

COUNCIL AGENDA

Date: Thursday, March 31, 2022
Time: 10:30 a.m. to 2:00 p.m.
Location: Zoom video conference
Chair: Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
WELCOME & INTRODUCTIONS						
1.	10:30	Welcome and Opening Remarks			Information	S. Briscoe-Dimock
2.	10:32	Approval of Agenda	1. Draft Agenda		Decision	S. Briscoe-Dimock
3.	10:34	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. COI disclosure form 2. COI Worksheet 3. COI process		Information	S. Briscoe-Dimock
DISCUSSION & DECISIONS						
4.	10:35	Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development <i>Council is being asked to direct staff regarding next steps in the development of the Council evaluation framework.</i>	1. Briefing Note 2. Council Effectiveness survey report		Discussion, decision, consensus	S. Briscoe-Dimock
5.	10:50	Committee appointments <i>Council is being asked to approve the committee appointments for new public members.</i>	1. Briefing Note 2. Committee composition chart		Discussion, decision, motion	S. Briscoe-Dimock

BREAK 11:00-11:15						
6.	11:15	<p>Proposed By-law Revisions: Nominations & Elections</p> <p><i>Council is being asked to consider changes to the by-laws related to the election.</i></p>	1. Briefing Note		Discussion, consensus	S. Briscoe-Dimock, M. Machan
INFORMATION & UPDATES						
7.	11:25	<p>Jurisprudence Module Update</p> <p><i>Council is being provided with an update regarding the jurisprudence module project update.</i></p>			Discussion, information	M. Pioro
8.	11:40	<p>Clinical Supervision review update</p> <p><i>Council is being provided with an update regarding the clinical supervision review.</i></p>			Discussion, information	M. Pioro
9.	11:55	<p>Quality Assurance Program Enhancement Project Update</p> <p><i>Council is being presented with an update regarding the QAP enhancement project.</i></p>	1. Briefing note		Information, discussion	K. Lomp, D. Adams
LUNCH 12:15 – 1:15						
10.	1:15	<p>Registrar's Report</p> <p><i>Council will have the opportunity to ask questions related to the Registrar's written report.</i></p>	1. Registrar's Report 2. Web Analytics		Information	D. Adams
CONSENT AGENDA						
11.	1:30	<p>Consent Agenda</p> <p><i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council</i></p>	<p>Draft Minutes: January 27, 2022</p> <p>Committee Reports: 1. Discipline</p>		Motion	S. Briscoe-Dimock

		<i>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>	2. Examination 3. Executive 4. FTP 5. Inquiries, Complaints & Reports 6. Quality Assurance 7. Registration			
12.	1:40	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
13.	2:00	ADJOURNMENT			MOTION	S. Briscoe-Dimock
		Next Meetings: <ul style="list-style-type: none"> • May 26, 2022 • June 23, 2022 • September 15, 2022 • December 8, 2022 				

Conflict of Interest Disclosure Form

Meeting Date: March 31, 2022
Council / Committee: Council
Meeting type: plenary

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

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

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

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

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

WORKSHEET: Conflict of Interest

What is a conflict of interest?

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

Self-screening Questions

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



Financial interest

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

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

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



Personal or professional relationship

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

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

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



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

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

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



Emotional bias

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

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

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



Interests of Related Persons

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

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

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

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



Threshold analysis

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

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

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

Process for Considering & Declaring Conflicts of Interest

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



Staff pre-screening

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



Council, committee or panel member self-screening

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



Council, committee or panel discussion of possible conflicts of interest

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

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

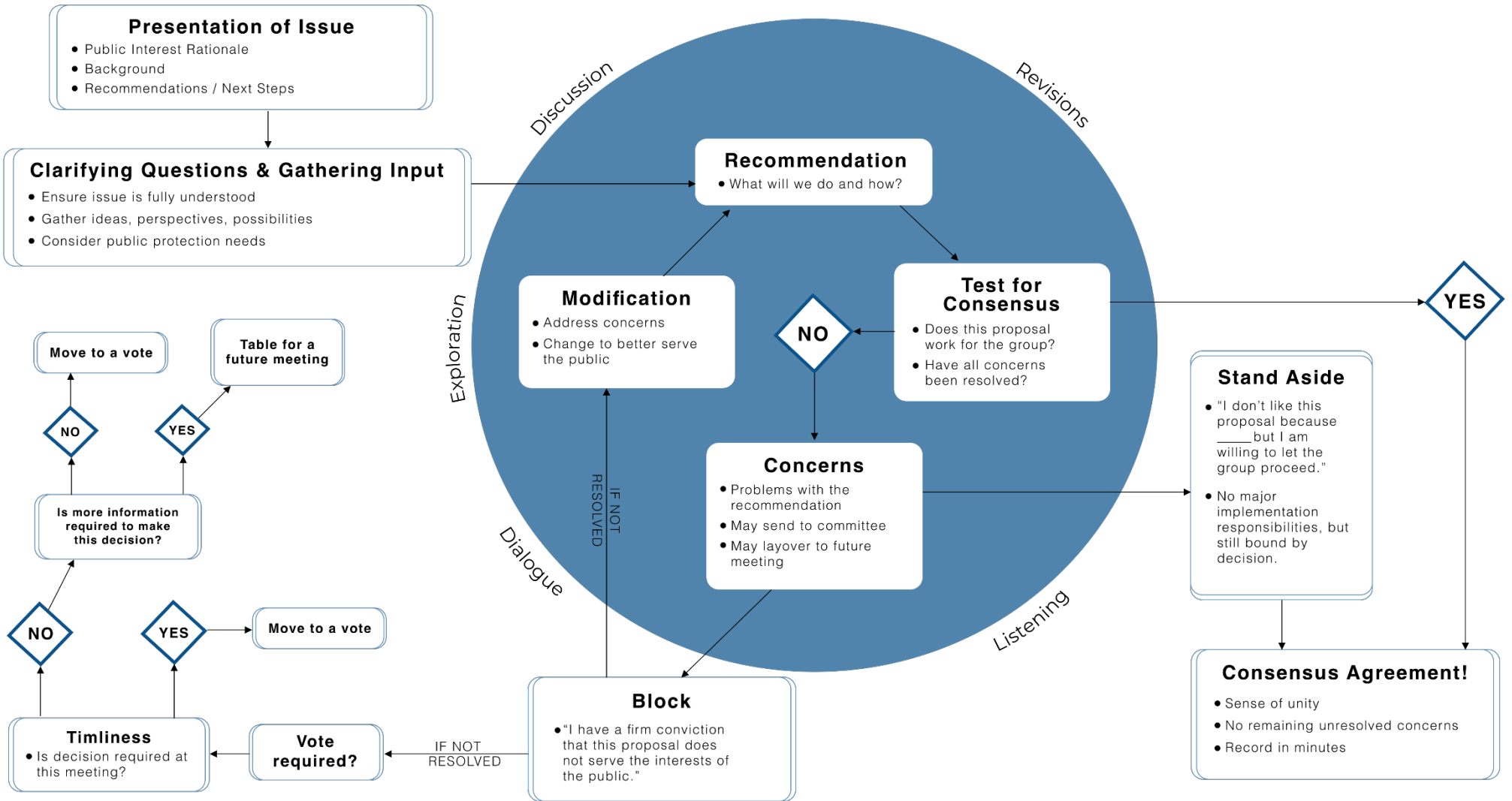
¹ Council minutes are public documents (aside from in camera portions). Regarding committee and panel minutes, normally it will not be considered that viewing minutes by a panel member who has declared a conflict poses a risk of improperly affecting the College's decision. However, occasionally confidentiality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

How the Consensus Process Works

Level	Position	Feelings and Behaviour
1	Agree strongly	"I really like it!"
2	Agree	"I like it."
3	Agree, with some reservations	"I can live with it."
4	Disagree, but willing to go along with majority	"I don't like it. I'm willing to go along with it, but I want my disagreement acknowledged."
5	Disagree, but won't block it	"I really don't like it, but I'm willing to go along with it because I don't want to stop others."
6	Opposed, and cannot accept it	"I hate it and will vote to block it!"

Steps to Follow

1. Present recommendation
2. Ask **clarifying** questions, including confirming any risks or benefits that might not have been captured in the recommendation
3. Test for consensus, **before** substantive discussion
 - Anyone at 3 or 4 has the option to explain reservations
 - Anyone at 5 or 6 has the obligation to explain why they are opposed and to offer a solution that they could support
4. Discuss reservations and potential adjustments to recommendation
5. Retest for consensus, or defer if it is determined additional information is necessary (and a decision is not required immediately)
 - If everyone is at 5 or above, you have consensus and can move forward
 - If anyone remains at 6, move to a vote (or, if possible, defer to another meeting with clear actions identified to bring issue back)



Briefing Note for Council

Meeting Date:	March 31, 2022
Agenda Item #	4
Issue:	Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development
Reference(s):	Council Evaluation Components
Attachment(s):	Draft 2021 Summary Report: Council Effectiveness
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

Council and committee members must have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the public protection mandate of the College. Rigorous and regular evaluation assists in identifying and addressing any deficits. An independent evaluation completed by an external expert can provide essential insight into how the Council functions as a group.

Background

The College Performance Measurement Framework (CPMF) requires that Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. The CPMF specifically requires colleges to adopt a framework that evaluates Council meetings and Council effectiveness and includes a third-party assessment every three years.

In September 2020, CRPO's Council adopted a framework that includes meeting evaluation tools, a Council effectiveness survey and an annual committee 'renewal' assessment (through the review of the terms of reference and work plan) and began preparing for an external evaluation that will take place in 2023. An annual Council effectiveness survey was developed and piloted in 2021 and then revised and used again in January 2022. Using the first two iterations as a pilot has allowed the Executive Committee (in their role as governance stewards) to recommend revisions to the tool and has provided Council with the opportunity to receive ongoing education on the use of the results of the survey.

The final component planned for the framework is the Annual Member Evaluation and a resulting individual education plan for each Council member. The goal of this component is to provide a useful evaluation and individual competence development plan without requiring multiple evaluations of each council member. Council has directed that the approach should take performance on one statutory committee as a measure of overall competence and effectiveness. The results of the assessment will be used to affirm positive attributes, to

encourage reflection on where professional development is indicated and to direct staff and Chairs in providing ongoing educational support to individual Council members and to the Council as a whole.

Next steps:

Council is being reminded of the framework plan and asked to reaffirm the next steps in the development and use of the framework.

Specifically, Council is being asked:

- to provide direction to the Executive Committee regarding any revisions they wish to see to the evaluation tool before it is modified for use by the external reviewers
- to approve the proposed format of the Council evaluation report to be provided as part of the internal review done in years one and two of each evaluation cycle and as part of the external review to be done in year three

At a subsequent meeting, the Executive Committee will present Council with a potential tool to be used for the Annual Member Evaluation. As directed previously, any tool suggested will include assessment based on the competence matrices adopted by Council for both council and committee level work (entry level, intermediate or advanced competence).



College of Registered Psychotherapists of Ontario

Annual Council Effectiveness Evaluation Report



March 2022

32/185



Summary

In February 2022, 93% of the CRPO Council responded to the Council Effectiveness Survey.

Ratings show strong support for the CRPO Council with effectiveness at 86%, governance at 86% and performance at 89%.

Respondents indicated that improvements can be made to the council effectiveness with 21% indicating that stakeholders' relationships could be reviewed to make them more effective.

Respondents also indicated that improvements can be made to the council environment with 21% indicating that all council members should participate in council decisions.

Comments made by council members show a strong internal reputation and positive atmosphere.

Invites sent	Responses Received
15	14

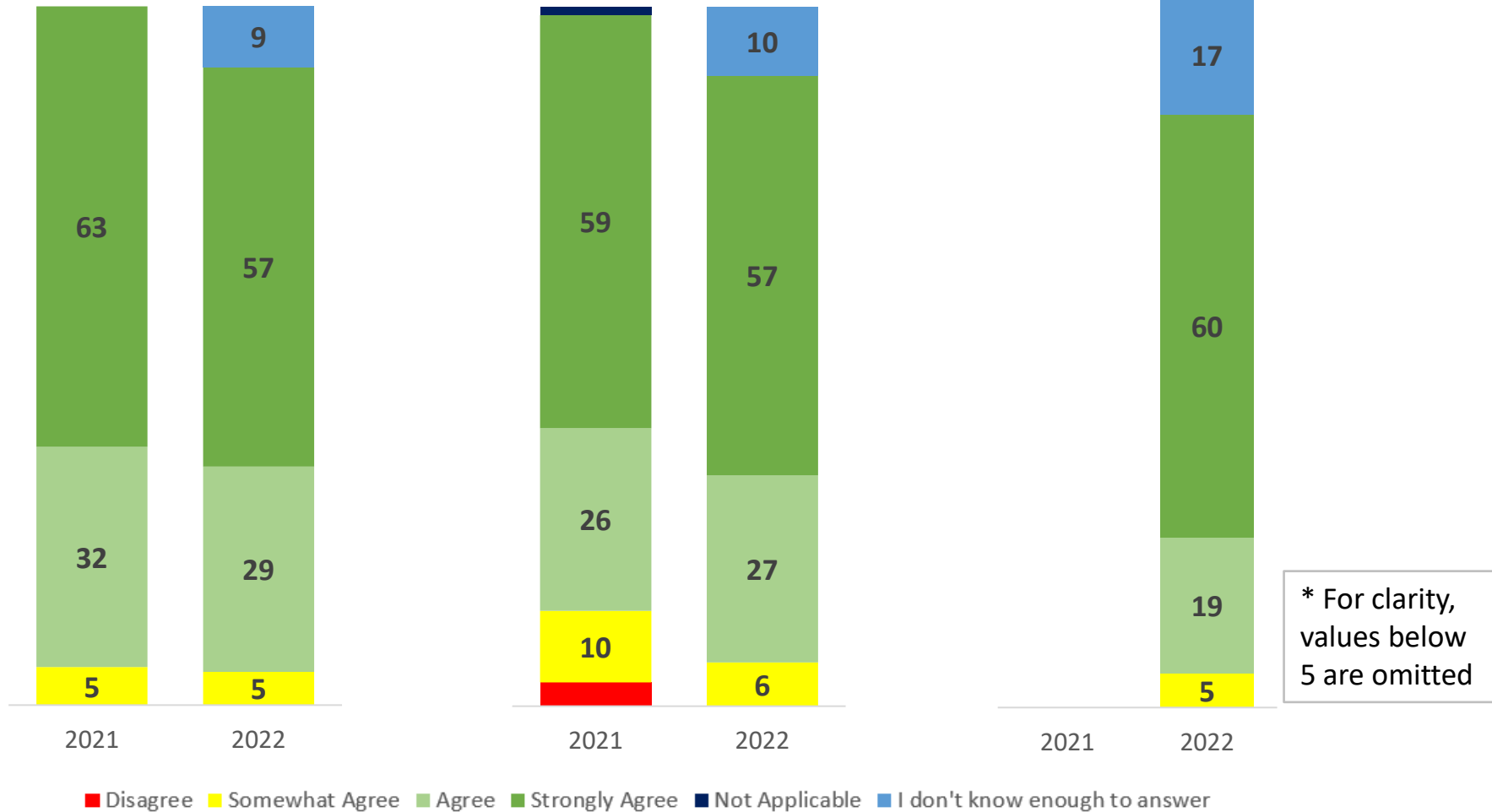


Overall Category Ratings

Effectiveness

Environment

Executive Committee



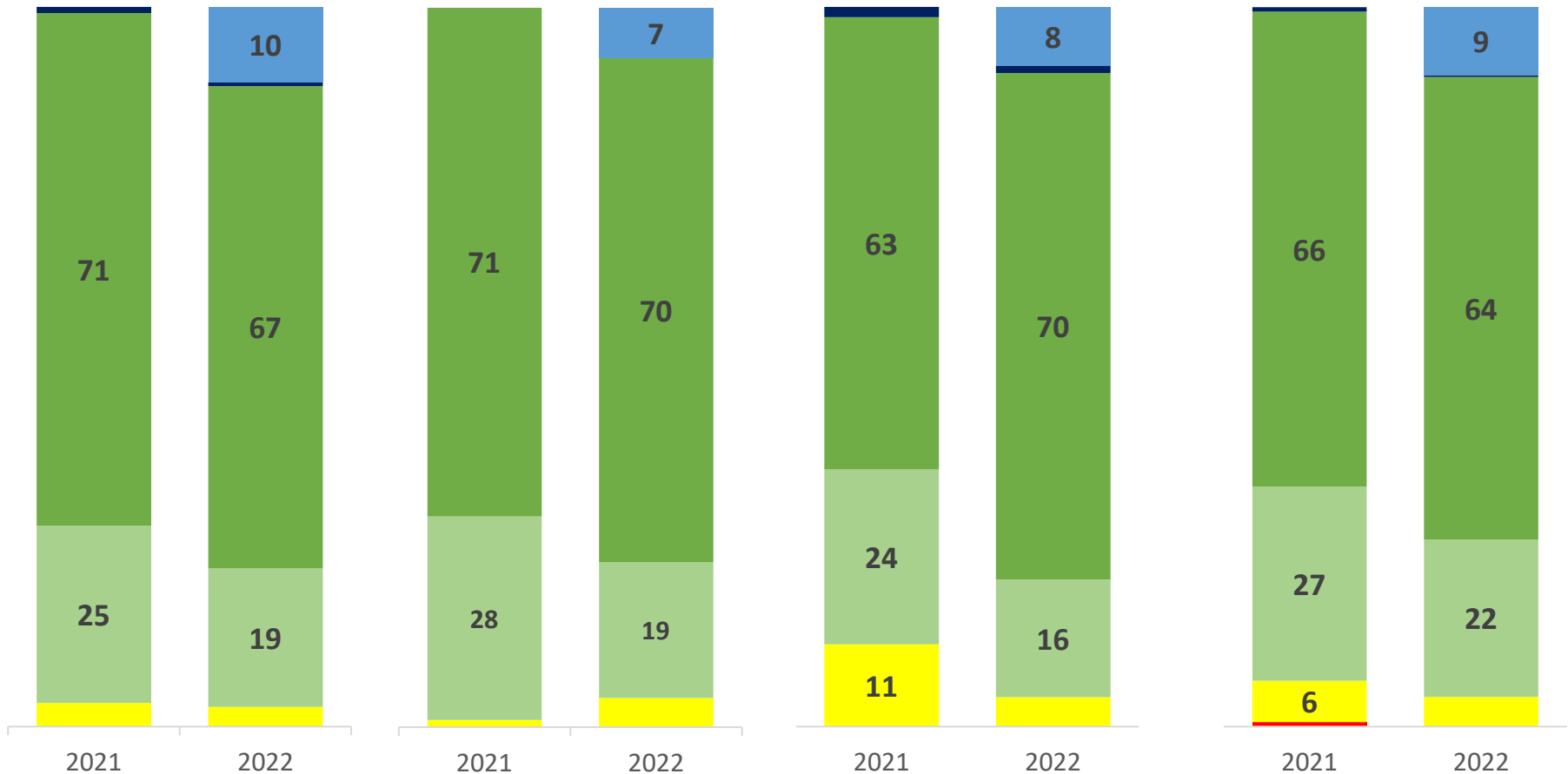
Overall Category Ratings

Governance

Performance

President

Overall



■ Disagree
 ■ Somewhat Agree
 ■ Agree
 ■ Strongly Agree
 ■ Not Applicable
 ■ I don't know enough to answer

Briefing Note for Council

Meeting Date:	March 31, 2022
Agenda Item #	5
Issue:	Committee Appointments
Attachment(s):	Committee Composition chart
References:	Health Professions Procedural Code
For:	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input checked="" 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.

Committee appointments support effective and efficient completion of committee business, particularly in ensuring required panel composition. Representation of the public perspective is a key piece of the professional regulation model in Ontario.

Background:

On March 4, 2022, CRPO staff received notice from the Public Appointments Secretariat (PAS) that Henry Pateman of St. Thomas, Ontario had been appointed to CRPO Council as a public member. H. Pateman has been appointed to serve a three-year term on Council.

In order to begin contributing to the work of committees, H. Pateman must be duly appointed to committees. Note that all Council members sit on the Discipline and Fitness to Practise Committees.

When considering appointing council members to committees, the Executive Committee considers the needs of the College and committees by consulting staff committee leads and chairs, and the noted expertise of the individual. Based on this needs assessment, the Executive Committee¹ took the step of appointing H. Pateman to the Registration Committee, which only had one public appointee.

¹ The Health Professions Procedural Code (Schedule 2, 12.1, of the *Regulated Health Professions Act*) states that, “[b]etween the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.” As such, the Executive Committee appointed H. Pateman to the Registration Committee so CRPO staff could begin the committee-specific orientation process.

Based on the expected changes to governance, which will likely see the end to elections and the move from Nominations and Elections Committee to a “Selection and Appointments Committee”, the Executive Committee considered that this committee will have a more significant role in setting the strategy for and undertaking the work of recruiting for Council and committee appointments. Having an equal number of public and professional members would be a reasonable step to take in order to be prepared for the work that will follow any legislative amendments on this front.

Accordingly, the Executive Committee is recommending that Council appoint H. Pateman to the Nominations and Elections Committee.

Executive Committee also considered further appointments for Jeffrey Vincent, Public Member, who was appointed to the Inquiries, Complaints and Reports Committee on January 27, 2022. Upon review of J. Vincent’s competency matrix, the Executive Committee recommended appointing him to the Quality Assurance Committee.

Next Steps:

Council is being asked to ratify the decision of Executive Committee to appoint Henry Pateman to the Registration Committee and to appoint him to the Nominations and Elections Committee. Council also is being asked to appoint J. Vincent to the Quality Assurance Committee.

Proposed Motion:

[Be it moved] that Council ratify the Executive Committee’s decision to appoint H. Pateman to the Registration Committee for a term of one year.

[Be it moved] that Council appoint H. Pateman to the Nominations & Elections Committee for a term of one year.

[Be it moved] that Council appoint J. Vincent to the Quality Assurance Committee for a term of one year.

Council Members 2021-2022	Executive	Client Relations	Discipline	Examination
<p>Professional</p> <ol style="list-style-type: none"> Andrew Benedetto Heidi Ahonen Shelley Briscoe-Dimock (President) Kathleen (Kali) Hewitt-Blackie Kenneth Lomp (VP) Michael Machan Miranda Monastero Judy Mord Radhika Sundar <p>Public</p> <ol style="list-style-type: none"> Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent 	<p>Professional</p> <p>Andrew Benedetto Shelley Briscoe-Dimock © Kenneth Lomp</p> <p>Public</p> <p>Steven Boychyn Keri Selkirk</p>	<p>Professional</p> <p>Shelley Briscoe-Dimock Judy Mord Radhika Sundar</p> <p>Public</p> <p>Steven Boychyn Keri Selkirk</p> <p>Non-Council</p> <p>Sue Lymburner ©</p>	<p>Professional</p> <p>Heidi Ahonen Andrew Benedetto Shelley Briscoe-Dimock Kathleen (Kali) Hewitt-Blackie Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar</p> <p>Public</p> <p>Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent</p> <p>Non-Council</p> <p>Carol Cowan-Levine ©</p>	<p>Professional</p> <p>Heidi Ahonen © Andrew Benedetto Kathleen (Kali) Hewitt-Blackie Michael Machan Miranda Monastero</p> <p>Public</p> <p>Steven Boychyn Keri Selkirk</p> <p>Non-Council</p> <p>Felipe Cepeda</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p>Professional</p> <p>Heidi Ahonen Andrew Benedetto © Michael Machan Radhika Sundar</p> <p>Public</p> <p>David Keast Henry Pateman</p> <p>Non-Council</p> <p>Elda Almario Danielle Bigras Jamie Consoli Muriel McMahon Ahil Nageswaran Sasha Sky</p>	<p>Professional</p> <p>Heidi Ahonen Andrew Benedetto Shelley Briscoe-Dimock Kathleen (Kali) Hewitt-Blackie Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar</p> <p>Public</p> <p>Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent</p> <p>Non-Council</p> <p>Carol Cowan-Levine ©</p>	<p>Professional</p> <p>Shelley Briscoe-Dimock © Kathleen (Kali) Hewitt-Blackie Kenneth Lomp Miranda Monastero Judy Mord</p> <p>Public</p> <p>Steven Boychyn Sherine Fahmy David Keast Keri Selkirk Jeffrey Vincent</p> <p>Non-Council</p> <p>Abimbola (Abi) Ajibolade David Bruce Nicolas El-Kada Carla Ribeiro Kafui Sawyer</p>	<p>Professional</p> <p>Michael Machan © Judy Mord Radhika Sundar</p> <p>Public</p> <p>Sherine Fahmy David Keast Henry Pateman</p>	<p>Professional</p> <p>Heidi Ahonen Andrew Benedetto Kathleen (Kali) Hewitt-Blackie Kenneth Lomp © Miranda Monastero</p> <p>Public</p> <p>Sherine Fahmy David Keast</p> <p>Non-Council</p> <p>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	X	6
Keri Selkirk	X	X	X	X	X	X				6
Henry Pateman		X			X		X		X	4
Jeffrey Vincent		X			X	X				3
Total Public:	2	6	3	2	6	4	3	2	2	
NON-COUNCIL										
Abimbola Ajibolade						X				1
Danielle Bigras									○	1
Sue Lymburner	©									1
Kayleen Edwards								X		1
Nicolas El-Kada						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
Sasha Sky									○	1
David Bruce						X				1
Carol Cowan-Levine		©			©					2
Jamie Consoli									○	1
Total Non-Council:	1	1	1	0	1	5	0	2	5	

Committee chair

○ IRTG panel appointment

©

Briefing Note for Council

Meeting Date:	March 31, 2022
Agenda Item #	6
Issue:	Proposed By-law Changes: Nominations & Elections
Attachment(s):	-
References:	CRPO Elections CRPO By-laws
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Nominations and Elections Committee

Purpose & Public Interest Rationale:

The public interest requires that the election process is transparent and fair for all registrants.

Background:

In 2018, the Nominations and Elections Committee considered by-law changes related to the election timelines and the number of nominators required to run for election. At the time, the committee agreed that the timelines were lengthy, especially given the fact that the elections are conducted electronically. The committee had also discussed the requirement to have five nominators supporting each candidate and agreed that five signatures may be seen as a barrier to many registrants.

In the interim (2018-2020), CRPO developed a suite of Council and Committee Competencies to provide clear descriptions of the skills, competencies and attributes required to discharge Council duties effectively. The competency framework allows the CRPO to be effective and efficient by directing that qualified people are elected, appointed, and recruited and that appropriate training and professional development is provided to ensure continued competence across all regulatory and governance functions.

In September 2021, Council approved by-law changes that stemmed from the College Performance Measurement Framework (CPMF) requiring all candidates running for election to Council to submit the following to be considered eligible for election:

- to complete orientation before being considered eligible for election (10.095)
- to complete and submit a Council Competency Questionnaire (10.11)

Administrative procedures to conduct annual Council elections are prescribed in detail in the by-laws regarding timelines and the number of signed nominations required to run for election. For an example of the election timelines, you can view the upcoming election timelines on the [CRPO website](#).

Recommendations:

At its February 23, 2022, plenary meeting, the Nominations and Elections Committee considered by-law revisions related to the election and nomination timelines and the number of nominators required in light of the Ministry's governance reform initiative. Notwithstanding the fact that the Ministry might amend the legislation to remove elections, the committee determined that a by-law review was warranted.

The Nominations and Elections Committee discussed the existing election timelines and suggested that the period be shortened to help streamline the process. The Committee also recommended that the requirement to submit five signed nominations is an unnecessary barrier for registrants seeking election to Council.

In September 2021, Council approved by-law changes that stemmed from the College Performance Measurement Framework (CPMF) requiring all candidates running for election to Council to submit the following to be considered eligible for election:

- to complete orientation before being considered eligible for election (10.095)
- to complete and submit a Council Competency Questionnaire (10.11)

Administrative staff confirmed that the proposed revisions to the election timeline by-laws would be manageable.

The Nominations & Elections Committee recommends the following changes to the election timelines:

By-law		Current by-law	Proposed change
10.07	Notice of Elections and Nominations	90 days prior to election date	60 days prior to election date
10.08	Nomination Deadline	60 days prior to election date	30 days prior to election date
10.09	Signed Nominations	5 signed nominations	No signed nominations required (rescind by-law)
10.16	Voting Process	No later than 30 days prior to election date	No later than 15 days prior to election date

The Executive Committee reviewed the above noted proposed by-law changes submitted by the Nominations and Elections Committee and agreed that the changes would help streamline the process and remove barriers for interested candidates.

Proposed motion:

That Council approved the proposed by-law changes for 60-day public consultation:

10.07 – Notice of Election and Nominations

At least sixty (60) days before the date of an election, the Registrar shall notify every Member of the date of the election and of the nomination procedure, including the deadline for submitting nominations to the College.

10.08 – Nomination Deadline

The nomination of a candidate for election as a member of Council shall be in writing and shall be received by the Registrar at least thirty (30) days before the date of the election.

10.16 – Voting Process

No later than fifteen (15) days before the date of an election the Registrar shall send every Member eligible to vote in the election a list of the eligible candidates, the biography and personal statement of every eligible candidate who has submitted one by the deadline established by the Registrar and in the form acceptable to the Nominations and Elections Committee, a ballot (or equivalent if voting is done electronically) and an explanation of the voting process.

Briefing Note for Council

Meeting Date:	March 31, 2022
Agenda Item #	9
Issue:	Quality Assurance Program enhancement project update
Attachment(s):	-
References:	O. Reg. 34/13: Quality Assurance Program
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Quality Assurance Committee

Purpose & Public Interest Rationale:

Regulatory colleges are charged with ensuring the continued competence of all active registrants through a Quality Assurance Program (QAP). This includes an assessment of their competency, professionalism, ethical practice and quality of care.

A right-touch approach to regulation directs that CRPO's work in this area should be driven by rigorous assessment of risk and shaped by the profession who are then active participants for the benefit of themselves as individuals, for the profession as a whole and, by extension, for the protection of the public.

Background:

Standard 11.2 of the College Performance Measurement Framework (CPMF) will measure that CRPO "effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation." The evidence that this key performance indicator is being met includes that that College has processes and policies in place outlining:

- i. how areas of practice that are evaluated in quality assurance (QA) assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
- ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and
- iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

The Ministry expects that colleges will take an evidence-informed approach to areas of focus for the QA assessment and that they will employ a right-touch approach to apply the minimum and appropriate amount of regulatory force to achieve the desired outcome, in this case, continuing competence.

CRPO's authority related to registrant QAP participation comes from [O. Reg. 34/13: Quality Assurance Program](#). In summary, the regulation requires that registrants participate in a quality assurance program that includes:

- professional development (40 hours every two years)
- self-assessment (every two years)
- peer and practice assessments (through random selection and as determined necessary by the committee)
- a mechanism for the College to monitor members' participation in, and compliance with, the program

The QAC has been overseeing an enhancement project that will move the program from random selection to a targeted, risk-based approach. As directed by the QAC, this will be achieved by changes that include:

- developing and implementing an online assessment tool
- revising the Peer Practice Review (PPR) process to take a risk-based approach that makes better use of College and registrant resources to focus QA interventions on RPs who are deemed to be at higher likelihood of not meeting required standards of practice
- developing and implementing QA focused interventions (PD plans, coaching, etc.) to ensure remediation efforts are relevant and effective

The overarching goal of the enhancement project is to identify a path to further enhance the fairness, defensibility and sustainability of the QA assessment and remediation processes. It is expected that the revised program will provide more meaningful QA opportunities for registrants, while ensuring that College resources are appropriately focused on RPs who have been identified as having gaps in their knowledge, skills or judgement.

Update:

Enhancement work on the QA program is being done in phases to allow the inclusion of perspectives from registrants. This approach ensures that we have the benefit of input from RPs and others who have lived and professional experiences that reflect the diversity of registrants and the Ontarians they serve, with an explicit goal of ensuring that the resulting program is inclusive.

Phases that are complete or on track to be completed based on the original plan are presented in the milestone status summary below in green text; phases that have been delayed and / or that are yet to be scheduled are presented in amber text.

It should be noted that the original plan was to develop 25 cases for the first assessment cycle and to continue to develop 25 new cases every year for the following four fiscal years. This plan was revised to develop enough cases to allow CRPO to offer the assessment twice a year, as a way of providing increased flexibility to RPs and to divide the work of running the assessment and completing resulting PPRs over the course of each year. As a result, 50+ cases are being developed in fiscal 2021-2022 and Phase #4 was delayed in order to benefit from the economy of scale gained through standard setting against all of these cases.

Phase #1: QAC session to direct the development of a for QA competence assessment (January 28, 2021)

- Established assessment framework
- Established a blueprint for the assessment

- Identified challenges and opportunities associated with case based approach
- Reviewed examples of case-based assessment materials, including follow up review of Peer Circle case
- Confirmed sources that will inform the cases

Phase #2: Case-based item writing workshops (2.1 group April to July 2021 / 2.2 group February to May 2022)

- Recruited and trained active-practice RPs representing Council-identified attributes and experiences required for diversity of perspective
- Wrote adequate number of cases to mount standard-based online, multiple choice assessment of registrant knowledge across CRPO's registrant base

Agenda for Workshops

- During the first of four case-based writing workshops:
 - skills for constructing cases be presented including determining what makes appropriate case data
 - participants reviewed initial cases submitted by the group
- For the remaining three workshops, participants continue to review and finalize the cases submitted by the group in between meetings

Phase #3: Case review workshops (3.1 group September to November 2021 / group 3.2 April to May 2022)

- Recruited and trained active-practice RPs representing Council-identified attributes and experiences required for diversity of perspective
- Reviewed cases constructed in Phase 2 to provide adequate number of questions and answers to mount standard-based online, multiple choice assessment of registrant knowledge

Agenda for Workshops

- During the first question writing workshop:
 - Elements of effective cases
 - participants will review the initial cases submitted by the writers group
- For the remaining workshops, participants will continue to review and finalize the questions submitted by the writers group

Phase #4 preparation: QAC direction setting for standard prioritization (initial presentation February 22, 2022 / session TBD August 2022)

- Introduced data sources (i.e., ICRC themes and trends, discipline case allegations, PA enquiries, PPR results, registration-related concerns, stakeholder and system suggested changes) to be used to inform standard prioritization
- QAC will be asked to provide direction regarding priority of the standards to ensure appropriate weighting in the assessment

Phase #4: Facilitate standard setting workshops (group 4.1 August to September 2022)

Note: sessions planned for January 2022 deferred to July to permit second round of case writing and review before Angoffing work is done for full case sets written in both .1 and .2 workshops

- Recruited and will train active-practice RPs representing Council-identified attributes and experiences required for diversity of perspective
- Establish defensible standards for evaluation to determine cut scores, using Angoff method, for registrants to have satisfied assessment with no further requirement.

- Produce the Standard Setting Report including the required statistical analysis.

Agenda for Workshops

- During the first standard setting workshop:
 - skills for Angoffing will be presented
- For the remaining workshop, participants will continue set standards for the cut scores of a case-based assessment

Phase #5: QAC sessions to develop feedback templates (TBD September 2022)

- Determine assessment scoring to determine feedback steps
- Develop templates for feedback for case-based assessment results for registrants who:
 - have satisfied assessment with no further requirement and could use it to inform required 40-hours of professional development
 - who require low-risk remediation and intervention and so would be directed to use it to inform required 40-hours of professional development (potentially including a requirement that they report completion)
 - who require higher-risk remediation and so would be directed to complete a full PPR

Phase #6: Prepare and facilitate review and revision of Peer and Practice Review tools (3 workshops with trained Peer Assessors, TBD summer 2022)

- Consider how existing PPR 1 and PPR2 interview tools and reports can be adapted for use with RPs identified as being at-risk through case-based assessment
- Propose revisions to combine and deploy revised tools

Phase #6 follow up: QAC review and approval of proposed Peer and Practice Review tools (TBD September – October 2022)

- Review and approve proposed PPR tools for adoption
- Direct development of PA role to include coaching as part of assessment phase

Phase #7: Prepare and provide training for Peer Assessors in assessment and coaching (TBD November – December 2022)

Objectives

- Train Peer Assessors in use of revised interview tools and creation of reports to the QAC
- Train Peer Assessors in providing coaching

Registrar's Report to Council

March 31, 2022

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

Plans to allow periodic in-office work will be reconsidered as changes to public health and workplace safety measures have recently been announced for the province.

Through amendments to [O. Reg. 364/20](#), the following changes to public health and workplace safety measures were in effect as of March 1, 2022.

- capacity limits have been lifted in all indoor public settings
- proof of vaccination requirements have been lifted
- businesses and organizations may choose to require proof of vaccination upon entry
- other protective measures, such as mask/face covering requirements and passive screening of patrons remain in place
- businesses and organizations that are open must continue to have [safety plans](#) in place

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.

Council Elections

An interactive webinar was held on March 8 to provide information about the work of the College, role of professional Council members, and the process of standing for election. The webinar was well-attended with 27 RPs participating. Thanks to Andrew Benedetto, RP and Miranda Monastero, RP for taking the time to share their experience with attendees.

Nominations close on March 31, 2022, at noon and the election will be held on May 30, 2022.

Registrant Management System

Work on the RMS continues with staff confident that the registrants' renewal experience with the system will not present any significant problems. The developer has informed us that they are delayed in migrating their system to the cloud. This is resulting in delays to developing complaints, QA and reporting modules as planned.

Staffing Update

One new registration assistant has been hired since the last Council meeting; recruitment for a second continues.

Pam Bialik has joined the staff team as a Policy Analyst and will be attending committee meetings as part of the onboarding process over the coming weeks. Please join me in welcoming Pam; it will be a real benefit to the College to have her skill set and experience

available as we undertake significant steps in ensuring our work is evidence-based and up to date with best practices and the changing health care and regulatory landscape.

Web analytics

See attached reports.

Practice Advisory Service

		2019-2020	2020-2021	2021-2022
Q1	Apr-Jun	325	669	614
Q2	Jul-Sep	352	505	505
Q3	Oct-Dec	432	612	576
Q4	Jan-Mar	541	626	624*

*as of March 14

We continue to receive inquiries related to COVID-19, primarily when changes are made to public health directives. Themes include vaccination requirements, providing in person therapy and compliance with guidelines.

Other common topics include:

- Cross-border practice
 - RPs working remotely with clients outside Ontario
 - Practitioners outside Ontario working remotely with clients in Ontario
- Duty to report
- Confidentiality (release of client records)
- Fees
- Electronic Practice
- Record-keeping (financial and clinical records)
- Controlled Acts
- Supervision
- Consent

Registration

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

	January	February
Applications started	287	229
Total applications submitted	236	221
Applications from recognized programs submitted	207	202
Applications from non-recognized programs submitted	27	19
Labour mobility applications	2	0

Total registrants as of March 14, 2022:

- RP 7,201
- Qualifying 2,086
- Inactive 171

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	27
Personal/Group Therapy/Drug Screening	1
Restrictions on practice / Degree Monitoring	5
Currency upgrading	12
Education	7
Practice Assessment	3
Not Completed: result of resignation/revocation	1
On Hold: other reasons (e.g., Inactive, on leave or Interim Order suspension)	2
Terms, Conditions and Limitations	33
Undertaking	2
Learning Plan (Educational Upgrade)	2
ICRC:	
Clinical supervision/monitoring:	11
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	14
Practice Restrictions	5
Reflective Paper	6
Review Standards	0
Practice Assessment	0
In-Person Caution	5
Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place	5
On Hold: currently under appeal at HPARB	8
Not Completed: result of resignation/revocation	15
On Hold: other reasons (e.g., on leave or Interim Order)	1
Undertaking	5
In-Person Caution (only)	2
Remedial agreement	2
SCERP	18
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	3
Clinical Supervision	0
Costs	3
Suspension	0
Fitness to Practise:	
Monitoring (not practising)	1

STAKEHOLDER ENGAGEMENT

Stakeholder Meetings

- *January 18, 2022:* Regular check in with the Partnership of Registered Psychotherapist Associations (PRPA)
- *February 1, 2022:* Regular check-in with Ontario Association of Mental Health Professionals (OAMHP)
- *February 15, 2022:* Regular check-in Ontario Society of Registered Psychotherapists (OSRP)
- *February 9, 2022:* Staff presentation to Yorkville University students on the registration process
- *March 3, 2022:* Staff presentation to Toronto School of Theology (Knox/Emmanuel College), University of Toronto students on the registration process
- *March 8, 2022:* Staff presentation to Laurentian University students on the registration process

Health Profession Regulators of Ontario (HPRO)

- HPRO has been focused on collaborative initiatives that will assist colleges in fulfilling their regulatory roles. Specifically, HPRO has been discussing collaboration on the government’s proposed regulatory governance amendments.

I continue to be part of the Anti-BIPOC Racism Working group.

Staff Training & Education

- *Ongoing:* [Indigenous Canada](#) 8 staff are participating in this Massive Open Online Course to complete 12 modules that explore key issues facing Indigenous peoples today from a historical and critical perspective, highlighting national and local Indigenous-settler relations. Team members are completing the course independently and also meet for a study group session every other week.
- *February 2022:* Registrant Services team, Translating Course, Saint Boniface University
- *March 2022:* Conduct team staff, 4-day Private Investigations course, George Brown College

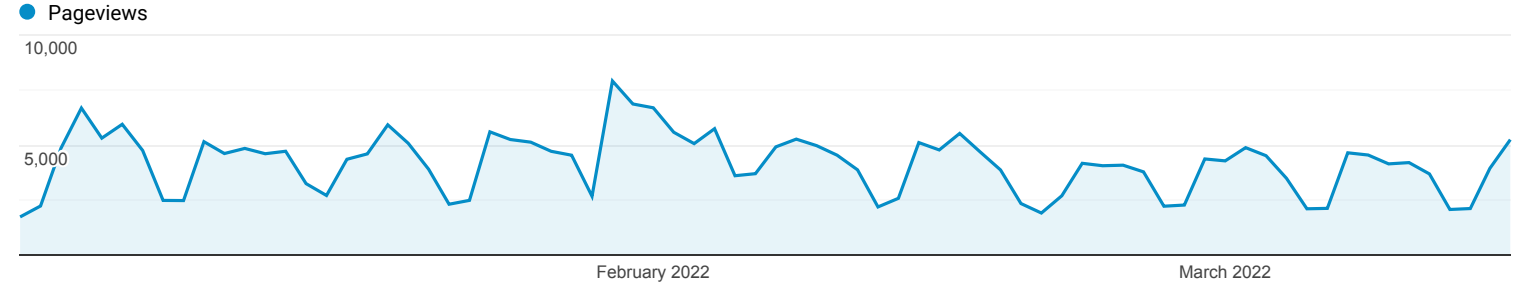
- *March 2022:* Registration team staff, Guidelines for reviewing policies & Inclusion, CNAR
- *March 2022:* Senior management, Administrative Law & Practice and Six Minute Administrative Law and Practice, Law Society of Ontario

Overview

All Users
100.00% Pageviews

Jan 1, 2022 - Mar 15, 2022

Overview



Pageviews 308,425	Unique Pageviews 268,111	Avg. Time on Page 00:01:54	Bounce Rate 79.59%	% Exit 61.57%
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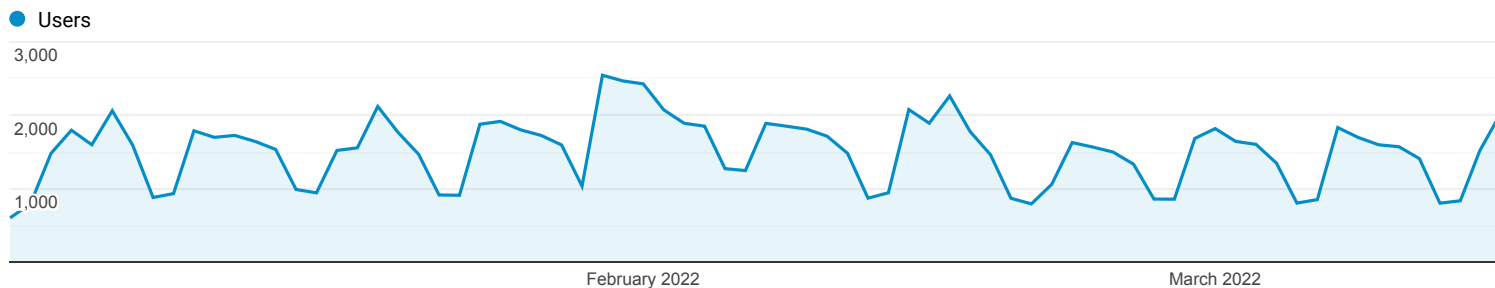
Page	Pageviews	% Pageviews
1. /	62,705	20.33%
2. /applying-to-crpo/	21,509	6.97%
3. /find-a-registered-psychotherapist/	19,253	6.24%
4. /recognized-accepted-programs/	17,625	5.71%
5. /education-programs/	7,946	2.58%
6. /new-members-registered-psychotherapist-qualifying/	6,585	2.14%
7. /renewal/	6,446	2.09%
8. /registration-exam/	5,541	1.80%
9. /supervision/	5,527	1.79%
10. /practice-matters/	4,691	1.52%

Audience Overview

Jan 1, 2022 - Mar 15, 2022

All Users
100.00% Users

Overview



Users
68,749

New Users
60,647

Sessions
190,077

Number of Sessions per User
2.76

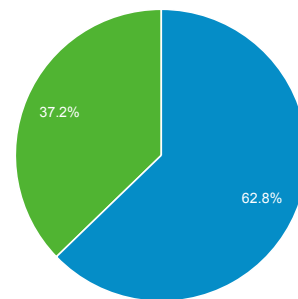
Pageviews
308,425

Pages / Session
1.62

Avg. Session Duration
00:01:11

Bounce Rate
79.59%

■ New Visitor ■ Returning Visitor



Language	Users	% Users
1. en-us	33,396	48.47%
2. en-ca	27,397	39.76%
3. en-gb	3,884	5.64%
4. en	1,849	2.68%
5. zh-cn	593	0.86%
6. fr-ca	374	0.54%
7. fr-fr	334	0.48%
8. en-in	156	0.23%
9. en-au	146	0.21%
10. zh-tw	67	0.10%

COUNCIL MINUTES

Thursday, January 27, 2022

9:30 a.m. to 12:30 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

Miranda Monastero, RP

Grishanth Ram, Public Member

Keri Selkirk, Public Member

Radhika Sundar, RP

Jeffrey Vincent, Public Member

Regrets:

Judy Mord, RP

Staff Members:

Deborah Adams, Registrar & CEO

Alexandra Brennan, Acting Manager,
Registration & Program Recognition

Jo Anne Falkenburger, Director of Operations
& Human Resources

Amy Fournier, Executive Coordinator
(Recorder)

Mark Pioro, Deputy Registrar & General
Counsel

Virginia Strobel, Assistant, Registration

Naela Syed, Acting Manager, Registration &
Exams

1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 9:32 a.m. and welcomed all present.

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-27JAN2022 – M01

That the agenda of the January 27, 2022, meeting of Council be approved as presented.

Moved: S. Boychyn

Seconded: H. Ahonen

CARRIED

3. Conflict of Interest Declarations

None declared.

4. EDUCATION: Consensus Building

D. Adams, Registrar, and K. Selkirk, Public Member, provided a 90-minute presentation on a formal model of consensus decision making.

5. Non-Council & Public Member Appointments to Inquiries, Complaints and Reports Committee

S. Briscoe-Dimock, Chair, introduced the item and provided background information. In September 2021, Council directed staff to recruit at least one additional non-council committee member to fill an immediate need to serve on the Inquiries, Complaints and Reports Committee (ICRC). Rather than a formal callout to registrants, a process which can take several months, staff was directed to review applications from registrants who were interviewed for a non-council position in July/August 2020 and to provide support to the Nominations and Elections Committee to recommend appointments. Considering the needs of the ICRC, two registrants were selected to be interviewed by members of the Nominations and Elections Committee on December 23, 2021. As a result, the Nominations and Elections Committee recommended that the Executive Committee appoint Abi Ajibolade, RP, and Nicolas El-Kada, RP, to the ICRC as non-Council members.

It was also noted that public members are needed on the ICRC to ensure proper public representation on its panels. The Executive Committee recommended that David Keast and Jeffrey Vincent be appointed to the committee.

MOTION C-27JAN2022 – M03

That Council ratify the Executive Committee's decision to appoint Nicolas El-Kada, RP, and Abi Ajibolade, RP, to the Inquiries, Complaints and Reports Committee as non-Council members for one-year terms.

Moved: K. Lomp

Seconded: M. Monastero

CARRIED

MOTION C-27JAN2022 – M04

That Council ratify the Executive Committee's decision to appoint public members David Keast and Jeffrey Vincent to the Inquiries, Complaints and Reports Committee as committee members for one-year terms.

Moved: K. Hewitt-Blackie

Seconded: M. Machan

CARRIED

6. Non-Council appointments to Registration Committee for Indigenous Pathway panels

S. Briscoe-Dimock introduced the item and notified Council that in the September 2021 Communique, CRPO put out a call for RPs with Indigenous education and training, who

work with traditional Indigenous practices and with Indigenous clients to assist, as non-Council committee members, in the review of future applications through the Indigenous Registration Pathway.

Individuals who indicated an interest met with the Registrar, who reported back to the Registration Committee Chair. Three RPs are being recommended for appointment as a result.

MOTION C-27JAN2022 – M05

That Council approve the appointment of Danielle Bigras, RP (Qualifying); Jamie Consoli, RP; and Sasha Sky, RP to the Registration Committee for one-year terms.

Moved: M. Monastero

Seconded: M. Machan

CARRIED

7. Fiscal 2022-2023 Expense and Revenue Budget

J. Falkenburger, Director, Operations and Human Resources, presented the 2022-23 Expense and Revenue budget. The Executive Committee had the opportunity to review and ask questions regarding the proposed budget at their January 6, 2022, meeting. J. Falkenburger walked Council through the expenses and revenues line by line and provided clarification as needed.

MOTION C-27JAN2022 – M06

That Council approve the 2022-2023 expense and revenue budget as presented.

Moved: K. Hewitt-Blackie

Seconded: M. Machan

CARRIED

8. Meeting Pulse Evaluation Report

S. Briscoe-Dimock introduced the meeting pulse evaluation report noting that the data on the report represents feedback collected from October to December 2021 and marks Council's first year using the 5-minute evaluation. Council agreed that the evaluation continues to be a useful tool and the addition of asking meeting participants to indicate practices to 'stop', 'start' and 'continue' has provided useful feedback.

9. Annual Council Effectiveness Survey

S. Briscoe-Dimock introduced the item and reminded Council members that the annual Council effectiveness survey is now available for completion using the links provided by Pollinate. Council members have until February 3 to complete the evaluation and S. Briscoe-Dimock asked that all Council members complete the evaluation. Results will be presented at the March 31 Council meeting.

10. Council Education Plan

D. Adams, Registrar, introduced the item and provided information on the College's upcoming Council education initiatives. The March 30, 2022, Council education day will focus on trauma with several experts contributing their expertise. D. Adams noted that this year there will be a focus on developing individual competencies and how those competencies link to the bigger picture of strategic and regulatory objectives. Council will begin focusing on diversity and inclusion, with Darcy Belisle, consultant, working with the CRPO as we begin recruitment for the Diversity and Inclusion Working Group. A detailed work plan will follow.

11. Registrar's Report

D. Adams, Registrar, presented her report and noted that she had no additional verbal updates to provide. Council was welcomed to ask questions and seek clarification regarding the report.

12. 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 December 2, 2021
- Committee Reports

MOTION C-27JAN2022 – M06

That Council approve the consent agenda as presented.

Moved: A. Benedetto
Seconded: M. Machan
CARRIED

13. Council Question Period

Discussion and questions raised included:

- Electronic practice
- Privacy
- Cross-border practice

14. ADJOURNMENT

Meeting and prep time: half day attendance and prep.

MOTION C-27JAN2022 – M07

That the meeting be adjourned at 12:31 p.m.

Moved: K. Lomp
Seconded: R. Sundar
CARRIED

DRAFT

Discipline Committee Report to Council

March 31, 2022

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
- Jeff Vincent

Committee meetings: February 14, 2022

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:

Since the last Council meeting, we have received four new referrals to Discipline.

Hearings:

No hearings occurred since the last Council meeting.

At this time, the following seven matters are awaiting scheduling:

CRPO v HARAMIC

CRPO v MONTGOMERIE

CRPO v HYNES

CRPO v WENT (1)

CRPO v FIELD

CRPO v WENT (2)

CRPO v HWANG

Pre-hearing Conference & Motions:

Since the last Council meeting, two Pre-hearing conferences have been scheduled for April 13 and May 11.

Training

A Plenary meeting occurred on February 14, 2022, which included educational and Committee business sessions. The education session reviewed the process of reaching Joint Submissions and included a presentation from Richard Steinecke (College Counsel's perspective), Lisa Hamilton (Registrant's Counsel's perspective) and Cynthia Kuehl (Independent Legal Counsel's perspective). A video recording of the session will soon be made available to Counsel members.

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
March 31, 2022

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

Committee meetings:

- n/a

Panel meetings:

- February 18, 2022

Panel Meetings

A half-day meeting took place on February 18, 2022 via videoconference. Below are the outcomes of that meeting:

Total files reviewed	15
Appeals granted	0
Appeals denied	6
Educational upgrading steps directed for second failure candidates	1
Eligible for third exam attempt for second failure candidates	8

Formal Motions to Council:

n/a

The Committee Recommends:

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

Respectfully submitted,

Heidi Ahonen, RP
Chair, Examination Committee

Executive Committee Report to Council

March 31, 2022

Committee Members

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

Committee meetings:

- February 3, 2022
- March 9, 2022

The Executive Committee considered the following matters at the February 3, 2022, and March 9, 2022, meetings:

Council Evaluation: Annual Council Effectiveness Survey Review

The Executive Committee reviewed the responses to the Council Effectiveness Survey. See agenda item 4.

Ministry of Health Regulatory Governance Reforms

The Executive Committee received an update regarding the governance reform initiative consultation that is being conducted by the Ministry of Health. The committee reviewed CRPO's feedback to the consultation. A response letter (please see attached) was submitted to the Ministry on February 23, 2022.

Diversity and Inclusion Update

The Executive Committee received an update regarding CRPO's recruitment of Indigenous RPs to participate in the review of registration applications made using the Indigenous pathway. It was also noted that the College continues to work with Darcy Belisle on diversity and inclusion initiatives, and he will continue to consult the CRPO on the Diversity and Inclusion Working Group recruitment and composition. The initial strategy meeting for this is planned for April 11, 2022.

Q3 Financial Statements

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

Proposed By-law Revisions

The Executive Committee reviewed the proposed by-law changes submitted by the Nominations and Elections Committee. See Agenda item 6.

ACTION TAKEN IN BETWEEN COUNCIL MEETINGS

Committee Appointments

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

The Executive Committee appointed Jeffrey Vincent, Public Member, to the Quality Assurance Committee. The Committee also appointed Henry Pateman, Public Member, to the Registration Committee.

Council is being asked to ratify these decisions. See agenda item 5.

Formal Motions to Council

Noted in briefing notes.

The Committee Recommends:

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

Respectfully submitted,

Shelley Briscoe-Dimock
Chair, Executive Committee

Fitness to Practise Committee Report to Council

March 31, 2022

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
- Kathleen (Kali) Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Judy Mord, RP
- Grishanth Ram (resigned March 11, 2022)
- Keri Selkirk
- Radhika Sundar, RP
- Jeffrey Vincent

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.

Hearings:

Since the last Council meeting, we have received no hearings.

Pre-hearing Conference:

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

Motions:

No Motions were received since the last Council meeting.

Training

A Plenary meeting will be scheduled in the next quarter.

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 March 31, 2022

Committee Members
<ul style="list-style-type: none"> • Abimbola (Abi) Ajibolade, RP (Non-Council Committee Member) • Steven Boychyn • Shelley Briscoe-Dimock, RP (Chair) • David Bruce, RP (Non-Council Committee Member) • Nicolas El-Kada, RP (Non-Council Committee Member) • Sherine Fahmy • Kathleen (Kali) Hewitt-Blackie, RP • David Keast • 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 • Jeffrey Vincent

Plenary meetings:

- N/A

Panel meetings:

- February 28, 2022
- March 2, 2022
- March 10, 2022
- March 22, 2022

General Summary

Current fiscal (to date) April 1, 2021-March 11, 2022		
	Received	Decisions Released
Formal Complaints	70	50
Registrar's Investigations	24	23
Incapacity Investigations	0	3

Referrals for a hearing (to date) April 1, 2021-March 11, 2022	
Discipline Referrals	7
Fitness Referrals	0

Staff have observed a recent increase in the number of formal complaints received. Staff received 22 complaints since January 1, 2022. Therefore, 31% of total complaints received in this fiscal year so far, were received in the last 70 days.

Professional Conduct staff have also been busy participating in pre-hearing conferences and hearings held by the Health Professions Appeal and Review Board (HPARB). HPARB

processes requests for appeals from complainants and registrants wishing to dispute the Committee's decision. Currently, there are 15 open appeals pending. In the last month HPARB released 3 decisions; all confirming the decision of the ICRC.

Respectfully submitted,

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

Nominations and Elections Committee Report to Council

March 31, 2022

Committee Members
<ul style="list-style-type: none">• Sherine Fahmy• David Keast• Michael Machan, RP (Chair)• Judy Mord, RP• Grishanth Ram (resigned March 11, 2022)• Radhika Sundar, RP

Committee meetings:

- February 23, 2022

The Nominations and Elections Committee considered the following matters at the February 23, 2022, meeting:

Terms of Reference Review

The Nominations and Elections Committee reviewed the committee terms of reference. No changes were made. See attached.

Proposed By-law Revisions

The Nominations and Elections Committee discussed revising the elections timelines detailed in the by-laws. See Agenda item 6.

Ministry of Health Regulatory Governance Reforms

The Nominations and Elections Committee received an update regarding the governance reform initiatives that is being conducted by the Ministry of Health. The proposed changes will likely impact how the Nominations and Elections Committee functions if the Ministry decides to remove College elections and move forward with appointing members of the profession to committees and Council.

Diversity and Inclusion Initiative

The Nominations and Elections Committee discussed their role in the diversity and inclusion initiative, particularly regarding registrant outreach and communications.

Formal Motions to Council

Noted in briefing notes.

The Committee Recommends:

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

Respectfully submitted,

Michael Machan, RP
Chair, Nominations & Elections Committee

Type of document: Terms of reference	Approved by: Nominations and Elections
Date approved: March 2020	Review dates: February 23, 2022

Nominations and Elections Committee Terms of Reference

Name and type	- Nominations and Elections Committee - Standing
Purpose	The Nominations & Elections Committee is a non-statutory committee as defined in the by-laws of the College of Registered Psychotherapists of Ontario.
Specific Areas of Responsibility	<p>The Nominations & Elections Committee is responsible for the following activities:</p> <ul style="list-style-type: none"> • Adjudicating disputes regarding a registrant’s eligibility to vote in an election; • Determining the acceptable form of biographies and personal statements included as part of a candidate’s nomination package; • Holding inquiries related to a candidate’s written dispute, where a candidate feels there are reasonable grounds to doubt the validity of the election for which the candidate ran, and making reports and recommendations to Council based on the inquiry; • Assisting the Registrar, if requested, in supervising and administering the election of candidates, subject to College By-laws; • Establishing, implementing and overseeing a robust, objective and transparent recruitment process for competency-based appointments, including: <ul style="list-style-type: none"> • seeking, identifying and recruiting qualified and skilled individuals capable of, and committed to, providing effective governance • Receiving and evaluating competency-based appointment applications • making recommendations to Council regarding competency-based appointments • Working with Council to determine the competencies and skills that Council considers necessary for Council members to possess
Committee Composition	<p>Members of the Nominations & Elections Committee are appointed by Council.</p> <p>The Nominations & Elections Committee is composed of:</p> <ul style="list-style-type: none"> • At least two (2) registrants who are members of Council; • At least one (1) public member who is a member of Council; and

	<ul style="list-style-type: none"> one (1) or more registrants who are not members of Council if Council so wishes. <p>The number of Committee members who are also registrants shall, wherever possible, exceed the number of public members (appointed by the Lieutenant Governor in Council).</p>
Committee Competencies	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Attributes.</p> <p>Appointed committee members (i.e., non-council appointments) will be required to meet the minimum Council Competencies and Attributes.</p>
Decision-Making Process	<p>Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.</p>
Delegated Authority	<p>The Nominations & Elections Committee will advise Council with respect to the Committee's specific areas of responsibility.</p>
Reporting	<p>The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.</p>
Appointment of Chair	<p>The Chair, or Chairs, of the Committee will be appointed by Council.</p>
Quorum	<p>The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee shall be two (2) members.</p> <p>Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee.</p>
Meetings	<p>Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.</p>
Staff Support	<p>The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.</p>
Communication with Council	<p>The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.</p>
Committee Records	<p>The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.</p>

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

Nominations & Elections Committee Competencies

Council members and non-elected members serving on committees are expected to demonstrate the attributes and have the competencies required of all Council members. The following are specific attributes and competencies required of those members who participate as members of the Nominations and Elections Committee.

Area of Competency	Core Understanding	Demonstrated Behaviours
Diversity	Diversity competence supports the ability to shift cultural perspective and adapt one's behavior to work effectively with individuals whose attributes might include, but not be limited to, gender, ethnicity, religion, sexual orientation, disability, and socio-economic class. Profession specific diversity may include attributes such as region of practice, practice setting and context, specialization or modality.	<ul style="list-style-type: none"> - Valuing and actively advocating for diverse perspectives - Commitment to and participation in continuous learning / professional development in diversity, inclusion and cultural humility
Marketing and communications	Appreciate the needs to tailor advertising given the nature of the committee positions and the skills and experience sought, and the need to encourage participation by members of under-represented groups.	<ul style="list-style-type: none"> - Is familiar with mechanisms for recruiting members to reflect the community the College serves and the cultural context within health care - Ensures that language in all marketing supports registrants in feeling welcome to apply
Candidate screening	Understands that main task is to assess candidates against the published criteria, in accordance with the published process, and decide who to recommend for appointment	<ul style="list-style-type: none"> - Understands which criteria are essential and how each will be assessed - Participates in screening to ensure no applicant is disadvantaged as they move through the selection process (including through the offer of reasonable adjustments to accommodate individuals' needs)
Bias	Appreciates that anyone screening candidates must act and take decisions impartially, fairly and on merit, using the best	<ul style="list-style-type: none"> - Does not allow selection decisions to be influenced by unwritten or 'assumed' criteria

Area of Competency	Core Understanding	Demonstrated Behaviours
	evidence and without discrimination.	- Does not consider themselves to be representative of any group or community within professional registrant membership.

Quality Assurance Committee Report to Council

March 31, 2022

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
- Jeffrey Vincent

Committee meetings:

- February 22, 2022

Panel meetings:

- n/a

At the February 22 plenary meeting, the Quality Assurance Committee considered the following matters:

Professional Practice Standards Review Update

The QAC continued with the professional standards review.

Professional Practice Standard 4: Clinical Supervision:

CRPO's clinical supervision policy review has been ongoing. Staff presented the QAC with drafted revisions to the clinical supervision standards and asked for additional review and feedback. A major part of the review covered CRPO's supervision practice standards and information resources. The QAC discussed the 30-hour supervision course requirement. Clarification on terms was inquired by the QAC.

Professional Practice Standard 5: Record-Keeping:

Staff provided the QAC with a revised draft of all sections of Standard 5. The QAC was asked to review and provide additional feedback. The QAC inquired about "sub-files", which will be defined and added for clarity. Discussion around access to reports and fees was noted.

Clinical supervision qualifications:

CRPO's clinical supervision policy review has been ongoing. A major part of the review covered CRPO's requirements in order to provide clinical supervision. The policy brief provided to the QAC contained staff edits from the version reviewed by RC in January 2022. The QAC was asked to provide further input and support. The QAC discussed risk and limitations of grandparenting clinical supervisors and highlighted the importance of currency and competency

in their field of work. Inquiry around the supervision assessment form was addressed. Staff noted that the wording of the form may change, but the attestation will be continued.

QA Enhancement Project Update:

The review of the QA enhancement project was presented to the QAC by Anthony Marini. A comprehensive summary of milestones and progress will be reviewed at the meeting. Presentations made contained the process and review of case creation and participation in that process. Information on the case weighting approach was provided to gather the QAC's input. A timeline of the project was also presented to the QAC. The first review phase was completed in December. All cases written in Spring 2021 have been reviewed. The QAC was advised that another case writing session is currently being organized and will be finished by mid-April. Case reviewers from the Fall will be invited back to assist with the review in Spring 2022. The project is forecasted to produce 50 cases that will have been written and reviewed by the end of Summer 2022. The pilot has been set for mid-Fall 2022.

Other Updates

- **Staffing:** Akta Sehgal, is the new QA Coordinator.

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

March 31, 2022

Committee Members

- Heidi Ahonen, RP
- Elda Almario, RP (Non-Council Committee Member)
- Andrew Benedetto, RP (Chair)
- Danielle Bigras, RP (Qualifying) (as of January 27, 2022; Non-Council Committee Member; IRTG Appointment)
- Jamie Consoli, RP (as of January 27, 2022; Non-Council Committee Member; IRTG Appointment)
- David Keast
- Michael Machan, RP
- Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment)
- Ahil Nageswaran, RP (Non-Council Committee Member)
- Henry Pateman (as of March 9, 2022)
- Grishanth Ram (resigned March 11, 2022)
- Sasha Sky, RP (as of January 27, 2022; Non-Council Committee Member; IRTG Appointment)
- Radhika Sundar, RP

Committee meetings:

- January 21, 2022
- March 7, 2022

Panel meetings:

- January 12, 2022
- January 14, 2022
- January 28, 2022
- February 4, 2022
- February 25, 2022
- March 7, 2022

At the January 21, 2022, plenary meeting, the Registration Committee considered the following matters:

Clinical Supervision Policy Proposals

The Committee provided feedback on proposed changes to clinical supervisor requirements and revised wording for the practice standard on clinical supervision frequency. These items will be brought to other committees for input before returning to the Registration Committee.

Jurisprudence Module Update

The Committee approved at a high level plans to update the Jurisprudence module.

Clinical Experience Recognition

The clinical experience (CE) recognition process evaluates an academically recognized program's direct client contact (DCC) and clinical supervision hours accumulated in practicum, clinic, or student practice settings prior to graduation. All DCC and supervision hours obtained in CE-recognized programs will be accepted toward CRPO's registration requirements.

Students from programs with CE recognition do not need to submit individual confirmation forms for review: programs will report the hours directly to CRPO. Students from non-recognized programs and registrants updating CE hours after graduation still need to submit detailed confirmation forms.

The Committee granted clinical experience (CE) recognition to the following ten programs:

- Gestalt Institute of Toronto: Diploma, Five-Year Training Program in Gestalt Psychotherapy
- University of Guelph: M.Sc. Couple and Family Therapy Program
- Ontario Institute for Studies in Education, University of Toronto: Master of Education in Counselling Psychology – Counselling and Psychotherapy
- Ontario Psychotherapy and Counseling Program: Diploma in Psychotherapy with focus on Psychodynamic Therapy
- Toronto Institute of Contemporary Psychoanalysis: Diploma in Psychoanalytic Psychotherapy
- Toronto Institute for Relational Psychotherapy: Diploma, Toronto Institute for Relational Psychotherapy
- Tyndale University College and Seminary: Master of Divinity – Counselling Major – Clinical Stream
- Western University: Master of Arts in Counselling Psychology

Terms of Reference and Work Plan

The Committee approved the Terms of Reference and Work Plan. The Terms of Reference are included following this report.

Fair Registration Practices Report 2021

The Committee reviewed the qualitative portion of the report to the Fairness Commissioner and approved the draft at a high level.

Policy Review

The Committee reviewed and approved the Registration Committee Procedure Manual as part of the three-year policy review cycle.

New Recognized Program

At the March 7, 2022, plenary meeting, the Committee approved a recommendation to grant academic recognition to the CREATE Institute Diploma in Expressive Arts Therapy.

Panel Meetings

The January 12 and March 7 meetings were one hour in length. The other four meetings were a half day in length. All meetings took place via video conference. Below are the statistics for the meetings from January 12 through March 7.

Total applications reviewed	38
Approved	5
Terms, Conditions & Limitations (TCL)	7
Conditional approval	1
Requests for more information	2
Refused	23

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 January 27, 2022, Council meeting update, the Health Professions Appeal and Review Board (HPARB) has not issued any decisions.

Committee Membership Changes

Grishanth Ram's appointment to the Registration Committee ended on March 11, 2022. The Chair would like to express appreciation for his valuable contributions to the Registration Committee and wish him the best in his future endeavours.

The Chair would like to welcome Danielle Bigras, Jamie Consoli, and Sasha Sky, who were appointed to the Registration Committee as non-Council Committee members on January 27, 2022. They will review applications submitted through the Indigenous Registration Pathway.

The Chair would also like to welcome Henry Pateman, who was appointed to the Registration Committee as a public member on March 9, 2022.

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

Encls. Registration Committee Terms of Reference, 2022

Type of document: terms of reference	Approved by: Registration Committee
Dates approved: February 26, 2021 January 21, 2022	Next Review date: January 2023

Registration Committee Terms of Reference

Name and type	Registration Committee Statutory
Purpose	The Registration Committee is a Statutory Committee as defined in the <i>Health Professions Procedural Code (Code)</i> , which is Schedule 2 of the <i>Regulated Health Professions Act, 1991 (RHPA)</i> .
Specific Areas of Responsibility	<p>The Registration Committee is responsible for the following activities:</p> <ol style="list-style-type: none"> 1. Meeting in the form of panels to make decisions regarding applications for registration in accordance with the Code, the Registration Regulation, and College policy. 2. Considering the requirements of the Office of the Fairness Commissioner in: <ol style="list-style-type: none"> a. The study, review and development of registration policies and protocols that are transparent, objective, impartial and fair; b. Overseeing the preparation and submission of the fair registration practices report to the Fairness Commissioner. 3. Developing amendments to the Registration Regulation, for approval by Council and the Ministry of Health and Long-Term Care (MOHLTC).
Committee Composition	<p>Members of the Registration Committee are appointed by Council.</p> <p>The Registration Committee must be composed of:</p> <ul style="list-style-type: none"> • three (3) members who are members of Council; • two (2) public members who are members of Council; and • one (1) or more members who are not members of Council if Council so wishes. <p>The number of Committee members who are also registrants shall, wherever possible, exceed the number of public members (appointed by the Lieutenant Governor in Council).</p>
Panel Composition	<p>Panels are selected by the Chair to perform statute-specific functions.</p> <p>In accordance with the Code, panels must be composed of at least:</p>

	<ul style="list-style-type: none"> • three (3) Committee members, • at least one (1) of whom shall be appointed to the Council by the Lieutenant Governor in Council. <p>Three (3) members of a panel constitute a quorum.</p>
Committee Competencies	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies.</p> <p>Appointed committee members (i.e., non-council appointments) may be required to meet the minimum Council Competencies and Attributes.</p>
Decision-Making Process	<p>Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.</p>
Delegated Authority	<p>The Registration Committee will advise Council with respect to the Committee’s specific areas of responsibility.</p>
Reporting	<p>The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.</p>
Appointment of Chair	<p>The Chair, or Chairs, of the Committee will be appointed by Council.</p>
Quorum	<p>The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee must be two (2) members.</p> <p>Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.</p>
Meetings	<p>Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.</p>
Staff Support	<p>The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.</p>
Communication with Council	<p>The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.</p>
Committee Records	<p>The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.</p>

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



College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2022

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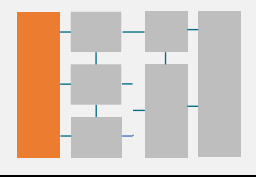
INTRODUCTION

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

This is the second year that all RHPA colleges are completing this CPMF report. While there is still work to be done to ensure that a right-touch, risk-based and diversity, equity and inclusion-informed approach is being used for all Council, committee and staff work, the College of Registered Psychotherapists of Ontario (CRPO) made significant progress toward modernization over the course of the past year.

Using the CPMF standards as a driver of quality and innovation has supported CRPO in identifying and acting on more opportunities for competency development, improved Council and committee efficacy and process improvements. All of this supports quality decision-making in the public interest.

Part 1: Measurement Domains

	Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.			
	STANDARD 1	Required Evidence	College Response	
a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency and suitability criteria; and 		The College fulfills this requirement: <table border="1" data-bbox="776 451 2615 506"> <tr> <td data-bbox="776 451 2196 506"></td> <td data-bbox="2196 451 2615 506">Yes</td> </tr> </table> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes <ul style="list-style-type: none"> CRPO Council Competency Matrix Eligibility to Stand for Election Conflict of Interest Disclosure Time Commitment Guideline 		
	Yes			

		<p>ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.</p>	Yes
<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Duration of orientation training. In 2021, CRPO's Council amended the by-laws related to eligibility for election to add: <ul style="list-style-type: none"> 10.095 – Council Role Orientation requiring RPs to complete a candidate orientation course that was set or approved by Council 10.11 – Conflict of Interest and Council Competency Questionnaires requiring RPs to return conflict and competency questionnaires prior to standing for election <p>Council approved a 1-hour webinar (also available in other formats – see below) and self-study at the candidate's own pace to prepare for the competency questionnaire (knowledge test) prior to submitting their nomination.</p> <ul style="list-style-type: none"> Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). CRPO is committed to removing barriers for RPs who wish to contribute to the work of Council while ensuring that anyone standing for election meets competence and suitability criteria. Accordingly, the College developed multiple ways for interested RPs to complete the required orientation training. These include: <ul style="list-style-type: none"> live webinar presented by staff and two current Council members (to be presented in March 2022) written materials in accessible format narrated video <p>After accessing the information from one of the above sources, any RP who wishes to stand for election must complete and submit the CRPO Pre-candidacy Questionnaire that tests their knowledge of the concepts presented.</p> <ul style="list-style-type: none"> Please insert a link to the website if training topics are public OR list orientation training topics. Council Pre-Candidacy Module 1 			

<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> CRPO Committee Competency Matrix (required for non-Council committee appointees) CRPO Committee Composition Matrix CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix 	<p>Yes</p>
<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. New Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive initial orientation to the committee as well as participating in a 6-month long series of "touch-points" to ensure they are functioning effectively as committee members. Please see the New Council / committee member training schedule for details of this process. Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the 'technical' work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant. Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. Examination Committee Orientation Quality Assurance Committee Orientation Registration Committee Orientation Inquiries Complaints and Reports Orientation <p>Discipline Committee training is done through sessions provided by independent legal counsel and the Health Professions Regulators of Ontario.</p> <p>*College operations continue to be remote. Once a return to in-person meetings is possible, committee members may receive a combination of remote and in person orientation training.</p>	<p>Yes</p>

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. Initial orientation is typically 3-hours of meeting time plus self-study at the member's own pace. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). <ul style="list-style-type: none"> • self study of materials prior to general Council onboarding • 3 staff and Chair-led remote* orientation sessions, culminating with completion of worksheets to assess knowledge <ul style="list-style-type: none"> • see Appendix 1_Council orientation modules worksheet • Please insert a link to the website if training topics are public OR list orientation training topics. Council Orientation: CRPO 101 Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures <p>In addition to the above orientation to Council duties, public appointments also receive support in preparing for their work on the ICRC committee. This involves:</p> <p>A remote meeting with senior staff to present a module entitled What is Psychotherapy?</p> <ul style="list-style-type: none"> • See Appendix 2_Public Appointee Orientation_What is Psychotherapy? <p>Self-study materials for review</p> <ul style="list-style-type: none"> • Professional Practice Standards • Psychotherapy Act, 2007 • RHPA – Schedule 2, Health Professions Procedural Code • Controlled Act Task Group Documents • Summary article Bill 87: Protecting Patients Act <p>*College operations continue to be remote. Once a return to in-person meetings is possible, public appointment members may receive a combination of remote and in person orientation training.</p>
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Measure		
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. In September 2020, CRPO’s Council adopted a framework that includes meeting evaluation tools, a Council effectiveness survey and an annual committee ‘renewal’ assessment (through the review of the terms of reference and work plan) • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. CRPO Council Meeting Materials September 16, 2021 Council Evaluation Components • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> All meetings (Council, committee and panel) are evaluated as part of the overall evaluation framework. The results are presented to Council on a quarterly basis for discussion for the purposes of addressing opportunities for improvement and to direct ongoing professional development planning. CRPO Council Meeting Materials December 2, 2021 Quarterly Meeting Evaluation Reports <p>Council also completes an Annual Effectiveness survey that will be done with the support of an external evaluator every year, with every third year involving a comprehensive external evaluation. CRPO Council Meeting Materials September 16, 2021 Annual Effectiveness Evaluation Report</p>	

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes • Year of last third-party evaluation. Council undertook a comprehensive external governance review in 2019, resulting in the report Situational Analysis on the State of Governance. Moving forward from this report, with the support of an external evaluator, Council developed a plan to ensure that any evaluation was relevant and useful. An education plans was developed so that Council members were appropriately informed to be able to participate effectively and to use the results to take advantage of opportunities for improvement. <p>As a result, Council:</p> <ul style="list-style-type: none"> • completed its first annual Council Effectiveness Evaluation Survey in May of 2021 as a pilot • made revisions with the support of the external evaluator to ensure that the survey was effective • completed the revised survey again in January 2022 to establish a baseline. <p>A comprehensive external evaluation, which will consider all elements of the evaluation framework (see Council Evaluation Components) will take place in January 2023.</p>	<p>Yes</p>
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		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. Council Evaluation Components • Please briefly describe how this has been done for the training provided <u>over the last year</u>. Council adopted a comprehensive competency framework in November 2019. At that time, all Council members were required to complete a self-assessment of their competence against these frameworks; since then, all newly elected and appointed professional members and publicly appointed members are required to complete the assessment as part of their onboarding. The results of these assessments were used to inform professional development planning over the course of 2021. 	<p>Partially</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional):</i> The final component planned for the framework is the Annual Member Evaluation and a resulting individual education plan for each Council member. The goal of this component is to provide a useful evaluation and individual competence development plan without requiring multiple evaluations of each council member. Council has directed that the approach should take performance on one statutory committee as a measure of overall competence and effectiveness. The results of the assessment will be used to affirm positive attributes, to encourage reflection on where professional development is indicated and to direct staff and Chairs in providing ongoing educational support to individual Council members and to the Council as a whole.</p>	

	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. In response to the growing recognition in Ontario, as well as nationally and internationally, that meaningful inclusion of diverse and intersectional identities (including race, sex, ability, sexuality, age, etc.) is a critical element of both the regulation and provision of psychotherapeutic services, CRPO became an employer partner with the Canadian Centre for Diversity and Inclusion. This partnership provides Council, committee members and staff with access to consultants and trainers with DEI expertise as well as to a resource library. Please briefly describe how this has been done for the training provided <u>over the last year</u>. Through CCDI, CRPO ran two half day (September and December 2021) <i>Diversity and Inclusion immersion for Council</i> training sessions that were attended by the full Council, non-elected committee members and staff. <p>Additionally, eight staff members are participating in the Indigenous Canada Massive Open Online Course to complete 12 modules that explore key issues facing Indigenous peoples today from a historical and critical perspective, highlighting national and local Indigenous-settler relations. Team members are completing the course independently and also meet for a study group session every other week with the intent of using their learning to better support Council in their DEI work.</p> <p>In preparation for the adoption of a risk register Council was provided with a presentation on Regulatory Risk Management (RRM). Learning objectives of the session were for Council to be able to:</p> <ul style="list-style-type: none"> identify, assess non-compliance, harm, or other problems in the practice of the profession, or in the health care system in which registrants work respond through a right-touch, risk-based lens employ a systemic approach to regulatory risk to create accountability for monitoring and addressing these risks 	Partially
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Yes	
<p><i>Additional comments for clarification (optional):</i></p> <p>CRPO will be linking Council education to the more comprehensive implementation of the Regulatory Risk Register and to the DEI Strategy.</p> <p>Council will receive practical training in the use of the Regulatory Risk Register to assist them in understanding risk-reports prepared at the committee level.</p> <p>Council has directed that CRPO needs to develop a reliable and relevant way of soliciting and integrating perspectives of communities that face individual and systemic discrimination, barriers and inequities. Gaining this perspective will ensure that the CRPO’s education and training is informed by these disparities as a way of being able to address them.</p>			

	ii. accessible to the public.	The College fulfills this requirement:	Yes
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes
<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. Code of Conduct Conflict of Interest 		<ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. 2021 Please provide the length of the cooling off period. The 'cooling off' period is one year. How does the college define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; The requirement for a 'cooling off' period is established through by-laws by defining holding certain positions with a professional association as a conflict of interest. 16.03 – Conflicts Relating to Involvement with a Professional Association A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy. The 'cooling off' period is enforced through the eligibility for election criteria. 10.04 – Eligibility for Election (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 Any RP proposing to stand for election to Council must attest that they do not have a conflict of interest in relation to a position or employment with a professional association. Eligibility to Stand for Election – Candidate Attestation 	

		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. The completed questionnaires are included as an appendix to each Council meeting package; ii. Questionnaires include definitions of conflict of interest; iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. 2021 • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes <p>Council members are expected to complete a conflict of interest worksheet and make a declaration prior to the meeting through the Council's board portal. The Chair reviews conflicts of interest and asks Council members to make a declaration related to the agenda items at the beginning of every Council meeting.</p> <ul style="list-style-type: none"> • Please insert a link to the most recent Council meeting materials that includes the questionnaire. December 2, 2021 Council Meeting Materials Conflict of Interest Declaration report 	<p>Yes</p>
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		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. In 2019, CRPO adopted formal Regulatory Objectives and uses these as the basis for ensuring that decisions are made in the public interest. In addition, Council adopted a briefing note template that includes an opening statement as to the public interest rationale of every item and decision being contemplated. This template is used for all Council meeting agenda items and is included in publicly posted material. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. Every issue brought to Council meetings is introduced by a briefing note that explicitly outlines the public interest rationale (see December 2, 2021 Council meeting materials for examples). 	<p>Yes met in 2020, continues to meet in 2021</p>
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	<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Partially
		<ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. 2021 • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. <ul style="list-style-type: none"> • May 13, 2021 Council meeting materials Regulatory Risk Framework Briefing Note • December 2, 2021 Council meeting materials Regulatory Risk Framework Tools <p>Council was presented with education sessions on risk management approaches and tools in in May 2021 and asked to provide direction on next steps in December 2021. They directed staff to begin to use a Risk Register Tool, which will be adopted and implemented in 2022.</p> <p>Operational risk management policies are maintained by staff and were reported on to the Executive Committee at a March 2020 meeting, which was reported to Council and included in the March 25, 2021 Council meeting materials.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<p><i>Additional comments for clarification (optional)</i></p> <p>A formal risk register tool will be adopted and implemented in 2022. This tool will include risk descriptions that will be regularly reviewed and revised as needed and a risk-rating that is inter-subjective, provisional and practical.</p> <p>The tool will be used to:</p> <ul style="list-style-type: none"> • inform Council deliberations • direct the right-touch work of <ul style="list-style-type: none"> ○ policy, standard and guideline review ○ Quality Assurance Program focus (for assessment and for remediation activities) • share information with education program and professional association partners to support their efforts in ensuring that RPs are prepared to provide safe, ethical and effective care 	

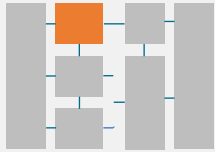
STANDARD 3	Measure 3.1 Council decisions are transparent.	
	Required Evidence	College Response
	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. Council Meetings • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Updates on the implementation of Council decisions are included in meeting materials. Interested individuals can also request specific updates by email, as noted on the Council Meetings Policies and Guidelines page of the website.</p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. Executive Committee Report to Council December 2, 2021 Executive Committee Report to Council September 16, 2021 Executive Committee Report to Council May 13, 2021 Executive Committee Report to Council March 25, 2021 		

Measure		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement:	
	<ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Council Agenda Packages, Highlights and Meeting Minutes Council meeting dates are posted in the fall for the following full calendar year. Meeting agendas are posted two weeks in advance and full meeting material packages one week in advance of meetings. Materials from February 2016 forward are currently available. 	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	
	<ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. Current Discipline Hearings 	

Measure		
3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	
	<ul style="list-style-type: none"> Please insert a link to the College’s DEI plan. A formal work plan is being developed in 2022. 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. Council has relied on this to direct further work and to direct education for Council, committee members and staff. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. December 2, 2021 Council meeting materials Diversity and Inclusion Working Group Briefing Note 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
	<p><i>Additional comments for clarification (optional)</i></p> <p>At its December 2021 meeting, Council approved the creation of a Diversity and Inclusion Working Group (DIWG) and directed that the Executive Committee oversee the work of establishing an approach that would 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.</p> <p>CRPO’s Council is operating on the principle that a reliable and relevant way of soliciting and integrating perspectives of communities that face individual and systemic discrimination, barriers and inequities is needed for any relevant DEO plan. This direction will ensure that the CRPO’s work is informed by these disparities as a way of being able to address them. Accordingly, a DEI consultant has been engaged to support this work, with the expectation that that working group would be in place by second quarter of fiscal 2022 – 2023 and that this group would be charged with making recommendations as to developing comprehensive regulatory and operational DEI plans.</p>	
		Partially
		Yes

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<p>The College fulfills this requirement:</p>	No
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
		<p><i>Additional comments for clarification (optional)</i></p> <p>The DIWG will be tasked with recommending an Equity Impact Assessment tool to Council. This approach acknowledges that people with lived-experience are best-positioned to determine which tool or tools are best suited to ensure that CRPO’s policies, programs and processes are fair and not discriminatory.</p>		



Measure

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

DOMAIN 2:
RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

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

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.
March 25, 2021 Council meeting materials [Workplan Status Update](#)
[Approved Fiscal 2021 / 2022 Budget](#)
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.
Resources were allocated in line with the strategic priorities set by Council for:
 - Ongoing work in core regulatory functions
 - o Implementation of a new Registrant Management System
 - Governance reform
 - o Council and committee education
 - o DEI work
 - Right touch regulation
 - o QA program enhancement

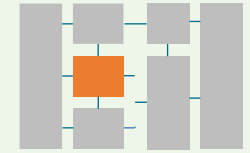
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. Executive Limitations Policy: Reserve Fund • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. March 2021 • Has the financial reserve policy been validated by a financial auditor? Yes 	<p>Yes met in 2020, continues to meet in 2021</p>
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		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Executive Limitations Policy: Council Registrar Relationship Please insert a link to Council meeting materials where the operational policy was last reviewed. May 13, 2021 Council meeting materials <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CRPO’s Council is committed to a governance model that precludes board involvement in operational decisions at the level that this indicator suggests is required. In accordance with by-law 8.02 Duties of the Registrar, as the chief executive officer the Registrar “has duties and responsibilities as are conferred by the Act, the RHPA, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.” This includes responsibility for the human resource planning.</p> <p>The Executive Committee receives quarterly financial reports from staff, which include relevant information related to human resource planning. And Council reviews and approves the annual budget, which includes monies for staffing (salaries, benefits, training, professional development).</p>	Partially
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			No	
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
<ul style="list-style-type: none"> • Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. CRPO's Executive Committee was presented with a Cyber-Security Risk Management plan in June 2021. Implementation is underway and will progress further in 2022. The elements covered by this plan include: <ul style="list-style-type: none"> • policies to address security, incident response, audit and review cycle and insurance • staff training • remote access set up and management • email communications • work from home workspaces • hiring policies • Council, committee and assessor technology access and support <p>CRPO began the implementation of a new Registrant Management System Implementation that will allow CRPO to manage registrant information through a secure staff interface, allow prospective registrants to apply and update their information through the registrant portal, and provide public access to pertinent information about registrants through the public register.</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i> The Cyber-Security Risk Management plan will continue to be developed and implemented 2022.</p>				

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

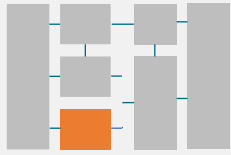


<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required. Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> - <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <ul style="list-style-type: none"> Active member of HPRO, engaging with other Ontario health regulators • Staff participate in inter-college networks regarding practice advisory, investigations & hearings, fair registration practices, exam accommodations <ul style="list-style-type: none"> • Outcome: Knowledge exchange supports Council being provided with relevant best practices in use in other colleges to inform policy and program decision-making • Registrar is a member of the anti-BIPOC racism working group <ul style="list-style-type: none"> • Outcome: CRPO benefited from multi-profession baseline survey to collect racial identity data and is engaged in planning joint projects to further DEI work • Staff exchange program to guest observe ICRC & RC panel meetings with College of Physiotherapists <ul style="list-style-type: none"> • Outcome: staff are able to share best practices to inform panel processes

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| <p>Registrar Chairs Pan Canadian Psychotherapy Regulators Group</p> <ul style="list-style-type: none"> • Staff provided training on CRPO's mapping tool for substantially equivalent education, and hosted discussions regarding complaints, specialties, labour mobility with oncoming Alberta College of Counselling Therapists <ul style="list-style-type: none"> • Outcome: increased confidence in future labour mobility applications from this province <p>Cooperative efforts with professional associations (primarily Ontario Association of Mental Health Professionals (OAMHP), Canadian Counselling and Psychotherapy Association (CCPA))</p> <ul style="list-style-type: none"> • Shared delivery of Peer Circles <ul style="list-style-type: none"> • Outcome: supported registrants in applying standards of practice • Update meetings with all representatives of all professional associations <ul style="list-style-type: none"> • Outcome: associations aware of CRPO's areas of focus, allowing them to better support members of the profession • Presentation at OAMHP conference <ul style="list-style-type: none"> • Outcome: registrants attending accessed regulatory-specific professional development • Provided review of record keeping course (with a supervision module included) under development by OAMHP <ul style="list-style-type: none"> • Outcome: available as general professional development for registrants and also as required remediation |
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	<p>Cooperative efforts with recognised psychotherapy education and training programs</p> <ul style="list-style-type: none">• Pilot and launch new clinical experience recognition program (piloted in March, launched around November 2021)<ul style="list-style-type: none">• Outcome: expectations related to clinical experience for registration established and application process simplified for graduates of programs now recognised for clinical experience• Update meetings with all representatives of all education and training programs<ul style="list-style-type: none">• Outcome: programs aware of CRPO's areas of focus, allowing them to better prepare future members of the profession <p>Cooperative efforts with entry-to-practice examination provider</p> <ul style="list-style-type: none">• Moved examination to online format (with remote proctoring)<ul style="list-style-type: none">• Outcome: safe and effective access to the exam during pandemic, allowing three cohorts of approximately 600 candidates to satisfy registration requirements• Update meetings with all representatives of all education and training programs<ul style="list-style-type: none">• Outcome: programs aware of CRPO's areas of focus, allowing them to better prepare future members of the profession
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	<p>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> <p>Employer partner with the Canadian Centre for Diversity and Inclusion</p> <ul style="list-style-type: none"> • Partnership provides Council, committee members and staff with access to consultants and trainers with DEI expertise as well as to a resource library. <ul style="list-style-type: none"> • Outcome: Council supported to understand concept of bias and to better apply DEI lens to regulatory decision-making <p>Conducted two surveys and public consultations (clinical supervision, by-law revisions)</p> <ul style="list-style-type: none"> • Outcome: Council received input from the public, registrants, other regulators, employers and members of other regulated professions <p>Membership in Citizen Advisory Group</p> <ul style="list-style-type: none"> • Ability to access public consultation to support transparent, informed and collaborative policy development <ul style="list-style-type: none"> • Pending Outcome: Strategies to inform the public about new policies / programs through planned focus groups, consultation with racialized communities will necessarily be part of DEI work we've started <p>Information sharing with Office of the Chief Coroner</p> <ul style="list-style-type: none"> • Reviewed and prepared educational material to share recommendations regarding domestic violence safety planning <ul style="list-style-type: none"> • Outcome: Registrants better informed about best-practices and education and training programs made aware of need to ensure relevant competence in this area
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Measure

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Partially

- Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.
 - See Appendix 1 CRPO Privacy Policy_February 2021
 CRPO's privacy policy relies on the principles of accountability, identifying purposes, consent, limiting collection; limiting use, disclosure and retention; accuracy; safeguards; openness; and individual access.

Practical processes used to protect against unauthorized disclosure of information include:

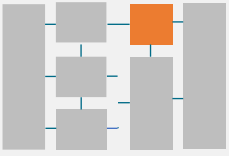
- a Registrant Management System that provides a platform for applicants and registrants to upload information directly to their account
- a secure file transfer platform that allows encrypted files to be shared with account holders and that includes auditing and reporting functions
- a secure board portal used to manage Council and committee access to files and materials

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

Yes

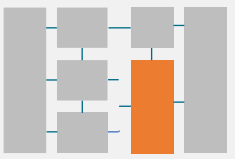
Additional comments for clarification (optional)
 CRPO will be conducting a trauma-informed review of all of its processes, including information disclosure. This review will result in changes to what and how information is disclosed.

		ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>CRPO has an Information Security and Response Plan to direct staff in dealing with privacy breaches and cyber-security incidents. It provides instructions for chain of command communications, containment steps, reporting requirements and IT support access.</p> <p>Further to this, CRPO's Executive Committee was presented with a Cyber-Security Risk Management plan in June 2021. Implementation is underway and will progress further in 2022.</p> <p>The elements covered by this plan include:</p> <ul style="list-style-type: none"> policies to address security, incident response, audit and review cycle and insurance staff training (note training was provided to full staff and management in November 2021) remote access set up and management email communications work from home workspaces hiring policies Council, committee and assessor technology access and support 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> The Cyber-Security Risk Management plan will continue to be developed and implemented 2022.	

		Measure 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).			
		Required Evidence	College Response		
DOMAIN 5:	STANDARD 8	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <ul style="list-style-type: none"> • Policy Review Cycle approved March 2021 <p>Triggers for policy review include:</p> <ul style="list-style-type: none"> • evidence initiated review process that includes stakeholder feedback, legal review, research, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining • time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process 		Yes
			Yes		

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. <ul style="list-style-type: none"> • Standard Review Policy approved September 2021 <p>The evidence-initiated review process outlined by the policy dictates that CRPO gathers evidence relating to standards on an ongoing basis. Evidence may be generated from a variety of sources, including but not limited to:</p> <ul style="list-style-type: none"> • stakeholder feedback • legal developments • research articles • the practices of other regulators or professional associations • expert opinions • data from CRPO’s departments 	<p>Yes</p>
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	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. CRPO works with Regulatory Objectives are used to define specific and measurable efforts needed to achieve the goal of public protection. The objectives include promoting equity, diversity and inclusion in the provision of psychotherapy services. As a practical tool, CRPO has developed a series of questions as a way of determining to what degree any initiative measures up against the public interest mandate. <ul style="list-style-type: none"> i. Does it relate to the College's statutory objects? ii. Does it further one of the regulatory objectives? iii. Is it being done transparently? iv. Who is the primary beneficiary of the initiative? v. Would this better fit into another's mandate (for example, a professional association)? vi. Who would be unhappy with the initiative? Why? vii. How would it look in news or social media? viii. How would our accountability bodies respond? • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. CRPO's Code of Ethics requires registrants to "to respect the privacy, rights and diversity of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times." <p>Professional Practice Standard 3.7 Affirming Sexual Orientation and Gender Identity establishes the requirement that registrants have adequate training, experience and supervision to provide services relating to an individual's sexual orientation or gender identity.</p>			
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>At its December 2021 meeting, Council approved the creation of a Diversity and Inclusion Working Group (DIWG) with the goal of allowing 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.</p> <p>The DIWG, with appropriate support from staff, will be tasked with providing direction to Council on a range of critical areas of related to practice including but not limited to regulatory process, policy setting, governance processes, system partnership, and operational processes.</p>			

		Measure 9.1 Applicants meet all College requirements before they are able to practice.		
		Required Evidence	College Response	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		<ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. Credential Assessment Policy approved April 2019 This policy directs that the assessment of credentials verifies the validity of the applicant's documents (e.g. transcript, academic record, diploma), confirms whether the program that they attended was accredited and legitimate and assesses the Canadian equivalent of their degree. Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). Supporting Documents Checklist This checklist provides individuals with a clear path to submitting documents to support their application. Clinical Supervisor Attestation Form Clinical Supervisors are required to complete and sign these forms, which are then uploaded by the applicant. Direct Client Contact Form Employers, clinical supervisors or and education program official must complete and sign these forms, which are then uploaded by the applicant. Statutory Declaration Form Applicants must submit a notarized copy of this form, declaring that the information and supporting materials provided in their application are truthful, accurate and complete. All staff processing registration applications receive training that includes among other things, recognizing suspect educational credentials and using online plagiarism checking algorithms. Every application to CRPO undergoes at least a two-level staff review. 		

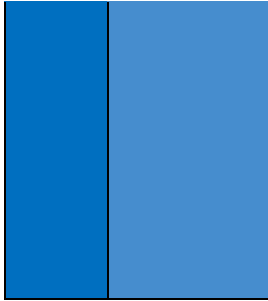
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <p>Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out.</p> <p>Program Definition Policy approved January 2019</p> <p>This policy sets out the Registration Committee’s interpretation of the word “program” as used in Section 6(1)(1)(iv) of the Regulation and aids staff and panels of the Registration Committee in deciding whether applicants have met the education requirements for registration. This policy is also intended to provide potential applicants with a way to assess for themselves whether they have completed sufficient training in psychotherapy prior to submitting an application for registration.</p> <p>Program Recognition Policy approved November 2020</p> <p>CRPO’s recognition process allows a recognised program’s graduates know that the education requirements for registration will be met upon completion of the program. This policy aids program reviewers and members of the Registration Committee in deciding whether a program has met the requirements for recognition. This policy is also intended to assist programs in determining whether they are eligible for recognition.</p> <p>Clinical Experience for Registration Policy approved November 2020</p> <p>This policy clarifies what clinical experience the College considers adequate for acquiring and refining required entry-to-practice competencies. CRPO uses this policy to verify and approve clinical experience for registration purposes. The policy provides transparency to applicants and registrants who can use it to ensure their direct client contact and clinical supervision will meet expectations.</p> <p>Language Proficiency Policy updated October 2021</p> <p>This policy clarifies how reasonable fluency in English or French is demonstrated on an application and should enable applicants to determine whether they meet the language proficiency requirement. CRPO’s policy provides multiple ways for applicants to demonstrate they meet English or French proficiency required to ensure inter-professional collaboration, appropriate care in an emergency, and ability to maintain accessible health records.</p> <p>Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</p> <p>Ongoing in 2021, with completion of this review cycle expected in 2022. It will include a comprehensive review of clinical supervision requirements affecting registration as well as rescinding the Good Character Policy to replace it with a Suitability to Practice Policy that better aligns with public expectations and the approach taken in other regulated jurisdictions.</p> 	

Measure		
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. <ul style="list-style-type: none"> Registrants in the Registered Psychotherapist category are required to maintain 750 currency hours of broadly defined activities related to psychotherapy on a rolling three-year basis. Inactive registrants also need to be mindful of their currency hours. If an Inactive registrant is short of 750 currency hours in the three years prior to requesting to return to active practice, their request may be referred to the Registration Committee. Registrants who have completed fewer than 750 currency hours in the previous three calendar years may be required to complete upgrading activities or undergo a peer and practice assessment. Please provide the date when currency and competency requirements were last reviewed and updated. <ul style="list-style-type: none"> In this reporting period, currency related to Returning to Active Practice was reviewed and the policy approved in October. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>The initial application and annual renewal requires an applicant/registrant to self-declare that currency and good character requirements are met. A registrant returning to active practice from inactive or revocation is also required to self-declare currency. The requirements are set out in CRPO's Registration Regulation (see sections 4(1)1, 4(2), 5(1), 6(1)(2), 7(2)(1), 8(1)(2), 20(4), 27(a)). Staff verify currency self-declared on the initial application with the applicant's supporting documentation (e.g., transcript). If an applicant/registrant self-declares not meeting the currency requirement, staff request further information and/or documentation for currency they do have. If an applicant/registrant makes a disclosure in response to good character questions, staff request further information, contact third parties, and/or request a criminal record check depending on the disclosure.</p> 	

³ A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. <ul style="list-style-type: none"> • Fair Registration Practices Report 2020 • Where an action plan was issued, is it: No Action Plan Issued 	

Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	The College fulfills this requirement:	
	<p>Partially</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Developing a Return to In-Person Practice Plan Assessing Necessity of In-Person Practice and Risk of Transmission in Your Setting – Duration of period that support was provided 2 years – Activities undertaken to support registrants <ul style="list-style-type: none"> COVID-19 FAQs for RPs web resource <ul style="list-style-type: none"> • As-needed updates to FAQs • News bulletins sent directly to registrants when significant updates made • Dissemination of Public Health Agency vaccination information • Online resource clearing house • Dissemination of federal and provincial government and Public Health resources • Dissemination of mental health-specific resources CRPO's Practice Advisory Service <ul style="list-style-type: none"> • Responded to ~ 1,500 COVID-related enquiries from RPs Support for adjacent standards related to remote practice <ul style="list-style-type: none"> • Access to webinar Expecting the Unexpected: Applying Practical Ethics in the World of Online Therapy • Electronic practice checklist • Practice advisory notices – % of registrants reached/participated by each activity 100% received news bulletins; up to 16% accessed practice advisory – Evaluation conducted on effectiveness of support provided Not to date • Does the College always provide this level of support: NO <i>If not, please provide a brief explanation:</i> The COVID-19 pandemic presented unique challenges because of the speed and frequency of changes to guidelines. Typically, a standard of guideline, once revised, will be static for the policy review cycle of 3 to 5 years (unless a trigger event necessitates earlier review). A more typical approach to support would be Peer Circles (offered in 2021 through collaboration between CRPO and Ontario Association of Mental Health Professionals). 	

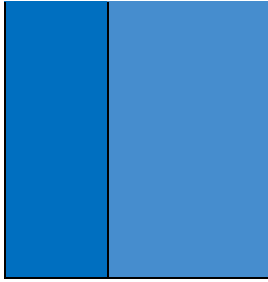


<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
<i>Additional comments for clarification (optional)</i> CRPO is undertaking a comprehensive review of the Professional Practice Standards in 2022. The review will also be integrated with the enhancement of the Quality Assurance Program and with a revision to the Professional Practice and Jurisprudence handbook and learning modules. This work will involve ongoing consultation with registrants and other stakeholders (public, professional association, education programs, etc.) and will include a comprehensive plan to support registrants in understanding and implementing any required changes to their practice.	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. <p>During this reporting period, CRPO undertook a complete overhaul of the Quality Assurance Program (QAP) (see webinar slides and FAQ) with a view to more effectively administering the assessment components in a manner that is aligned with right touch regulation. Consequently, all related policies, processes and tools are being evaluated and revised to be based on the best available evidence, reflect current best practices and be aligned with changing public expectations.</p> <p>Ongoing review of information drawn from all areas of CRPO's work is being employed in a risk-based approach to ensure that competency and standard requirements are appropriately validated. This information includes:</p> <ul style="list-style-type: none"> themes and trends seen in complaints and reports allegations from discipline cases Practice Advisory enquiries practice concerns identified through Peer Practice reviews concerns related to applications for registration suggested changes to standards from CRPO stakeholder consultations (e.g., public, professional associations, education programs, other regulators, third party payers, etc.) <ul style="list-style-type: none"> Is the process taken above for identifying priority areas codified in a policy: No 	Partially
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
	<p><i>Additional comments for clarification (optional)</i></p> <p>At the completion of the enhancement project, CRPO's QAP will move from random selection to a targeted, risk-based approach. This will be achieved by changes that include:</p> <ul style="list-style-type: none"> developing and implementing an online assessment tool <p>The overarching goal of the enhancement project is to identify a path to further enhance the fairness, defensibility and sustainability of the QA assessment and remediation processes. It is expected that the revised program will provide more meaningful QA opportunities for registrants, while ensuring that College resources are appropriately focused on RPs who have been identified as having gaps in their knowledge, skills or judgement.</p>	

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Partially	
			<ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. A right-touch approach to regulation directs that CRPO's work in this area should be driven by rigorous assessment of risk and shaped by the profession who are then active participants for the benefit of themselves as individuals, for the profession as a whole and, by extension, for the protection of the public. <ul style="list-style-type: none"> See Appendix 1: QA Enhancement Project Milestones for a detailed summary of the right-touch approach. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2019, ongoing implementation and updates 		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes	
		<i>Additional comments for clarification (optional)</i> At the completion of the enhancement project, CRPO's QAP will move from random selection to a targeted, risk-based approach. This will be achieved by developing and implementing an online assessment tool that all registrants will be required to complete to determine what further assessment is needed.			
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Partially	
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <ul style="list-style-type: none"> See Appendix 1: QA Enhancement Project Milestones for a detailed summary of the right-touch approach. 		
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Yes		

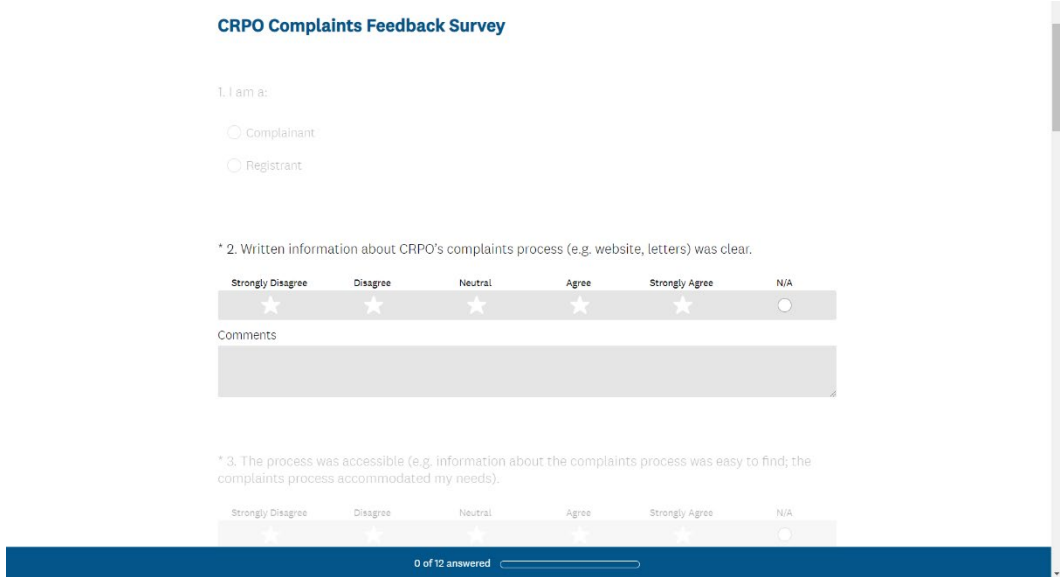
			<p><i>Additional comments for clarification (optional)</i></p> <p>At the completion of the enhancement project CRPO will determine remediation activities by using the results of the assessment to determine which registrants:</p> <ul style="list-style-type: none"> • have satisfied assessment with no further requirement and could use it to inform required 40-hours of professional development • require low-risk remediation and intervention and so would be directed to use it to inform required 40-hours of professional development (potentially including a requirement that they report completion) • require higher-risk remediation and so would be directed to complete a full PP
<p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>			
		<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>CRPO currently has compliance monitoring staff who are assigned to each registrant who has been directed to undertake remediation activities. Staff report QAC to confirm satisfactory completion of remediation activities. The approach does not currently include re-assessment.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>

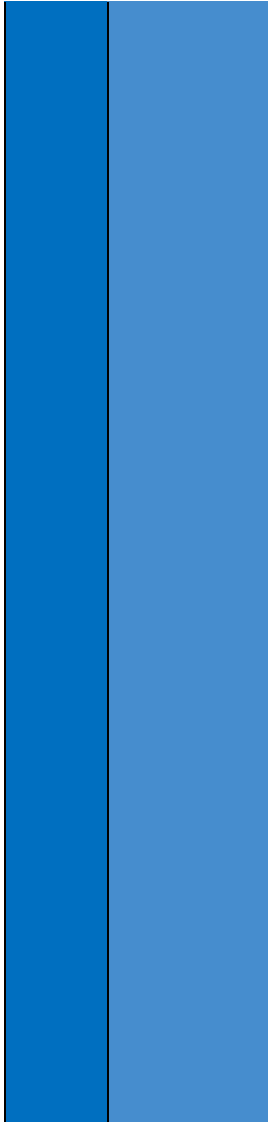


Additional comments for clarification (if needed)

At the completion of the enhancement project, CRPO's QAP will move from straight assessment to a coaching approach. This will be achieved by changes that include developing and implementing QA focused interventions (PD plans, coaching, etc.) to ensure remediation efforts are relevant and re-assessment to ensure they are effective.

Measure		
11.1 The College enables and supports anyone who raises a concern about a registrant.		
Required Evidence	College Response	
a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy);	The College fulfills this requirement: <ul style="list-style-type: none">Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Filing a Complaint about a Psychotherapist If You Have Ever Been Sexually Abused by a PsychotherapistPlease insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. Staff are directed by a Formal Complaints Infrastructure: Procedure document that requires the review of a formal complaint form by next business day and response to the complainant to confirm receipt within two business days. Within the first week of receipt of the complaint, staff gather any previous communication with the complainant, complete a copy of the Complaint Risk Assessment Tool, screen for possible interim order and determine next steps for the investigation. Staff use a Redactions and Disclosure Checklist to ensure that all information is received and properly prepared before disclosure of information to registrants and complainants.	Yes

	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued.</p>  <p>Additionally, in the initial letter sent to the complainants and registrants, both are encouraged to contact staff to provide feedback throughout the process.</p> <p>When a complaint is received, the College confirms receipt via email within 24-48 hours. If the complaint is from a client alleging sexual abuse, information about the sexual abuse fund is provided in this initial email.</p> <p>Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint.</p> <p>The letter includes:</p> <ul style="list-style-type: none"> a second confirmation of receipt of the complaint. information about next steps (e.g., the registrant will receive a copy of your complaint, the College will collect client record (notify staff if you do not wish to have your record obtained by the College), a copy of the ICRC's decision will be sent in writing, request for any outstanding documents related to the complaint, request for witness names and contact information if not already included in submission). 	



- If the complainant is alleging sexual abuse, a link is provided to [Sexual Abuse by Registered Psychotherapists](#), which includes information about, and resources related to the Therapy and Counselling Fund
 - [Form A: Funding for Therapy or Counselling Application](#)
 - [Form B: Therapist/Counsellor Information](#)
 - [Application for Funding for Therapy or Counselling for Primary Partner](#)

This letter also includes:

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

Once the investigation is complete and the registrant responds to the complaint, staff determine what information, if any, is disclosed to the complainant for reply. Confidentiality and safety concerns are reviewed carefully at this stage of the process. If the complainant is provided an opportunity to reply, a letter is provided to the complainant which explains that a response is optional.

A [Protocol for Recording Interviews](#), is provided to complainants, registrants and witnesses prior to interview.

<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
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CRPO will be conducting a trauma-informed review of all of its processes, including and specifically the complaints process. This review will result in changes to how members of the public are supported through the process of making a complaint. CRPO is still working on creating example scenarios (in writing on the website and in other forms of media) to provide more detail about what is involved at each stage of the complaints and reports processes.

Additionally, further updates to the [Filing a Complaint About a Psychotherapist](#) webpage are still planned to provide more information about how complainants can request accommodations.

Finally, migration to a new complaint submission system will allow complainants to submit complaints directly through CRPO’s website. This will also assist staff with triaging and case management.

		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). 97.5%</p>		
		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please list supports available for public during complaints process. <ul style="list-style-type: none"> • The public can email or phone staff at anytime throughout the complaints process and will receive a response within 5 business days. In the last year, CRPO expanded its Professional Conduct department to increase its capacity to offer timely and responsive support. • Wherever possible, CRPO will accommodate a request to speak with a male or female staff member. • You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing. • Interviews can be booked outside of regular office hours to accommodate the witness's schedule. • When disclosing difficult information, staff call the person to explain the information may be difficult to read and ask if the person has supports in place. We also offer to send the materials to the person's new therapist so they can review the documents in a supportive environment. • If a complainant requires accommodation putting their complaint in writing or in a permanent medium, staff will arrange and pay for a contractor to assist. • We do not send sensitive information on Fridays because mental health supports (and staff/investigators) are less accessible over the weekend. • Translation services available for complainant preferred language. • CRPO recently obtained the services of a file sharing platform which allows for secure bi-directional file sharing. This provides a simplified solution for complainants to securely send staff complaint materials. • Designated staff at CRPO manage all formal requests for accommodation to ensure accessible services, information and communication to individuals with disabilities. Accommodation will be customized to each person according to their needs. <p>Additional Supports Offered in Sexual Abuse Files</p> <ul style="list-style-type: none"> • When using a contract investigator, staff inform the client they will be contacted by an outside party regarding the investigation within the next few business days. This also provides an opportunity for the client to ask any questions of staff. • Where possible, investigators ensure clients alleging sexual abuse have access to all documents which will be reviewed in the 		

		<p>interview, in advance.</p> <ul style="list-style-type: none"> Follow an interview format that suits the client (e.g., if the investigator requires 3 hours worth of interview time, the investigator will ask if the client is more comfortable booking 2 sittings). <p>Client sexual abuse resources and other crisis resources are also available on the CRPO website.</p> <p>The above approach has been codified and is monitored through a formal Process and Procedures for Contract Investigators</p> <ul style="list-style-type: none"> Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Some of the supports listed above are available on CRPO’s website accessible at any time, particularly supports related to sexual abuse of clients. Supports related to participation in the investigation process are typically offered when the investigator makes initial contact with a potential witness. Staff are always available to answer questions, including prior to a formal complaint being submitted. Accommodation requests can be made at any point in the complaints process.
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Yes</p> <p>CRPO will be conducting a trauma-informed review of all of its processes, including and specifically the complaints process. This review will result in changes to how members of the public are supported through the process of making a complaint. CRPO is still working on creating example scenarios (in writing on the website and in other forms of media) to provide more detail about what is involved at each stage of the complaints and reports processes.</p>
<p>Measure</p>		
<p>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>		
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. All parties can contact staff via phone or email and will receive a response within 5 business days. Information in the initial notice letter (provided to the complainant within 14 days of receipt of the complaint) includes information about how to contact staff. Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. When appropriate, the full investigation (including a copy of the registrant’s response) is disclosed to the complainant who is provided an opportunity to respond to the materials. When a matter is referred to Discipline, all parties are directed to the Discipline page of CRPO’s website. <p>When disclosing to clients alleging sexual abuse that the matter has been referred to Discipline hearing, information in the cover letter details privacy/publication bans.</p>

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

- noting delays to the investigation
- confirming a meeting has been scheduled to consider a decision
- confirming that ICRC has begun deliberations
- providing the ICRC meeting date and noting the panel will require (# weeks) to finalize its written decision and reasons.
- explaining that the College has retained an expert to provide an opinion on the Registrant's alleged conduct
- noting that following the investigation, the Registrant will be asked to provide a response to the information gathered
- confirming whether the registrant's submissions and a copy of the investigator's report will be disclosed to the complainant for any reply they wish to make

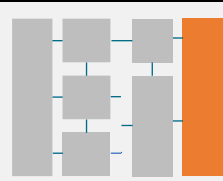
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Yes

			<p>CRPO is still planning to move its complaint and report processes online. All concerns from the public will be submitted securely through the website with the option for complainants to upload documents as necessary. Part of planned system upgrades will allow all parties to receive up to date status updates at any moment in the process.</p> <p>CRPO is also still planning to develop more supports for all parties (especially clients involved in Discipline hearings) following the trauma-informed review of the complaints process being conducted this year.</p>
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<p>Measure 12.1 The College addresses complaints in a right touch manner.</p>	
		<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. <p>The ICRC uses a formal Risk Assessment Framework that was implemented in August 2017 and last updated in January 2018. It is supported through the use of tools that include:</p> <ul style="list-style-type: none"> Internal Formal Complaint Risk Assessment (implemented and last updated June 2019) <p>Staff consider various factors (e.g. nature of the allegations, prior history, indication of client harm) to determine how the complaint should be prioritized.</p> <ul style="list-style-type: none"> Internal Report Risk Assessment (implemented and last updated April 2019) <p>Staff consider a range of factors to determine whether there are reasonable and probable grounds to believe misconduct has occurred. This assessment determines whether a formal investigation is warranted or if the concerns can be addressed in other ways.</p> <ul style="list-style-type: none"> ICRC Panel Worksheets (implemented and last updated March 2020) <p>A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports.</p> <ul style="list-style-type: none"> ICRC Outcome Checklist (implemented and last updated February 2019) <p>A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions).</p> <ul style="list-style-type: none"> Please provide the year when it was implemented OR evaluated/updated (if applicable): 2020

Yes met in 2020, continues to meet in 2021

Measure		
13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> • Please insert a link to the policy OR please briefly describe the policy. Process for Sharing Investigative Information with the College of Psychologists of Ontario (CPO) Beginning in April 2019, where a complaint or report involves members of CRPO and CPO, the college which received the complaint or report (“Source College”) may report information about that complaint or report to the other college (“Other College”) Should the Other College wish to conduct an investigation, the Source College will decide on a case-by-case basis what further information to provide. • Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <ul style="list-style-type: none"> • Children’s Aid Society: Mandatory reporting obligation to report a child in need of protection. • Police services: To aid in a police investigation about a former registrant and as required via a production order. • Registrant: The College received information which indicated a client intended to cause imminent harm to a registrant. The College notified the Registrant immediately to ensure a safety plan could be put in place. 	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
CRPO plans to: <ul style="list-style-type: none"> • develop a policy to guide information sharing with system partners when a registrant’s registration status changes • Develop a safety assessment to determine when staff should disclose information to police/emergency services about a complainant, registrant or witness to prevent harm 		



DOMAIN 7: MEASUREMENT,
 REPORTING AND IMPROVEMENT
 STANDARD 14

Measure
 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.

Required Evidence	College Response	
a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:	
	<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. CRPO has chosen to focus on working toward full implementation of the metrics dictated by the CPMF, with particular focus on competency development and evaluation, risk management and DEI strategies, and so has not implemented any further KPIs at this point.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes

			<p><i>Additional comments for clarification (if needed)</i> CRPO will continue to work on the CPMF standards (reporting on related KPIs) and will introduce metrics reporting for Council.</p>								
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="758 548 2136 609">The College fulfills this requirement:</td> <td data-bbox="2136 548 2567 609">Partially</td> </tr> <tr> <td colspan="2" data-bbox="758 609 2567 857"> <ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. CRPO Council Work Plan 2020 - 2023 Council receives reports from committees on work plan accomplishments and regulatory outcomes. </td> </tr> <tr> <td data-bbox="758 857 2136 966"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2136 857 2567 966">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 966 2567 1351"> <p><i>Additional comments for clarification (if needed)</i> CRPO will continue to work on the CPMF standards (reporting on related KPIs) and will be further implementing a Risk Register and related reporting.</p> </td> </tr> </table>	The College fulfills this requirement:	Partially	<ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. CRPO Council Work Plan 2020 - 2023 Council receives reports from committees on work plan accomplishments and regulatory outcomes. 		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes	<p><i>Additional comments for clarification (if needed)</i> CRPO will continue to work on the CPMF standards (reporting on related KPIs) and will be further implementing a Risk Register and related reporting.</p>	
The College fulfills this requirement:	Partially										
<ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. CRPO Council Work Plan 2020 - 2023 Council receives reports from committees on work plan accomplishments and regulatory outcomes. 											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes										
<p><i>Additional comments for clarification (if needed)</i> CRPO will continue to work on the CPMF standards (reporting on related KPIs) and will be further implementing a Risk Register and related reporting.</p>											

Measure 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. Council receives summary reports of Council, committee and panel meetings and uses these to identify governance and process improvements as needed. <ul style="list-style-type: none"> Council Meeting Materials December 2, 2021 Quarterly Meeting Evaluation Reports 	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
	<i>Additional comments for clarification (if needed)</i> CRPO will continue to work on further implementing a Risk Register and related reporting to identify where improvement activities are needed.	
Measure 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. Council Meeting Materials December 2, 2021 Quarterly Meeting Evaluation Reports CRPO Council Meeting Materials September 16, 2021 Annual Effectiveness Evaluation Report 	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
	<i>Additional comments for clarification (if needed)</i> As CRPO continues to work on the CPMF standards (reporting on related KPIs) and further implementing a Risk Register and related reporting, results will be shared in Council meetings and made public on the website.	

Part 2: Context Measures

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

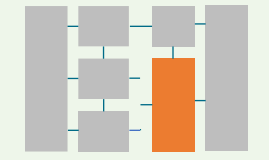
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
i) Self-assessment – new registrant requirement	978	
ii) Self-assessment – QA cycle requirements	3,966	
iii) Learning plan development	3,966	
iv) Learning record	3,966	
v) Peer and Practice Review, level 1	6	
vi) Peer and Practice Review, level 2	NR	
vii) Remediation plan	0	

* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.
[NR](#)

Additional comments for clarification (if needed)

In January 2021, CRPO's Quality Assurance Committee began an enhancement project that will move the program from random selection to a targeted, risk-based approach. This will be achieved by:

- developing and implementing an online assessment tool
- revising the Peer Practice Review (PPR) process to take a risk-based approach that makes better use of College and registrant resources to focus QA interventions on RPs who are deemed to be at higher likelihood of not meeting required standards of practice
- developing and implementing QA focused interventions (PD plans, coaching, etc.) to ensure remediation efforts are relevant and effective

The overarching goal of the enhancement project is to identify a path to further enhance the fairness, defensibility and sustainability of the QA assessment and remediation processes. It is expected that the revised program will provide more meaningful QA opportunities for registrants, while ensuring that College resources are appropriately focused on RPs who have been identified as having gaps in their knowledge, skills or judgement.

As such, no registrants were randomly selected for Peer and Practice Reviews during this reporting period. The 6 PPR level 1 reported above were done with registrants who requested a deferral in 2020.

Table 2 – Context Measures 2 and 3

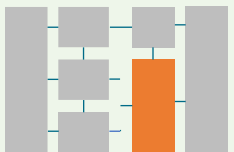
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2021	4,944	54%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	0	0	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
NR Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:		
Context Measure (CM)	#	%
CM 4. Outcome of remedial activities as at the end of CY 2021:**		
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	7	100
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	9
<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>		
<p><u>NR</u> * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.</p>		
Additional comments for clarification (if needed)		

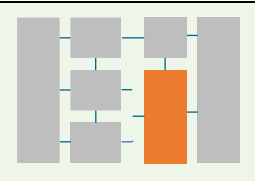
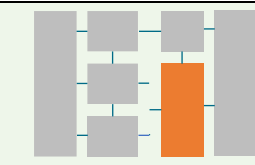


Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: College method				
<i>If a College method is used, please specify the rationale for its use: Since each complaint and RI involves multiple allegations, percentages for each theme are calculated using number of allegations as the denominator (versus number of formal complaints or RIs) in order to represent the relative occurrence of each allegation themes.</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	5	4.0%	NR	NR
II. Billing and Fees	6	4.8%	NR	NR
III. Communication	10	8.0%	NR	NR
IV. Competence / Patient Care	29	23.2%	6	27.3%
V. Intent to Mislead including Fraud	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	57	45.6%	10	45.4%
VII. Record keeping	10	8.0%	6	27.3%
VIII. Sexual Abuse	NR	NR	NR	NR
IX. Harassment / Boundary Violations	8	6.4%	NR	NR
X. Unauthorized Practice	NR	NR	NR	NR
XI. Other <please specify>	0	0.0%	0	0
Total number of formal complaints and Registrar’s Investigations**	69	100%*	20	100%

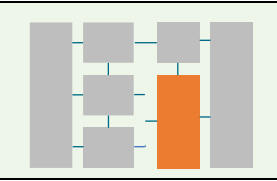
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.



<p>Formal Complaints NR Registrar's Investigation</p> <p><i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>Denominator of 125 allegations (spread over 69 complaints) and 22 allegations (spread over 20 RIs).</p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	69	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	31	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021	30	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	15	21.7%
IV. Formal complaints that proceeded to ICRC and are still pending	9	13.0%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>		



<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>NR</p>	<p>NR</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p>Additional comments for clarification (if needed)</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	NR	NR	NR	NR	0	0	0
II. Billing and Fees	NR	NR	0	NR	0	0	NR
III. Communication	10	NR	0	NR	0	0	0
IV. Competence / Patient Care	19	NR	NR	7	0	NR	NR
V. Intent to Mislead Including Fraud	8	0	NR	NR	0	0	0
VI. Professional Conduct & Behaviour	35	7	NR	12	0	6	NR
VII. Record Keeping	6	NR	NR	NR	NR	0	NR
VIII. Sexual Abuse	0	NR	0	0	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	0	NR	NR	NR	0



X. Unauthorized Practice	NR	NR	NR	NR	0	0	NR
XI. Other <please specify>							

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.

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

[NR](#)

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

Additional comments for clarification (if needed)

The results in the "Takes any other action" column is reserved for the decision outcomes of remedial agreements and referral to incapacity proceedings.

Table 7 – Context Measure 11

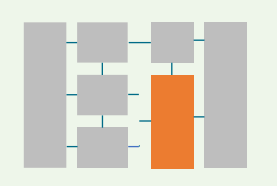
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2021	294	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2021	390	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

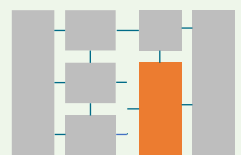
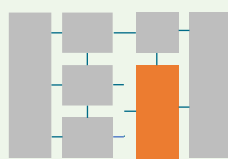
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2021	332	
II. A contested discipline hearing in working days in CY 2021	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i>		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	NR	

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

[NR](#)

Additional comments for clarification (if needed)

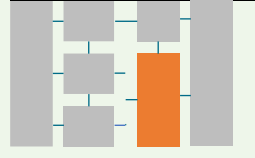
Using the exclusion criteria “all formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period” precludes reporting on 6 additional matters referred to the Discipline Committee (DC) prior to January 1, 2021 that had findings in 2021 (i.e., during the reporting period).

This exclusion (which requires a matter to be referred to the DC, heard by a panel and a decision rendered within a calendar year) means that the disposition of any matters that cross calendar years will be lost to follow up.

Without the exclusion, ‘finding by type’ results would be as follows:

Context Measure (CM)	
CM 13. Distribution of Discipline finding by type*	
Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	5
IV. Improper use of a controlled act	1
V. Conduct unbecoming	3
VI. Dishonourable, disgraceful, unprofessional	4
VII. Offence conviction	1
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	1
XI. Falsifying records	0
XII. False or misleading document	0
XIII. Contravene relevant Acts	3

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	0	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	
* <i>The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</i>		
Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
<i>Additional comments for clarification (if needed)</i>		
Using the exclusion criteria “all active formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee which have not yet resulted in a decision or order from the Discipline Committee within the reporting period” precludes reporting on 6 additional matters referred to the Discipline Committee (DC) prior to January 1, 2021 that had findings in 2021 (i.e., during the reporting period).		
This exclusion (which requires a matter to be referred to the DC, heard by a panel and a decision rendered within a calendar year) means that the disposition of any matters that cross calendar years will be lost to follow up.		

Without the exclusion, finding types results would be as follows:

CM 14. Distribution of Discipline orders by type*	
Type	#
I. Revocation	0
II. Suspension	3
III. Terms, Conditions and Limitations on a Certificate of Registration	6
IV. Reprimand	6
V. Undertaking	0

MODULE 1: LEGISLATION

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

- Protecting public interest
- Eradication of sexual abuse
- Client choice
- Public access
- Promoting and advocating on behalf of health care professionals

2. Which of the following external authorities is NOT an oversight and review body to the College:

- Health Professions Appeal and Review Board
- Office of the Fairness Commissioner
- Minister of Health
- Ontario Ombudsman

3. Which piece of legislation defines the set of rules that regulatory colleges must follow in relation to registration, investigating complaints and the quality assurance program?

- Psychotherapy Act*
- Registration Regulation*
- Health Professions Procedural Code*
- None of the above

4. The following regulations fall under the *Psychotherapy Act*, except:

- Registration
- Professional Misconduct
- Quality Assurance
- Record Keeping Regulation

5. Which of the following documents require approval by the provincial cabinet?

- By-laws
- Standards of Practice
- Regulations
- Policies

6. True or False? Every regulatory college is required to have a program to promote ongoing competence.

- True
- False

7. The *Professional Misconduct Regulation* identifies 55 acts of professional misconduct. Which of the following are considered professional misconduct?

- Failing to keep written records in accordance with CRPO standards
- Falsifying a record relating to the member's practice
- Practising the profession while the member's certificate of registration has been suspended
- Failing to reply appropriately and within 30 days to a written inquiry or request from the College
- All of the above
- None of the above

8. Most CRPO by-laws deal with internal and administrative matters. Which of the following are NOT addressed in the by-laws?

- Electoral districts
- Specific composition of committees
- Council member duties
- Fee amounts
- Standards of practice
- Public register information

9. True or False? CRPO standards, policies and guidelines do not have the force of law. Their purpose is to provide direction to registrants.

- True
- False

MODULE 2: GOVERNANCE ROLES & STRUCTURES

1. The role of Council is to govern the regulation of psychotherapists in the public interest. This includes:

- setting strategic direction
- ensuring public perspective and the public protection mandate guides decision-making
- setting professional practice standards
- appointing the Registrar
- All of the above

2. Which of the following statements about the College's Council is false?

- Oversees the fulfillment of the College's regulatory mandate
- Composed of public and professional members
- Sets the strategic direction of the College
- Determines the daily operations of the College

3. Which of the following is true regarding the Registrar-Chief Executive Officer of the College?

- Is an elected member of the Profession
- Is appointed by the Health Minister of Ontario
- Is the sole employee of the Council
- Is the Chair of Council

4. Which statement best defines the Right Touch Approach to regulation:

- Regulators should focus on understanding the problem before jumping to the solution
- Regulators should only intervene when necessary
- Regulators should be open & keep regulations simple and user-friendly

- Regulators should be able to justify decisions and be subject to public scrutiny
- All of the above

5. Council and committee members have a duty of undivided loyalty and diligence to the College and to the public interest mandate, this is called?

- Fiduciary Duty
- Civic Duty
- Regulatory Duty
- Council Allegiance

MODULE 3: COMMITTEES

1. True or False? All members of the Executive Committee, including the positions of President and Vice President, are elected by Council.

- True
- False

2. True or False? All members of Council are appointed to the Discipline and Fitness to Practise Committees.

- True
- False

3. Which piece of legislation sets out a comprehensive set of rules that all health regulatory colleges must follow when registering new members, investigating complaints, and disciplining members of the profession?

- Quality of Care Information Protection Act*
- Health Professions Procedural Code*
- Health Protection and Promotion Act*
- Health Care Consent Act*



What is Psychotherapy?

Agenda



1. Psychotherapy
2. Controlled Act of Psychotherapy
3. Psychotherapist, Psychologist, Psychiatrist



Psychotherapy

- Primarily talk-based therapy
- Various settings: private practice, hospitals, clinics, care facilities, rehabilitation centres/programs, employee assistance programs, universities, and more

Key Elements of Psychotherapy



**Benefits, Risks, Expected
Outcomes**



Goals for Therapy



Clear Beginning and End



**Boundaries &
Confidentiality**

Modalities

Cognitive and Behavioural Therapies

- *Acceptance and Commitment Therapy*
- *Cognitive Behaviour Therapy*
- *Dialectical Behaviour Therapy*
- *Exposure Therapy*
- *Mindfulness Based Cognitive Therapy*
- *Rational-Emotive Therapy*
- *Schema Therapy*

Experiential and Humanistic Therapies

- *Art Therapy*
- *Emotion-Focused / Emotionally-Focused Therapy*
- *Gestalt Therapy*
- *Multi-cultural Therapy*
- *Music Therapy*
- *Play Therapy*
- *Psychodrama*
- *Rogerian Person Centred Therapy*
- *Spiritually Integrated Psychotherapy*
- *Satir Transformational Systemic Therapy*
- *Sex Therapy*

Psychodynamic Therapies

- *Adlerian Therapy*
- *Existential Therapy*
- *Psychoanalytic Psychotherapy*
- *Interpersonal Psychotherapy*
- *Jungian Analysis*
- *Object Relations Psychotherapy*
- *Reichian Therapy*
- *Relational Psychotherapy*

Somatic Therapies

- *Biofeedback*
- *Ericksonian Hypnosis*
- *Emotional Freedom Therapy*
- *Eye Movement Desensitization Reprocessing*
- *Neurolinguistic Programming*
- *Sensory Motor Therapy*
- *Somatic Experiencing*

Systemic and Collaborative Therapies

- *Dialogic Therapy*
- *Family Systems Theory*
- *Multi-systemic Therapy*
- *Narrative Therapy*
- *Solution Focused Therapy*
- *Strategic and Structural Therapies*



Activities that Do Not Constitute the Controlled Act of Psychotherapy

- Advocating
- Applied Behavioural Analysis
- Case management
- Clinical follow-up/care and discharge planning
- Coaching
- Coordinating
 - *parental coordination*
- Counselling and support
 - *advising / advice giving*
 - *instruction*
 - *assisting in resolution of dilemmas*
 - *assisting in improvement of coping strategies*
- Crisis intervention/management
 - *de-escalation*
 - *safety planning*
 - *referral to other services*
- Hypnotherapy
 - *smoking cessation*
- Information/advice and knowledge transfer
 - *instructing*
- Intake and referral
- Mediating
- Milieu therapy / milieu-based interventions
- Monitoring
- Problem solving
 - *information and advice giving*
 - *12 step program*
 - *social skill development*
 - *instruction*
 - *emotional regulation*
- Psychometric testing and assessment
- Rehabilitation
 - *helping an individual to deal with the physical symptoms of a medical illness*
 - *resuming activities of daily life*
 - *learning or relearning skills that assist in carrying out the activities of daily life*
- Single session counselling
- Spiritual or faith guidance/counselling
- Teaching
 - *social skill development*
 - *emotion regulation*
 - *prescriptive programs*



Controlled Act of Psychotherapy

All five elements must be present for an activity or intervention to fall within the controlled act of psychotherapy.



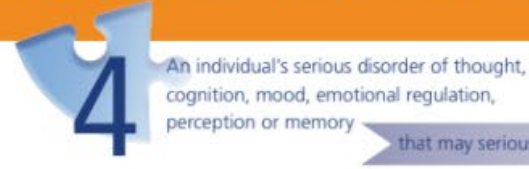
The practitioner responds to an assessed need or diagnosis through the use of therapeutic interventions or techniques.



The treatment involves one or more interventions or approaches based on recognized psychotherapeutic theories, models or frameworks and/or empirical evidence.



The practitioner builds a strong therapeutic alliance with the individual. The relationship between the practitioner and the individual is integral to the treatment and based on clear professional boundaries.



The descriptions below provide additional clarity on what is meant by a "serious disorder of thought, cognition, mood, emotional regulation, perception or memory."

Thought Impairment in concentration, persistence, and pace. May include delusions, or hallucinations, unwanted or intrusive thoughts that distort an individual's ability to discern different states such as reality, fantasy and imagination.

Cognition Persistent difficulty in understanding the meaning or importance of something, learning new things, concentrating or making decisions.

Mood Prominent and persistent affective disturbance characterized by significant lows (diminished interest or pleasure in all, or almost all, activities) or significant highs (elevated, expansive or irritable disposition).

Emotional regulation Persistent difficulty controlling emotion or emotional responses that do not appropriately fit the situation. May exhibit marked changes in moods or report difficulties with interpersonal relationships.

Perception Difficulty recognizing or making sense of sensory stimuli needed to understand, learn or prompt a particular action or reaction; may be accompanied by diminished, exaggerated, distorted or impaired response to the stimuli.

Memory Difficulty storing and retrieving or recalling information about their abilities and previously experienced connections, sensations, impressions, information or ideas.

that may seriously impair



The descriptions below provide additional clarity regarding "seriously impair the individual's judgment, insight, behaviour, communication or social functioning."

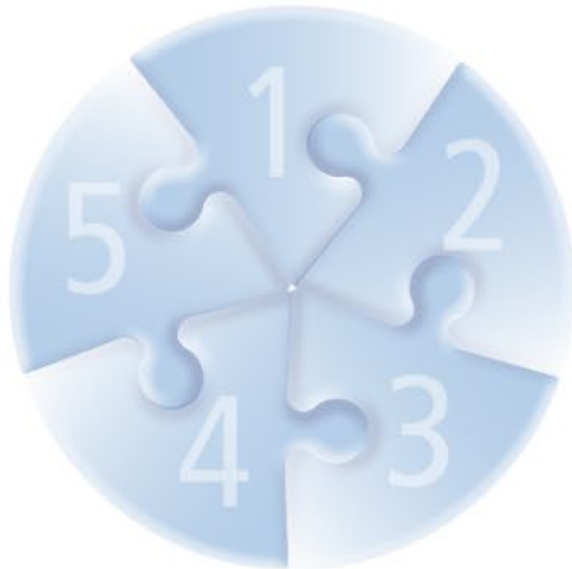
Judgment Difficulty making sound, reasoned or responsible decisions and contingencies. Reduced ability to predict and anticipate.

Insight Difficulty recognizing mistakes, drawing connections between a problem, action and its consequences; lack of awareness of the impact behavior may have on oneself and/or others; may have difficulty formulating a plan.

Behaviour Difficulty maintaining conduct within the limits prescribed by major societal norms, laws, rules; may violate the rights of others or disregard safety of self.

Communication Difficulty receiving, sending, processing or comprehending concepts or words in context — verbally or nonverbally; may use words and meanings inappropriately, may not be able to follow directions; may have trouble getting others to understand what they are communicating.

Social Functioning Difficulty with day-to-day functioning that interferes with performance at work or school, in relationships, taking care of self or connecting with others.



Who can provide the Controlled Act of Psychotherapy?

- College of Psychologists of Ontario
- Ontario College of Social Workers and Social Service Workers
- College of Nurses of Ontario
- College of Occupational Therapists of Ontario
- College of Physicians and Surgeons of Ontario





**Registered
Psychotherapist**



**Clinical
Psychologist**



**Psychiatrist
(Doctor)**

Assessment



Treating mental disorder



Practise the Controlled Act of
Psychotherapy



Communicate a diagnosis



Prescribe medicine





Questions?

Type of policy: operations	Approved by: Council
Date approved: June 17, 2010	Next Review date: February 2024
Amendment dates: February 11, 2021	

APPENDIX 7.1 a.i.

PRIVACY POLICY

Preamble

Registered psychotherapists are a regulated health profession in Ontario under the *Regulated Health Professions Act, 1991* (RHPA). Under the RHPA, it is the duty of the Minister of Health and Long-Term Care to ensure that health professions are regulated and co-ordinated in the public interest.

The College of Registered Psychotherapists of Ontario was established by the *Psychotherapy Act, 2007* and has the following objects as set out in the Health Professions Procedural Code (being Schedule 2 to the RHPA) (RHPA Procedural Code):

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Policy and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence, and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Policy and the Regulated Health Professions Act, 1991.
7. To administer the health profession Act, this Policy and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.

8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

In carrying out its objects, the College has a duty to serve and protect the public interest.

The legal powers and duties of the College are set out in the RHPA, the RHPA Procedural Code and the *Psychotherapy Act, 2007*. The activities of the College are subject to a number of oversight mechanisms including both general and specific oversight by the Ontario Minister of Health and Long-Term Care and specific oversight by the Health Professions Appeal and Review Board, the Health Professions Regulatory Advisory Council, the Fairness Commissioner of Ontario and the Courts.

In the course of fulfilling its mandate, the College may collect, use and disclose personal information regarding applicants for registration, registrants, registrants' clients and persons employed, retained, elected or appointed for the purpose of the administration of the Legislation. The personal information being collected is critical to the College's ability to effectively regulate the profession in the public interest.

Individuals who are employed, retained or appointed by the College as well as every member of College Council or a College committee are required by section 36 of the RHPA to maintain confidentiality with respect to all information that comes to their knowledge. Individuals who breach this provision face fines of up to \$25,000.00 for a first time offence and up to \$50,000 for a second or subsequent offence. (Section 36 of the RHPA is attached as Schedule 1 to this Privacy Policy.) In addition, personal information handled by the College is subject to the provisions of this Privacy Policy.

The College's collection, use and disclosure of personal information in the course of carrying out its regulatory activities are done for the purpose of regulating the profession in the public interest. These regulatory activities are not of a commercial character. Accordingly, the performance by the College of its statutory duties is not covered by PIPEDA. The College has adopted this Privacy Policy voluntarily to provide a mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the RHPA, the RHPA Procedural Code and the *Psychotherapy Act, 2007*.

Definition of Terms

The following terms used in this Privacy Policy have the meanings set out below:

"Board" means the Health Professions Appeal and Review Board.

"By-laws" means the by-laws of the College passed under the authority of section 94 of the RHPA Procedural Code.

"College" means College of Registered Psychotherapists of Ontario.

"Discipline Committee" means the Discipline Committee of the College as required by the RHPA Procedural Code.

"Inquiries, Complaints, and Reports Committee" (ICRC) means the Inquiries, Complaints and Reports Committee of the College as required by the RHPA Procedural Code.

"Legislation" means the RHPA, RHPA Procedural Code, Profession Specific Act, Regulations and By-laws.

"registrant" means a member of the College.

"organization" includes an individual, a corporation, an association, a partnership, and a trade union.

"client" is deemed to include an individual to whom an applicant or registrant of the College has purported to provide professional services.

"personal information" means information about an identifiable individual but does not include the name, title, or business contact information of an individual.

"Privacy Committee" means the Executive Committee.

"Profession Specific Act" means the *Psychotherapy Act, 2007*.

"Registration Committee" means the Registration Committee of the College as required by the RHPA Procedural Code.

"Regulations" means the regulations made under the RHPA and/or regulations made under the Profession Specific Act.

"RHPA" means the *Regulated Health Professions Act, 1991* as amended from time to time.

"RHPA Procedural Code" means the Health Professions Procedural Code (being Schedule 2 to the RHPA).

Principle 1 – Accountability

The Deputy Registrar is accountable for compliance with these policies and procedures. Complaints or questions regarding the manner in which personal information is being handled by the College should be directed to the Deputy Registrar who can be reached via info@crpo.ca.

The College will provide orientation and training to all new employees and appointees as well as all members of Council, committees or working groups regarding their obligations pursuant to section 36 of the RHPA and this Privacy Policy.

The College's policies regarding privacy and information management are available on the College's website and on request by phone at 416-479-4330 or 1-844-712-1364.

Principle 2 – Identifying Purposes

The purpose for which the College collects, uses and discloses personal information is to administer and enforce the Legislation.

Information About Registrants

The College collects and uses personal information regarding its registrants for the following purposes:

- to assess whether an applicant meets the standards of qualification for issuing a certificate of registration;
- to investigate complaints and reports regarding the conduct or actions of a registrant of the College;
- to inquire whether a member is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings, advice, cautions, and specified continuing education and remediation programs (a SCERP) that may provide for reviewing samples of client records;
- to hold a hearing of allegations of a registrant's professional misconduct, incompetence, or incapacity;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its members;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while clients, were sexually abused by registrants of the College;
- to assess whether a former member's certificate of registration should be reinstated;
- to provide statistical information for human resource planning and demographic and research studies for regulatory purposes including providing that information to the Ministry of Health and Long Term Care and other appropriate agencies;
- to provide information about registrants to the public for regulatory purposes on the public register, which is located on the College's website.
- to administer or enforce the Legislation.

The College may collect personal information regarding a registrant from the registrant, employers and colleagues of the registrant, clients of the registrant and other persons, for the purposes set out above. Personal information regarding registrants is collected by the College from time to time and at regular intervals.

The College discloses personal information regarding its registrants only as permitted by section 36 of the RHPA or as required by law. For example, the College is required under the RHPA Procedural Code to maintain a register containing information about its registrants. Such information includes but is not restricted to: registrants' qualifications and practice information; criminal findings of guilt against a registrant unless that finding has been overturned on appeal or there has been a pardon or record suspension; referrals to the College's Discipline Committee until the matter has been finally resolved; and the result and a synopsis of the decision for every finding made against a registrant as a result of a disciplinary or incapacity proceeding. The RHPA Procedural Code and the By-laws require the College to post the register on the College's website.

Information About Employers, Colleagues and Clients

The College collects and uses personal information regarding the employers, colleagues and clients of registrants of the College for the following purposes:

- to assess whether an applicant meets the standards of qualification for a issuing certificate of registration;
- to investigate complaints and reports regarding the conduct or actions of a registrant of the College;
- to inquire whether a registrant is incapacitated;
- to hold a hearing of allegations of a registrant's professional misconduct, incompetence, or incapacity;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings, advice, cautions, and specified continuing education and remediation programs (a SCERP) that may provide for reviewing samples of client records;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its registrants;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while clients, were sexually abused by registrants of the College;
- to assess whether a former registrant's certificate of registration should be reinstated;
- to provide information about registrants to the public for regulatory purposes such as public register information and information about discipline hearings

- to administer or enforce the Legislation.

The College may collect personal information regarding an employer, colleague and client of a registrant of the College from the employer, the colleague, the client, the registrant and other persons, for the purposes set out above.

The College discloses personal information regarding the employers, colleagues, clients of registrants of the College only as permitted by section 36 of the RHPA or as required by law. For example, hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public. Evidence at a hearing of the Discipline Committee may include personal information regarding the registrant of the College who is the subject of the allegation of professional misconduct or incompetence, as well as personal information regarding the registrant's clients related to the allegations of professional misconduct or incompetence. Another example of disclosure of personal information about clients of registrants of the College relates to complaints regarding the conduct or actions of registrants of the College. Where a complainant, who is frequently a client of a registrant, or a registrant does not agree with a decision of the ICRC, subject to certain exceptions, either person can request a review by the Board. The RHPA Procedural Code requires that the College disclose to the Board a record of the investigation and the documents and things upon which the decision was based. This disclosure of personal information about a client of a registrant to the Board is required under the RHPA Procedural Code.

Information About Applicants for Registration and Potential Registrants

The College collects and uses personal information regarding applicants and potential registrants and the clients of applicants and potential registrants to assess whether an applicant or potential registrant meets, and continues to meet, the standards of qualification to be issued a certificate of registration, and to administer or enforce the Legislation. The College discloses personal information regarding applicants and potential registrants, references about them and their clients only as permitted by Section 36 of the RHPA or as required by law. For example, the RHPA Procedural Code provides a procedure for an applicant who does not agree with a decision of the Registration Committee to request a review or a hearing by the Board. The RHPA Procedural Code requires that the College disclose to the Board a copy of the order and reasons of the Registration Committee and the documents and things upon which the decision was based. This disclosure of personal information to the Board is required under the RHPA Procedural Code.

Information Related to Unauthorized Practice and Holding Out

The College collects and uses personal information regarding individuals who may be practising the profession of psychotherapy, using protected titles or holding themselves out as practicing the profession and their clients to investigate whether the individual has contravened or is contravening the Legislation and to administer or enforce the Legislation. The College discloses personal information regarding such individuals only as permitted by section 36 of the RHPA or as required by law.

Information Related to Administering the Legislation

The College collects and uses personal information regarding individuals who are retained, elected or appointed for the purpose of the administration of the Profession Specific Act including the following:

- to review prospective candidates and retain or appoint persons for the purpose of the administration of the Act;
- to maintain records to ensure accurate remuneration and payment of expenses, and all documentation required by law and by the various levels of government in accordance with sound accounting practices;
- to communicate with the person (e.g., home contact information);
- to maintain accurate and fair accounts of any disputes, possible conflicts of interest or misconduct involving a person retained or appointed for the purpose of the administration of the Act or a member of the Council or committee of the College;
- for purpose of making payments and providing benefits.

The College discloses personal information regarding the individuals referred to above only as permitted by section 36 of the RHPA or as required by law.

Specifying the Identified Purpose

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, either at the time of collection or after collection but before use, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

The College will state the identified purposes in such a manner that an individual can reasonably understand how the information will be used or disclosed.

Where personal information is collected for one purpose, the College has the right to use and disclose the information for another regulatory purpose where it is in the public interest to do so. For example, the ICRC will receive all information, documents and reports concerning a registrant, no matter what the originating source. Further, the ICRC is required to review and consider the prior history (i.e. previous complaints or reports), including prior decisions dismissing a complaint or concern. In certain situations, the complainant may also obtain access to the registrant's prior history.

Principle 3 – Consent

The College collects personal information for purposes related to its objects (see Preamble for the College's objects) including for the purpose of the proper administration and enforcement of the Legislation and for other related regulatory purposes. In carrying out its objects, the College has a duty to serve and protect the public interest.

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected as described

in Principle 2. For example, applicants for registration are informed about the collection, use and disclosure of personal information prior to submitting an application.

In many cases, obtaining consent of the individuals would defeat the purposes of the College's collecting, using and disclosing the personal information. Personal information will only be collected, used and disclosed without the knowledge and consent of the individual for the purpose of the administration or enforcement of the Legislation and in accordance with any applicable provisions of the Legislation. For example, personal information about a client may be collected and used without the client's consent for the purpose of an investigation of a registrant in accordance with the RHPA Procedural Code and the Regulations. Where practicable, the College will request client consent before collecting personal information such as their health record.

Principle 4 – Limiting Collection

The College collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Policy. The College collects personal information using procedures that are fair and lawful.

Personal information regarding clients must be collected as part of the College's regulatory function. This information is typically obtained by the College as part of an investigation. The focus of these inquiries is the conduct, competence or capacity of the registrant and the protection of the public. The College only collects personal information regarding clients to satisfy this regulatory purpose.

Where practicable the College avoids collecting personal information. For example, peer assessors may view redacted client records as part of the quality assurance program, and not retain a copy.

Principle 5 – Limiting Use, Disclosure or Retention

The College uses personal information only for the purposes identified in Principle 2 and in accordance with the provisions of the Legislation. Personal information is only disclosed in accordance with the provisions of section 36 of the RHPA or as required by law.

The RHPA Procedural Code and By-laws clearly designate the information regarding registrants that is publicly available. The By-laws can be accessed from the College website or by contacting the College. In addition, under the RHPA Procedural Code, the College is required to publish certain information regarding discipline hearings conducted by the Discipline Committee.

Under the RHPA Procedural Code, discipline hearings conducted by the Discipline Committee are usually open to the public. Evidence at a discipline hearing may include personal information regarding the registrant and the registrant's clients, employers and colleagues related to allegations of professional misconduct or incompetence. Under the RHPA Procedural Code, the panel of the Discipline Committee has discretion to close a hearing under certain prescribed circumstances and/or restrict the publication of personal information where appropriate. Under the RHPA Procedural Code, reviews of decisions of the ICRC and Registration Committee by the Board are open to the public. Similarly,

the Board has discretion to restrict the disclosure of personal information in its review process. The objective of these regulatory processes is always protection of the public.

Principle 6 – Accuracy

It is in the best interest of the public that the College collect, use and disclose only accurate personal information in regulating the profession. The College therefore uses its best efforts to ensure that the information it collects, uses and discloses is accurate. However, in order to be accountable for its collection, use and disclosure of information, the College makes corrections to information without losing the original entry.

Registrants are required to provide the College with current name, contact and employment information and to advise the College of changes within *thirty (30) days* of any change. This information is also updated annually when registrants renew their registration with the College.

Principle 7 – Safeguards

The College ensures that personal information it holds is secure.

The College ensures that personal information is stored in electronic, and where necessary physical files, that are secure. Security measures are in place to safeguard this information which include restricting access to personal information to authorized personnel, ensuring that physical files are under lock and key and ensuring that electronic files are password protected. The College reviews its security measures periodically to ensure that all personal information is secure.

Employees of the College receive an orientation and ongoing training regarding the information safeguards required for personal information and their importance.

The College ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion (e.g. shredding).

Principle 8 - Openness

The College's personal information management policies and procedures are available to the public and its registrants via the College's website or can be requested by phone at 416-479-4330 or 1-844-712-1364, or by email at info@crpo.ca. Inquiries concerning the College's policies and practices for collecting, using and disclosing personal information may be directed to the Deputy Registrar via the phone numbers or email address above.

Principle 9 - Individual Access

Access

Where the College holds personal information about an individual, upon written request, the College shall allow access to the information to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation or it is impracticable or impossible for the College to retrieve the information.

Examples of situations where access may be denied include:

- Information contains references to another individual(s) that cannot be severed;
- Disclosure may result in significant risk of harm to the requestor or a third party;
- Information was collected or created in the course of an investigation, inquiry, assessment or similar procedure;
- Disclosure may defeat the purposes for which the information was collected;
- Information cannot be disclosed for legal, security or commercial proprietary reasons;
- Information is subject to solicitor-client or other privilege;
- Information was generated in the course of a dispute or resolution process;
- The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process;

In cases where the personal information forms part of a record created by another organization, the College may refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the College.

While the College's response will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost.

The College will make reasonable efforts to respond to the request within thirty days and to assist the individual in understanding the information.

Individuals should send their written request for access, with contact information and sufficient information about themselves to identify them the Attention of the Deputy Registrar, via info@crpo.ca.

In the event the College refuses to provide access to all of the personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Privacy Committee.

Challenging accuracy and completeness of personal information

An individual has the right to request a correction of what in their view, is erroneous information. Where the information forms part of a record created by another organization, then the College may refer the individual to the organization that created the record

(unless it is inappropriate to do so) so that the individual may challenge the accuracy or completeness of the information.

Where an individual is able to successfully demonstrate that the personal information of a factual nature (not, for example, the expression of an opinion) is inaccurate or incomplete, the College will amend the information (i.e., correct, or add information). In addition, where appropriate, the College will notify any third parties to whom the College has disclosed the erroneous information. In some cases, a correction may be inappropriate (e.g., where the fact that a person made or recorded such a statement is the primary focus of the record rather than whether the statement is, in fact, accurate).

Where there is a dispute between the individual and the College as to the accuracy or completeness of the information, then the College will document the details of the disagreement, and, where appropriate, will advise any third party who received the contested information from the College, of the unresolved disagreement.

Principle 10 - Challenging compliance

Complaints or questions regarding the College's compliance with this Privacy Policy should be directed to the Deputy Registrar who can be reached at 416-479-4330, 1-844-712-1364 or info@crpo.ca.

If the Deputy Registrar cannot satisfactorily resolve a complaint, the College has a formal privacy complaints procedure which includes:

- acknowledging the complaint;
- review of the complaint by the College's Privacy Committee;
- providing a written decision and reasons to the complainant; and
- taking appropriate measures where the complaint is found to be justified.

Please note that there is a different process for handling complaints about the conduct or actions of a registrant of the College. Please contact complaints@crpo.ca if you wish to file a complaint about the conduct or actions of a registrant of the College.

SCHEDULE 1

SECTION 36 OF THE REGULATED HEALTH PROFESSIONS ACT, 1991, as amended (as of February 2021)

Confidentiality

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;

(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

(1.2) In clause (1) (e),
 “law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be

produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

(1.5) Information disclosed under clause (l) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose. 2017, c. 11, Sched. 5, s. 2 (3).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).



Quality Assurance Program Enhancement Project

Purpose & Public Interest Rationale:

Regulatory colleges are charged with ensuring the continued competence of all active registrants through a Quality Assurance Program (QAP). This includes an assessment of their competency, professionalism, ethical practice and quality of care.

A right-touch approach to regulation directs that CRPO's work in this area should be driven by rigorous assessment of risk and shaped by the profession who are then active participants for the benefit of themselves as individuals, for the profession as a whole and, by extension, for the protection of the public.

Background:

Standard 11.2 of the College Performance Measurement Framework (CPMF) will measure that CRPO "effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation." The evidence that this key performance indicator is being met includes that that College has processes and policies in place outlining:

- i. how areas of practice that are evaluated in quality assurance (QA) assessments are identified in order to ensure the most impact on the quality of a registrant's practice;
- ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and
- iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

The Ministry expects that colleges will take an evidence-informed approach to areas of focus for the QA assessment and that they will employ a right-touch approach to apply the minimum and appropriate amount of regulatory force to achieve the desired outcome, in this case, continuing competence.

CRPO's authority related to registrant QAP participation comes from [O. Reg. 34/13: Quality Assurance Program](#). In summary, the regulation requires that registrants participate in a quality assurance program that includes:

- professional development (40 hours every two years)
- self-assessment (every two years)
- peer and practice assessments (through random selection and as determined necessary by the committee)
- a mechanism for the College to monitor members' participation in, and compliance with, the program

The QAC has been overseeing an enhancement project that will move the program from random selection to a targeted, risk-based approach. As directed by the QAC, this will be achieved by changes that include:

- developing and implementing an online assessment tool
- revising the Peer Practice Review (PPR) process to take a risk-based approach that makes better use of College and registrant resources to focus QA interventions on RPs who are deemed to be at higher likelihood of not meeting required standards of practice
- developing and implementing QA focused interventions (PD plans, coaching, etc.) to ensure remediation efforts are relevant and effective

The overarching goal of the enhancement project is to identify a path to further enhance the fairness, defensibility and sustainability of the QA assessment and remediation processes. It is expected that the revised program will provide more meaningful QA opportunities for registrants, while ensuring that College resources are appropriately focused on RPs who have been identified as having gaps in their knowledge, skills or judgement.

Approach:

Phase #1: QAC session to direct the development of a for QA competence assessment

Established assessment framework

- Established a blueprint for the assessment
- Identified challenges and opportunities associated with case-based approach
- Reviewed examples of case-based assessment materials, including follow up review of Peer Circle case
- Confirmed sources that will inform the cases

Phase #2: Case-based item writing workshops Recruited and trained active-practice RPs representing Council-identified attributes and experiences required for diversity of perspective

- Wrote adequate number of cases to mount standard-based online, multiple-choice assessment of registrant knowledge across CRPO's registrant base

Agenda for Workshops

- During the first of four case-based writing workshops:
 - skills for constructing cases be presented including determining what makes appropriate case data
 - participants reviewed initial cases submitted by the group
- For the remaining three workshops, participants continue to review and finalize the cases submitted by the group in between meetings

Phase #3: Case review workshops

- Recruited and trained active-practice RPs representing Council-identified attributes and experiences required for diversity of perspective
- Reviewed cases constructed in Phase 2 to provide adequate number of questions and answers to mount standard-based online, multiple-choice assessment of registrant knowledge

Agenda for Workshops

- During the first question writing workshop:
 - Elements of effective cases
 - participants will review the initial cases submitted by the writers group
- For the remaining workshops, participants will continue to review and finalize the questions submitted by the writers group

Phase #4 preparation: QAC direction setting for standard prioritization

- Introduced data sources (i.e., ICRC themes and trends, discipline case allegations, PA enquiries, PPR results, registration-related concerns, stakeholder and system suggested changes) to be used to inform standard prioritization
- QAC will be asked to provide direction regarding priority of the standards to ensure appropriate weighting in the assessment

Phase #4: Facilitate standard setting workshops

Note: sessions planned for January 2022 deferred to July to permit second round of case writing and review before Angoffing work is done for full case sets written in both .1 and .2 workshops

- Recruited and will train active-practice RPs representing Council-identified attributes and experiences required for diversity of perspective
- Establish defensible standards for evaluation to determine cut scores, using Angoff method, for registrants to have satisfied assessment with no further requirement.
- Produce the Standard Setting Report including the required statistical analysis.

Agenda for Workshops

- During the first standard setting workshop:
 - skills for Angoffing will be presented
- For the remaining workshop, participants will continue set standards for the cut scores of a case-based assessment

Phase #5: QAC sessions to develop feedback templates

- Determine assessment scoring to determine feedback steps
- Develop templates for feedback for case-based assessment results for registrants who:
 - have satisfied assessment with no further requirement and could use it to inform required 40-hours of professional development
 - who require low-risk remediation and intervention and so would be directed to use it to inform required 40-hours of professional development (potentially including a requirement that they report completion)
 - who require higher-risk remediation and so would be directed to complete a full PPR

Phase #6: Prepare and facilitate review and revision of Peer and Practice Review tools

- Consider how existing PPR 1 and PPR2 interview tools and reports can be adapted for use with RPs identified as being at-risk through case-based assessment
- Propose revisions to combine and deploy revised tools

Phase #6 follow up: QAC review and approval of proposed Peer and Practice Review tools

- Review and approve proposed PPR tools for adoption
- Direct development of PA role to include coaching as part of assessment phase

Phase #7: Prepare and provide training for Peer Assessors in assessment and coaching

Objectives

- Train Peer Assessors in use of revised interview tools and creation of reports to the QAC
- Train Peer Assessors in providing coaching

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

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

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)

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