guests and experts. The proposed composition is as follows:

- Shelley Briscoe-Dimock, RP (Executive & ICRC Chair)
- Kenneth Lomp, RP (QAC Chair)
- Andrew Benedetto, RP (Registration Chair)
- Sue Lymburner, RP (Client Relations Chair)
- Keri Selkirk (Public Member)
- David Keast (Public Member)

Council was asked to approve the PPWG composition and terms of reference as presented.

MOTION C-16SEP2021 – M02

That Council adopt the Professional Practice Working Group terms of reference as presented.

Moved: H. Ahonen

Seconded: K. Hewitt-Blackie

CARRIED

MOTION C-16SEP2021 – M03

That Council approve the proposed slated of working group members as presented.

Moved: K. Lomp

Seconded: M. Machan

CARRIED

5. Access to Care Statement Review

S. Briscoe-Dimock, Chair, introduced the revised Access to Care statement. Council approved the first draft of the statement in November 2019. Revisions include the number of registrants; the addition of the scope of practice; and minor edits for clarity. Council reached consensus to adopt the revised statement and disseminate it to stakeholders.

6. Standard Review policy

M. Piro and K. Lomp, Quality Assurance Committee chair, introduced the draft policy. Both noted that the QAC has begun working on the College's standards review, which will encompass much of the work of the committee for the next year. The intention of the policy being presented is to codify the standards review process and, by doing so, to meet the College Performance Measurement Framework (CPMF) expectations. Council reached consensus to adopt the Standard Review policy as presented.

7. Election of Officers

D. Adams, Registrar, provided information, citing the CRPO by-laws regarding the election of officers, to ensure Council was aware of the required election procedures. It was noted that when only one nominee for a position is received, that person will be acclaimed. As such, Shelley Briscoe-Dimock was acclaimed as President; Kenneth Lomp was acclaimed as Vice-President; Steven Boychyn was acclaimed as member (public); and Keri Selkirk was acclaimed as member (public).

MOTION C-16SEP2021 – M04

That Council accepts the acclamation of Shelley Briscoe-Dimock as President

Moved: K. Hewitt-Blackie
Seconded: A. Benedetto
CARRIED

MOTION C-16SEP2021 – M05

That Council accepts the acclamation of Kenneth Lomp as Vice-President.

Moved: M. Machan
Seconded: D. Keast
CARRIED

MOTION C-16SEP2021 – M06

That Council accepts the acclamation of Steven Boychyn as member (public).

Moved: K. Lomp
Seconded: D. Keast
CARRIED

MOTION C-16SEP2021 – M07

That Council accepts the acclamation of Keri Selkirk as member (public).

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

D. Adams noted that two candidates put their name forward for the position of Member (professional), therefore an election was held to fill this position. Council was informed that each candidate is provided with the opportunity to speak to Council, with the order being determined by lot. M. Machan spoke first, followed by A. Benedetto. Council members were asked to vote using the integrated Zoom polling feature. A. Fournier, Executive Coordinator, informed Council of the results.

MOTION C-16SEP2021 – M08

That Council accepts the election of Andrew Benedetto as member (professional).

Moved: D. Keast
Seconded: K. Selkirk
CARRIED

8. Succession Planning

S. Briscoe-Dimock introduced the item and informed Council of the ongoing work of the Executive Committee related to succession planning. 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 as officers. An established process supports a formal, organized approach to recruitment, appointments, and professional development. S. Briscoe-Dimock asked Council to adopt the Committee Appointments policy and Succession Planning policy. Council reached consensus and adopted both policies.

9. By-law Amendments

S. Briscoe-Dimock introduced the proposed by-law amendments and summarized the changes. The first set of amendments were posted for public consultation (closed on July 15, 2021) and included requirements of the College Performance Measurement Framework. Changes are summarized as follows:

Eligibility for election

- Election candidates must complete pre-defined competency/suitability criteria
- Election candidates must attend an orientation training about the College's mandate and expectations related to Council members' roles and responsibilities

Minimum waiting period

- Council proposed a minimum one year waiting period – the minimum waiting 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 the individual's role at the College

In addition to the above noted changes, the Executive Committee reviewed the term of office as it relates to the ability to support Council members in participating effectively as executive officers. The proposed delay in assuming office will assist professional and public members in preparing for the time commitment involved in Executive Committee work. This amendment does not require public consultation, as it is highly internal in nature.

Term of Office

- Term of office for Executive officers will begin at the next regular Council meeting following the election

MOTION C-16SEP2021 – M08

That Council approve the proposed by-law amendments noted in track changes:

“5.02 – Term of Office

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

“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 resigned, 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;”

Moved: G. Ram
Seconded: S. Fahmy
CARRIED

10. **Non-Council Committee Member Reappointments**

S. Briscoe-Dimock introduced the item stating that the Executive Committee is seeking direction from Council to recruit at least one additional registrant to serve as a non-Council committee member on the Inquiries, Complaints and Reports Committee, in addition to reappointing eleven non-council members for one-year terms.

MOTION C-16SEP2021 – M09

That Council reappoint the following non-Council members for one-year terms, beginning October 1, 2021:

1. Elda Almario
2. David Bruce
3. Felipe Cepeda
4. Carol Cowan-Levine
5. Kayleen Edwards
6. Sue Lymburner

7. Muriel McMahon
8. Ahil Nageswaran
9. Kafui Sawyer
10. Brenda Sedgwick
11. Carla Ribeiro

10.1. Committee Appointments

S. Briscoe-Dimock introduced the item to appoint new public member, Grishanth Ram, to the Registration and Nominations & Elections Committees.

MOTION C-16SEP2021 – M10

That Council appoint Grishanth Ram to the Registration and Nominations & Elections Committees.

Moved: K. Lomp

Seconded: S. Fahmy

CARRIED

11. Policy Review

S. Briscoe-Dimock introduced proposed revisions to four existing policies that were reviewed as part of the College's ongoing policy review. Council approved the minor edits were made to the following policies:

- *Reimbursement four College Travel Expenses*
- *Council Observer Guidelines*
- *Reimbursing CRPO Guests*

Council approved that the *Recording Council Meetings* policy be rescinded.

12. Registrar's Report

D. Adams presented her written report to Council and welcomed Council members to ask questions.

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 May 13, 2021
- Committee Reports

MOTION C-16SEP2021 – M11

That Council approve the consent agenda as presented.

Moved: K. Selkirk

Seconded: K. Hewitt-Blackie
CARRIED

14. Council Question Period

Discussion and questions raised included:

- Diversity and Inclusion
- Utilizing expertise of Council and Non-Council members for Council education

15. Board Evaluation Update

C. Pettit of Pollinate Networks joined the meeting and D. Adams provided context and background information on the College's board evaluation process. Council reviewed the Council efficacy survey responses as well as the five-minute meeting evaluation results. The goal of the Council efficacy survey is to have an efficient and effective process in place to build upon over time, with 2021 being the base year. Council suggested some areas where the wording of questions could be clearer, and more opportunity could be provided to elaborate on survey responses.

16. Annual Report 2020-2021 and Audited Financial Statements

S. Slater of Welch LLP joined the meeting and presented Council with the audited financial statements. The final annual report will be presented to the Minister of Health as required.

17. ADJOURNMENT

Meeting and prep time: full day attendance and prep.

MOTION C-16SEP2021 – M12

That the meeting be adjourned at 3:15 p.m.

Moved: M. Machan
Seconded: S. Fahmy
CARRIED

Discipline Committee Report to Council

December 2, 2021

Committee Members

- Heidi Ahonen, RP
- Andrew Benedetto, RP
- Steven Boychyn
- Shelley Briscoe-Dimock, RP
- Carol Cowan-Levine, RP, Chair (Non-Council Committee Member)
- Sherine Fahmy, Public Member
- Kathleen (Kali) Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Judy Mord, RP
- Keri Selkirk
- Radhika Sundar, RP

Committee meetings: n/a

Panel meetings: n/a

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:

Since the last Council meeting, we have received two new referrals to Discipline
CRPO v HYNES
CRPO v FIELD

Hearings:

Two uncontested hearings occurred since the last Council meeting. Both matters resulted in findings of professional misconduct and Orders on Penalty and Costs.
CRPO v DALY: September 30, 2021
CRPO v GHOSHAL: October 6, 2021

The following matters are awaiting scheduling:

CRPO v HARAMIC
CRPO v FINLEY
CRPO v HYNES
CRPO v FIELD

Pre-hearing Conference:

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

Motions:

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

Training

HPRO Discipline Training (Advanced session) – October 7, 2021
HPRO Decision & Reasons Writing Workshop – October 15, 2021

The Committee Recommends:

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

Respectfully submitted,

Carol Cowan-Levine
Chair, Discipline Committee

Examination Committee Report to Council

December 2, 2021

Committee Members
<ul style="list-style-type: none"> • Heidi Ahonen, RP (Chair) • Andrew Benedetto, RP • Steven Boychyn • Felipe Cepeda, RP (Non-Council Committee Member) • Kali Hewitt-Blackie, RP • Michael Machan, RP • Miranda Monastero, RP • Keri Selkirk

Committee meetings:

- n/a

Panel meetings:

- September 7, 2021
- September 13, 2021

Panel Meetings

A half-day meeting took place on September 7, 2021, via videoconference. Below are the outcomes of that meeting:

Total files reviewed	19
Appeals granted	8
Appeals denied	7
Educational upgrading steps directed for second failure candidates	2
Eligible for third exam attempt for second failure candidates	2

A two-hour meeting took place on September 13, 2021, via videoconference. Below are the outcomes of that meeting:

Total files reviewed	8
Educational upgrading steps directed for second failure candidates	6
Eligible for third exam attempt for second failure candidates	2

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

December 2, 2021

Committee Members

- Andrew Benedetto, RP
- Steven Boychyn
- Shelley Briscoe-Dimock, RP (Chair)
- Kenneth Lomp, RP
- Keri Selkirk

Committee meetings:

- October 7, 2021
- November 4, 2021

The Executive Committee considered the following matters at the October 7 and November 4, 2021, meetings:

Succession Planning

- **Role Descriptions**
The Executive Committee reviewed the draft role descriptions for President, Vice-President, Executive Committee Member at Large, Committee Chair, Panel Chair and proposed mentoring guidelines. The role descriptions are included for information only. See agenda item 10.
- **Leadership Survey**
The Executive Committee reviewed the results of the Leadership Survey that was circulated to all current Council and non-Council members. The committee discussed providing non-Council committee members chairing and other leadership opportunities and using the defined competency documents to drive leadership decisions.

Terms of Reference Review

The Executive Committee reviewed the Executive Committee and Governance Reform Initiative terms of reference. In accordance with the Situational Analysis on the State of Governance, committee terms of reference will be reviewed annually. No changes were made to the terms of reference and the final versions are posted to the CRPO [website](#).

Committee Appointments

The Executive Committee reviewed the proposed committee appointments. See agenda item 4.0.

Non-Council ICRC Recruitment

The Executive Committee discussed the process and next steps for recruiting non-council members for appointment to the Inquiries, Complaints and Reports Committee. Staff was directed to review candidates from the July 2020 call out for non-Council member appointments.

The Nominations & Elections Committee will be updated regarding next steps and their role in the process.

Pre-Candidacy Orientation and Assessment

The Executive Committee reviewed the Council onboarding modules that will be used as part of the candidate eligibility for the 2022 election cycle. Staff will review the modules to ensure that they are accessible and available in various formats.

Working with Consensus

The Executive Committee discussed using consensus for decision making and noted that a clear protocol should be in place for consistency by Council, committees, and panels.

Diversity and Inclusion Working Group

The Executive Committee discussed the possibility of striking a Diversity and Inclusion Working Group (DIWG). Staff are currently working with Darcy Belisle and the Canadian Centre for Diversity and Inclusion (CCDI) to determine working group needs and recruitment methods.

Council Education Planning

The Executive Committee discussed a proposed timeline/calendar for 2022 Council education sessions. Sessions will include, sexual abuse training, ongoing diversity and inclusion, chairing meetings, consensus decision-making and other initiatives.

College Performance Measurement Framework Update

The Executive committee received an update on the CPMF, including the Ministry's [Summary Report](#). The report provides an overview of all 26 Colleges' self-reported results by measurement domain.

Q2 Financial Statements

J. Falkenburger, Director of Operations & Human Resources, presented the Q2 financial statements to the Executive Committee for information. Executive was satisfied with the report and the financial stability represented.

Fiscal 2022-2023 Budget Planning

The Executive Committee began preliminary budget planning discussions. See agenda item 7.0.

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

December 2, 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) • Sherine Fahmy • Kathleen (Kali) Hewitt-Blackie, RP • David Keast • Kenneth Lomp, RP • Michael Machan, RP • Miranda Monastero, RP • Judy Mord, RP • Keri Selkirk • Radhika Sundar, RP

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 the Fitness to Practise Committee. Currently, we have 1 referral pending.

Hearings:

No hearings occurred since the last Council meeting.

A contested hearing has been rescheduled (December 15 & 16).

Pre-hearing Conference:

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

Motions:

We received one motion to withdraw the allegations of incapacity. This matter was reviewed in a virtual hearing on September 2, 2021, by a panel. The panel granted the College leave to withdraw the allegations of incapacity.

We received one motion to adjourn/reschedule a contested hearing on consent of the parties. The Chair granted the adjournment with conditions. The hearing has been rescheduled to December 15 & 16, 2021.

Training

A Plenary meeting is scheduled on February 14, 2022.

The Committee Recommends:

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

Respectfully submitted,

Carol Cowan-Levine
Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council

December 2, 2021

Committee Members
<ul style="list-style-type: none"> • Steven Boychyn • Shelley Briscoe-Dimock, RP (Chair) • David Bruce, RP (Non-Council Committee Member) • Sherine Fahmy • Kathleen (Kali) Hewitt-Blackie, RP • Kenneth G. E. Lomp, RP • Miranda Goode Monastero, RP • Judy Mord, RP • Carla Ribeiro, RP (Non-Council Committee Member) • Kafui Sawyer, RP (Non-Council Committee Member) • Keri Selkirk

Plenary meetings:

- October 21, 2021

Panel meetings:

- September 20, 2021
- September 22, 2021
- October 5, 2021
- October 21, 2021
- November 15, 2021
- November 30, 2021

General Summary

Current fiscal (to date) April 1, 2021-Present		
	Received¹	Decisions Released²
Formal Complaints	40	31
Registrar's Investigations	18	15
Incapacity Investigations	0	3

Referrals for a hearing (to date) April 1, 2021-Present	
Discipline Referrals	3
Fitness Referrals	0

On October 21, 2021, ICRC met for a plenary meeting to discuss current topics relevant to the Committee's work. Several items focused on panel meetings and decision-making. For example, the Committee discussed issues related to conflict of interest. J. Smith provided an

¹ Does not include files opened in previous fiscal years.

² Includes files opened in previous fiscal years.

educational refresher of common ICRC processes and pertinent legislation. Staff also presented a new risk assessment tool available to panels who are making decisions about complaints, reports and interim orders. Finally, M. Pioro described a new remedial process for resolving low risk report files informally.

Other items were aimed to keep the panel up to date with volume and current case law. For example, general data regarding case numbers of complaints and reports were reviewed. Using qualitative and quantitative data, staff analyzed the issues and outcomes in complaints involving a custody/access dispute. Staff also reviewed feedback and directives from recent decisions issued by the Health Professions Appeal and Review Board (HPARB). This discussion focused on the topic of jurisdiction concerns.

Finally, M. Pioro provided an update on the supervision review project. ICRC offered input into future policy making on this subject matter.

Respectfully submitted,

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

Quality Assurance Committee Report to Council

December 2, 2021

Committee Members

- Andrew Benedetto, RP
- Brenda Sedgwick, RP (Non-Council committee member)
- David Keast
- Heidi Ahonen, RP
- Kali Hewitt-Blackie, RP
- Kayleen Edwards, RP (Non-Council committee member)
- Kenneth Lomp, RP (Chair)
- Miranda Monastero, RP
- Sherine Fahmy

Committee meetings:

- October 27, 2021

Panel meetings:

- n/a

At the October 27 plenary meeting, the Quality Assurance Committee considered the following matters:

Professional Practice Standards Review Update

Staff provided an overview of the additional research or consultation requirements for the practice standards review. The requirements laid out by the CPMF framework were discussed, and staff explained how the DEI working group would be involved in the standard revision process. The intended process for public consultations was also discussed.

Professional Practice Standard 5.2: Failing to Provide Reports and Standard 5.3: Issuing Accurate Documents, preliminary review

Data relevant to Standard 5.2: Failing to Provide Reports and Standard 5.3: Issuing Accurate Documents were presented to the Committee for their preliminary review. The committee discussed in which contexts registrants might have notes separate from the clinical file (i.e., only in cases where those notes represent the registrant's own reflections on their "process" in therapy). There was consensus that "ghost records" (i.e., client information kept separate from the clinical file) are not allowed and that clients must have access to every aspect of their clinical record. The Committee also discussed the importance of clarifying standard 5.3 with regards to how and when a supervisor's name should be included on a supervisee's invoices and receipts to clients.

Supervision Review

Staff presented data from the supervision survey for the QAC's review. The QAC was asked to focus on the liability or responsibility of the supervisor at this meeting. Discussion focused on potential differences in supervisor responsibility for clients based on whether the supervisee is a student, and how these distinctions could be effectively communicated to members of the

public. The QAC also discussed whether supervisors should be formally evaluating their supervisees. This was a preliminary discussion to which the QAC will return at a future meeting.

Professional Practice Standard 3.5: Unnecessary Treatment and Standard 3.6: Complaints Process, full review

Standards 3.5 and 3.6 were presented to the QAC as examples of infrequently utilized standards where a simplified review is sufficient. The Committee discussed the minor changes staff suggested to the standards. A consensus was reached that the suggested edits to standards 3.5 and 3.6 can move forward to next stage in the revision process.

Other Updates

- **Staffing:** It was announced that a new QA Coordinator would be starting in November.
- **Thentia Implementation:** Staff informed the QAC that a PD attestation form would be available soon on Thentia for odd year registrants whose QA is due December 31, 2021.
- **PPR Update:** An update on the status of ongoing PPRs was provided, and the QAC was informed that following a panel meeting in January, there would be a gap in PPRs until the new QA Enhancement Project is implemented in 2022-2023.
- **PPWG Discussion:** A brief overview of how staff anticipate that the PPWG will collaborate with the QAC was provided.

Formal Motions to Council:

n/a

The Committee Recommends:

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

Attachments:

n/a

Respectfully submitted,

Kenneth Lomp
Quality Assurance Committee Chair

Registration Committee Report to Council

December 2, 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)
- Grishanth Ram
- Radhika Sundar, RP

Committee meetings:

- October 28, 2021

Panel meetings:

- October 15, 2021
- November 26, 2021

At the October 28, 2021, plenary meeting, the Registration Committee considered the following matters:

Clinical Supervision

The Committee reviewed the results of the stakeholder survey and discussed guidelines for frequency of clinical supervision and who can serve as a clinical supervisor.

Collecting Information on Capacity and Conditions

The Committee reviewed what information is currently collected and how it is used.

Language Proficiency Policy

The Committee approved a revised [Language Proficiency Policy](#). The policy was updated to add TEF Canada and TCF Canada as accepted French language proficiency tests.

Policy Review

The Committee reviewed the [Return to Active Practice Policy](#) as part of the three-year policy review cycle. No substantive changes were made.

Clinical Experience Recognition Rubric

The Committee reviewed an evaluation rubric for assessing applications for clinical experience recognition from academically recognized programs.

Program Recognition Renewal

The Committee renewed CRPO recognition of four programs for a period of five years:

- Ontario Psychotherapy and Counseling Program, Diploma in Psychotherapy with focus on Psychodynamic Therapy
- Toronto Institute of Psychoanalysis, Certificate of Graduation as Psychoanalyst

- Tyndale University College and Seminary, Master of Divinity – Counselling Major – Clinical Stream
- Western University, Master of Arts in Counselling Psychology

Succession Planning

The Committee discussed training for new and existing members.

Panels

The Committee reflected on recent panel meetings. Beginning in December, panel schedules will change from half-day to full-day meetings. The Committee also discussed the implications of a recent Health Professions Appeal and Review Board (HPARB) decision.

Committee Education Presentation

Kristine Lund, Dean at Martin Luther University College and Professor of Spiritual Care and Psychotherapy, presented on spiritually integrated psychotherapy and answered questions from the Committee.

Panel Meetings

All meetings took place via video conference and were a half day in length. Below are the statistics for the meetings from September through October. Results from the November 26 meeting will be included in the next report to Council.

Total applications reviewed	16
Approved	1
Conditionally approved	3
Terms, Conditions & Limitations	4
Requests for more information	1
Refused	7

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 September 16, 2021, Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned three decisions. HPARB confirmed the Committee's refusals in all cases.

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

- [D.K. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- [E.S. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)
- P.M. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (decision not yet published online; included in package below)

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.

Office of the Fairness Commissioner (OFC)

The [Fairness Commissioner](#) assesses the registration practices of certain regulated professions and trades to make sure they are transparent, objective, impartial and fair for anyone applying to practise their profession in Ontario.

Staff informed the Committee about the OFC's [Risk-informed Compliance Framework and Policy](#), noting that the Commission has moved toward a risk-informed compliance framework. The OFC has revised their procedures to ensure that compliance standards are simple (reducing 69 standards to 16), legally enforceable and promote best practices. The OFC will take a targeted approach to assessment and enforcement. The OFC has classified CRPO as low risk based on previous registration report submissions by the College. Accordingly, meetings between OFC and CRPO will focus on information exchange rather than compliance action planning.

Committee Membership Changes

Jane Snyder's appointment to the Registration Committee ended on August 11, 2021. The Chair would like to express appreciation for her valuable contributions to the Registration Committee and wish her the best in her future endeavours.

The Chair would also like to welcome Grishanth Ram, who was appointed to the Registration Committee as a public member on September 16, 2021.

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

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

PRESENT:

Maria Capulong, Designated Vice-Chair, Presiding
Anna-Marie Castrodale, Board Member
David Scrimshaw, Board Member

IN THE MATTER OF A REGISTRATION REVIEW UNDER SECTION 21(1) of the *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991*, Statutes of Ontario, 1991, c. 18

AND IN THE MATTER OF Regulation 67/15 made pursuant to the *Psychotherapy Act, 2007*, Statutes of Ontario, 2007 c.10, Sch R

B E T W E E N:

PAUL MCLEOD

Applicant

and

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

Respondent

DECISION AND REASONS

I. DECISION

1. Upon conducting a review of the application of Paul McLeod (the Applicant) for registration with the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (the College), the Health Professions Appeal and Review Board (the Board) confirms the order of the Registration Committee (the Committee) directing the Registrar to refuse to issue a certificate of registration to the Applicant.

II. PSYCHOTHERAPY AS A SELF-REGULATED PROFESSION

2. Psychotherapy is a relatively newly regulated profession in Ontario. Its practice is governed by the *Psychotherapy Act, 2007*.
3. Section 3 of the *Psychotherapy Act, 2007* defines the practice of psychotherapy as “the assessment and treatment of cognitive, emotional or behavioral disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.”
4. The College is the profession’s governing body.

Grandparenting Provisions

5. As of April 1, 2015, in order to use the title or practice as a psychotherapist in Ontario, it is necessary to be a registered health professional authorized to carry out activity encompassed by section 3 of the *Psychotherapy Act, 2007*. If individuals are not authorized to carry out such activity through another regulated health profession, they must become registered with the College by meeting the registration requirements of Ontario Regulation 67/15 (the Regulation) made pursuant to the *Psychotherapy Act, 2007*.
6. Until March 31, 2017, applicants who had been practicing psychotherapy prior to the Regulation coming into force were exempted from having to meet the regular requirements for registration if they met the “grandparenting” requirements under section 7 of the Regulation. The non-exemptible “grandparenting” requirements include:
 - i) completing at least 500 currency hours in Canada during the three-year period immediately preceding the application submission date [section 7(2)1], and
 - ii) providing evidence that is sufficient, in the opinion of the Registrar of the College, to demonstrate that they are competent to safely practice psychotherapy [section 7(2)2].

7. The College's Council developed criteria to clarify the evidence required by Section 7(2)2 of the Regulation:
 - i) 800 direct client contact (DCC) hours;
 - ii) 100 hours of education and training related to the scope of practice of psychotherapy;
 - iii) 40 hours of supervision, including at least 20 hours of clinical supervision; and
 - iv) 30 hours of competency development related to "safe and effective use of self", gained through experiential learning, coursework, personal psychotherapy or some form of clinical supervision.

8. The College's Council has decided that DCC is any activity in which the client and the therapists are directly and formally engaged in the psychotherapeutic process. The Council identified the following activities as being included in DCC:
 - i) interviewing for intake, as long as this activity is clinical in nature and then used to determine the nature and course of the therapy;
 - ii) interviewing, administering a test or conducting a formal assessment as part of a clinical interaction with the client; and
 - iii) facilitating or actively co-facilitating therapeutic sessions.

9. The College's Council has also identified the following activities as not being considered DCC:
 - i) observing therapy without actively participating or providing follow-up to the client immediately after the observed session;
 - ii) record-keeping;
 - iii) administrative activities, including report-writing;

- iv) conducting a psychometric assessment that primarily involves administering, scoring and report-writing, with little or no clinical interaction with the client; and
 - v) providing or receiving clinical or other forms of supervision
10. The College clarified in policy what constitutes a “clinical supervisor” for the purposes of assessing an application for registration:

Prior to proclamation [April 1, 2015], a clinical supervisor is a practitioner who has extensive clinical experience, generally five years or more, in the practice of psychotherapy.

In the first three years following proclamation, a clinical supervisor is a regulated practitioner in psychotherapy in good standing with her or his College, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy and who is competent in providing clinical supervision. Upon proclamation of the *Psychotherapy Act*, practitioners who are receiving supervision from an unregulated practitioner will have a grace period of one year to transition their supervision to a regulated practitioner who meets the above requirements.

Three years after proclamation, a clinical supervisor must be a regulated practitioner in psychotherapy in good standing with her or his College, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy, and who has demonstrated competence in providing clinical supervision.

Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy qualified to provide clinical supervision in her or his jurisdiction.

III. BACKGROUND

11. On March 27, 2017 the Applicant applied for a certificate of registration via the grandparenting route.
12. In his application, the Applicant reported a total of 4385 DCC hours, as follows:

- i) 3840 DCC hours - Mental health first response worker, Canadian Mental Health Association (CMHA), Lambton Kent, employment position since January 2007; and
 - ii) 546 DCC hours – Quality control, Psycho-Vocational Test Administrator, Tomini Psychology Professional Corporation, employment position since May 2005.
13. When asked by College staff for further information to determine whether the DCC hours constituted professional practice within the scope of practice of psychotherapy, the Applicant described his employment roles.
14. The Applicant explained that as a mental health first response worker he was part of a multi-disciplinary team and was the first contact for individuals seeking mental help services to address an acute crisis. He provided both in-person and telephone sessions. He described completing detailed assessments to determine the client’s goals and the level of support and services needed. He developed care plans and provided brief services for clients with urgent needs or those awaiting long-term services. The Applicant explained that his telephone and after-hours sessions were primarily crisis intervention and included “suicide prevention, risk assessment, coaching distress tolerance, reassurance, validation and reinforcing the use of positive coping strategies.” He also educated clients about community resources as well as mental illness and addiction issues. His role included helping clients obtain basic needs such as food and shelter. He assisted in developing plans of action and advocating for appropriate services. He explained that once basic needs were satisfied and the client was stable, the Applicant would employ cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT) techniques to assist clients in working towards their treatment goals. He described his work with respect to follow-up sessions with clients. The Applicant identified several techniques he employed through his role as a mental health first response worker, including supportive listening, suicide intervention, behavioural chain analysis, and described implementing mood tracking, mindfulness techniques and grounding techniques.”

15. The Applicant explained that in his role with Tomini Psychology Professional Corporation, he worked under the supervision of a psychologist and completed psycho-vocational assessments with WSIB recipients. He explained that his duties included “psychological interviews, standardized test administration and psychological scales.” The psychologist using the assessments, would formulate the reports.
16. On August 31, 2017 the Registrar advised the Applicant that his application was being referred to the Committee due to doubts about whether the Applicant satisfied section 7(2)2 of the Regulation, specifically, the extent to which the Applicant’s activities fell within the scope of practice of psychotherapy, and whether the reported supervision was in relation to psychotherapy.
17. The Applicant was invited to provide additional information, documentation, evidence or explanation addressing the issues identified by the Registrar. The Applicant responded to the Notice of referral to the Registration Committee explaining that his work with CMHA fell within the scope of practice of psychotherapy. With respect to his experience as a psycho-vocational test administrator, the Applicant stated that he acknowledged that this experience may or may not be considered valid experience to support his application to the College. He advised that he included it because it involved client experience but that he was confident that his experience as a mental health first responder was sufficient to meet the DCC requirements. The Applicant enclosed a copy of the Mental Health First Responder Job Description from CMHA, several letters of reference in support of his application and two case studies. He asserted that his interactions with clients covered a wide range of presenting issues, situational stressors and various mental illnesses. He advised that throughout his sessions he consistently guided clients back to stable, using evidence-based, counselling techniques, skill development and recovery focused goals.

IV. ORDER AND REASONS OF THE REGISTRATION COMMITTEE

18. By an Order and Reasons dated July 29, 2019, the Committee determined that the Applicant had not satisfied the non-exemptible requirement of section 7(2)2, because he

had not demonstrated that he was competent to safely practise psychotherapy for the purpose of grandparenting.

19. The Committee determined that the Applicant's role as a mental health first responder mostly focused on immediate, crisis, or interim support and his activities included helping clients obtain basic needs such as food, shelter, clothing, safety and income. The Committee commented that it was not confident that the Applicant had an established track record of providing psychotherapy that goes beyond immediate, crisis, or interim support. The Committee considered the mental health first responder job description and noted the listed duties and skill requirements suggested that the role is not focused on psychotherapy and involved activities such as crisis intervention, intake and referral as well as coordinating services. The Committee found that the job description did not mention psychotherapy, but instead stated:

The Mental Health First Responder will conduct detailed assessments and gather relevant collateral information to determine service needs. Based on the outcome of the assessment individuals will be provided with the most appropriate service. As part of a multidisciplinary team the Mental Health First Responder will also provide acute crisis support to individuals....

20. The Committee determined that these activities were not psychotherapy.
21. The Committee commented:

A trained and competent therapist requires extensive training and experience to develop perceptual, conceptual and executive skills. Perceptual skills are to accurately see and assess what is going on before them; conceptual skills are to understand what they are perceiving in the context of a recognized and empirically sound treatment model or psychotherapeutic modality; and executive skills are to apply interventions for change based on their conceptual models. Competent psychotherapists hypothesize regarding what they are seeing, make connections between observed behaviours and interactional patterns and theoretical models, and then choose the most appropriate intervention.

22. The Committee determined that the Applicant's case studies did not demonstrate the skills required. The Committee concluded that the case studies referred to psychoeducation, supportive counselling, safety planning and referrals to service.
23. The Committee noted the Applicant's incorporation of CBT and DBT principles in his services, but explained that a competent psychotherapist goes well beyond incorporating some psychotherapy techniques and that a Registered Psychotherapist designation indicates to the public that the member has significant experience in the practice of psychotherapy.
24. The Committee concluded that the Applicant's duties as a psycho-vocational test administrator did not constitute the practice of psychotherapy. Although the reference letters spoke positively of the Applicant, they did not allay the Committee's concerns. The job description, summary and case studies made it clear to the Committee that the Applicant's role had not allowed him to develop a depth and breadth of competence focused on psychotherapy.
25. Accordingly, the Committee concluded that it did not accept the DCC and associated supervision hours that the Applicant accumulated in his roles as mental health first responder at CMHA Lambton Kent or as a quality control, psycho-vocational test administrator at Tomini Psychology Professional Corporation. for the purposes of registration. As the section 7(2)2 requirements were non-exemptible, the Committee noted that it had no discretion to direct registration with terms, conditions or limitations.
26. The Committee directed the College's Registrar to refuse to issue a certificate of registration to the Applicant.

V. REQUIREMENT FOR A HEARING

27. On August 25, 2019 the Applicant required a hearing of his application for registration. Subsequently, the hearing was converted to a written review of the application for registration.

VI. POWERS OF THE BOARD

28. Under section 22(6) of the *Health Professions Procedural Code*, (the *Code*), being Schedule 2 to the *Regulated Health Professions Act, 1991*, the Board shall, after a hearing or review, make an order doing any one or more of the following:
- 1) Confirming the order of the Committee;
 - 2) Requiring the Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examination or training the Committee may specify;
 - 3) Requiring the Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate; or
 - 4) Referring the matter back to the Committee for further consideration by a Committee, together with any reasons and recommendations the Board considers appropriate.
29. Section 22(7) of the *Code* specifies that the Board may only make an order under paragraph 3 of section 22(6), the section that allows the Board to require the Committee to make an order directing the Registrar to issue a certificate of registration to an applicant, if the applicant substantially qualifies for registration and the Committee has exercised its powers improperly.
30. Section 22(8) of the *Code* states that the Board shall not require the Committee to direct the Registrar to issue a certificate of registration to an applicant who does not meet a registration requirement prescribed as a non-exemptible requirement

VII. SUBMISSIONS TO THE BOARD

31. The College forwarded to the Board a package of documents as part of the College's duty under section 21(3) of the *Code* to disclose to the Board a copy of the order made, its reasons and the information upon which the decision was based. This included the Applicant's application for registration and supporting documentation.
32. The Board considered this documentation in addition to the Applicant's written submissions contained in his request for a hearing.

Submissions of the Applicant

33. In his written request for a hearing the Applicant expressed that he found the Committee's conclusion perplexing and that he believed that the Committee's criteria had not been consistently applied which he submitted, seemed contrary to the intent of the grandparenting process. He explained that the Committee had approved grandparenting applications from three of his mental health responder colleagues whose DCC experiences were equivalent to his own as they performed the same role with the same employer and under the same supervision.
34. The Applicant named the three colleagues who were approved and highlighted that two had provided letters of reference for him, in support of his application to the College.

VIII. ANALYSIS AND REASONS

35. It is the College's duty under section 3(2) of the *Code* to serve and protect the public interest. Under section 3(1)2, the College is responsible for establishing and maintaining standards of qualifications for persons to be issued certificates of registration.

36. The onus is on the Applicant to demonstrate that he meets the registration requirements.¹
37. A college, in accepting an applicant as a member, is verifying to the public that the individual has demonstrated that they meet the standards of the profession as set by the college.
38. At issue in this review is whether the Applicant's direct client contact hours afford sufficient evidence that he is competent to safely practice psychotherapy as required by section 7(2)2 of the Regulation.
39. The Council of the College has created guidelines for determining competency under section 7(2)2 of the Regulation that includes a requirement for applicants under the grandparenting route to have completed 800 hours of direct client contact and to have formally engaged in the psychotherapeutic process.
40. In his submissions to the Committee, the Applicant conceded that his experience as a psycho-vocational test administrator with Tomini Psychology Professional Corporation would not meet the definition of psychotherapy. Likewise, the Committee determined that such experience does not fall within the scope of psychotherapy. The Board finds no reason to conclude otherwise.
41. With respect to his experience as a mental health response worker with CMHA, the Committee reviewed the Applicant's job description, his case studies, and his letters of reference. The Committee stated that although the Applicant did employ some psychotherapeutic techniques in his role, such as CBT and DBT, a competent psychotherapist goes well beyond incorporating some techniques. In reviewing the Record, the Board is unable to find any information that would cause the Board to question the Committee's assessment that "the [Applicant's] role has not allowed him to develop a depth and breadth of competence focused on psychotherapy."

¹ *Chauhan v. Health Professions Appeal and Review Board and The College of Physicians and Surgeons of Ontario*, 2013 ONSC 1621 (CanLII) at paragraph 42.

42. The Board notes that the Applicant's role with CMHA is multi-faceted. The majority of his duties appear not to be psychotherapy, such as helping clients obtain basic needs. There is nothing before the Board to delineate the extent of the Applicant's psychotherapy experience in his role with CMHA. The Board notes that the purpose of the grandparenting process was to facilitate registration of individuals with a substantial practice of psychotherapy when the profession was becoming regulated. Section 7(2)2 of the Regulation is non-exemptible. The onus is on the Applicant to prove he meets the requirements for registration. While it may be that the Applicant incorporated some psychotherapeutic techniques in his practice, there is insufficient information before the Board to support a finding that the Applicant has met the requirement of 800 DCC hours.
43. With respect to the Applicant's concern that three of his colleagues with identical positions and experience through CMHA were registered with the College, the Board notes that the registration process through the grandparenting route is an individualized process. There is no information in the Record to indicate what experience the Applicant's colleagues relied upon in their application. The Board in this matter is only concerned with the Applicant's application for registration.
44. The Board finds that the Applicant has not completed 800 direct client contact hours within the scope of practice of psychotherapy and is therefore not eligible for registration as a psychotherapist under the grandparenting route.
45. Having found that the Applicant is not eligible for registration on the basis of his not having completed sufficient hours of direct client contact within the scope of practice of psychotherapy, there is no need for the Board to consider whether the Applicant meets other requirements such as supervision.
46. The Board finds that the Applicant does not qualify for registration and finds no basis for returning the matter to the Committee for reconsideration.


IX. ORDER

47. Pursuant to section 22(6)1 of the *Code*, the Board confirms the order of the Committee directing the Registrar to refuse to issue a certificate of registration to the Applicant.

ISSUED November 2, 2021



Maria Capulong



Anna-Marie Castrodale



David Scrimshaw