

## COUNCIL AGENDA

**Date:** Thursday, May 26, 2022  
**Time:** 9:30 a.m. to 3:30 p.m.  
**Location:** Zoom video conference  
**Chair:** Shelley Briscoe-Dimock, President

	Time	Item	Materials	Pg#	Action	Presenter
<b>WELCOME &amp; INTRODUCTIONS</b>						
1.	9:30	<b>Welcome and Opening Remarks</b>			Information	S. Briscoe-Dimock
2.	9:32	<b>Approval of Agenda</b>  <i>Council is asked to indicate if they wish for any consent agenda items to be moved to regular discussion items.</i>	1. Draft Agenda		Decision	S. Briscoe-Dimock
3.	9:34	<b>Conflict of interest declarations</b>  <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
<b>DISCUSSION &amp; DECISIONS</b>						
4.	9:35	<b>Update to: Per Diem and Honoraria Remuneration for Council and Committees</b>  <i>Council is being asked to approve revisions to the policy to align it with the approved fiscal 2022-2023 budget.</i>	1. Briefing Note  2. Draft revised remuneration policy		Discussion, decision by motion	S. Briscoe-Dimock
5.	9:45	<b>Draft: Council Leave of Absence Policy</b>  <i>Council is being asked to approve a policy to direct approval of requests for a</i>	1. Briefing Note  2. Draft Council Member LOA Policy		Discussion, decision by consensus	

		<i>leave of absence from Council duties.</i>				
6.	9:55	<p><b>Update to: Suitability to Practice policy and rescinding of Good Character policy</b></p> <p><i>Council is being asked to approve changes to the Suitability to Practise policy and approve rescinding the Good Character policy.</i></p>	<p>1. Briefing Note</p> <p>2. Draft revised Suitability to Practise policy</p>		Discussion, decision by motion	A. Benedetto, M. Pioro
7.	10:05	<p><b>Committee appointments</b></p> <p><b>7.a. Committee Chair appointment</b></p> <p><i>Council is being asked to ratify committee Chair appointments made by the Executive Committee.</i></p> <p><b>7.b. Committee appointments to be ratified</b></p> <p><i>Council is being asked to make committee appointments for a newly acclaimed professional member.</i></p>	<p>1. Briefing Note</p> <p>3. Briefing Note</p> <p>2. Committee composition chart</p>		Discussion, decision by motion	S. Briscoe-Dimock
<b>BREAK 10:30-10:45</b>						
<b>INFORMATION &amp; UPDATES</b>						
8.	10:45	<p><b>Evaluation next steps</b></p> <p><i>Council is being provided with an update regarding next steps in the evaluation framework development.</i></p>	<p>1. Briefing Note</p> <p>2. DRAFT council competency reflection</p>		Discussion, information	S. Briscoe-Dimock, D. Adams
9.	11:00	<p><b>Risk Register Implementation</b></p> <p><i>Council is being presented with an update regarding the</i></p>	<p>1. Briefing note</p> <p>2. DRAFT Risk Register Framework</p>		Discussion, information	S. Briscoe-Dimock, M. Pioro

		<i>formal adoption of a Risk Register Framework.</i>	3. Risk Register explanatory notes			
10.	11:15	<b>Stakeholder Engagement</b>  <i>Council is being presented with a verbal update regarding recent stakeholder engagement.</i>			Information	S. Briscoe-Dimock, D. Adams
11.	11:30	<b>Diversity, Equity and Inclusion Initiatives</b>  <i>Council is being presented with a verbal update regarding progress with the DEI Working Group.</i>			Information	S. Briscoe-Dimock, D. Adams
12.	11:45	<b>Election of Officers Update</b>  <i>Council is being provided with an update on timelines for the Executive Election and committee change over.</i>	1. CRPO by-laws  2. Role descriptions		Information	D. Adams
<b>LUNCH 12:00-1:00</b>						
13.	1:00	<b>Strategic Planning</b>  <i>Council is being provided with a verbal update on the next strategic planning session, which is to take place at the September meeting.</i>	1. Briefing note  2. September 2019 briefing note re: strategic planning		Information	S. Briscoe-Dimock, D. Adams
14.	1:15	<b>Registrar's Report</b>  <i>Council will have the opportunity to ask questions related to the Registrar's written report.</i>	1. Registrar's Report  2. Memo from MoH		Information	D. Adams
15.	1:45	<b>Council Question Period Tip Sheet</b>  <i>Council is being presented with a governance tip sheet to</i>	1. Council Question Period tip sheet		Information	S. Briscoe-Dimock, D. Adams

		<i>support effective use of the Council question period.</i>				
<b>CONSENT AGENDA</b>						
16.	1:55	<p><b>Consent Agenda</b></p> <p><i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items are encouraged to direct them to the President prior to the meeting to allow for additional information to be included in the materials as required. 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></p>	<p><b>Draft Minutes:</b> March 31, 2022</p> <p><b>Committee Reports:</b> 1. Discipline 2. Examination 3. Executive 4. FTP 5. Inquiries, Complaints &amp; Reports 6. Quality Assurance 7. Registration</p>		Motion	S. Briscoe-Dimock
17.	2:05	<p><b>Council Question Period</b></p> <p><i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i></p>				
<b>BREAK 2:15 – 2:30</b>						
18.	2:30	<p><b>Education: stakeholder roles</b></p> <p><i>Council will be presented with an educational presentation on stakeholder roles.</i></p>			Information	D. Adams
19.	3:00	<p><b>End of Term Acknowledgment</b></p> <p><i>Council will be given the opportunity to acknowledge the end of term for Andrew Benedetto.</i></p>				S. Briscoe-Dimock

20.	3:30	ADJOURNMENT			MOTION	S. Briscoe-Dimock
		Next Meetings: <ul style="list-style-type: none"> <li>• June 23, 2022</li> <li>• September 15, 2022</li> <li>• December 8, 2022</li> </ul>				

## Conflict of Interest Disclosure Form

**Meeting Date:** May 26, 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

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### 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.

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#### **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.

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**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.

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### **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.

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### **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.

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### **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

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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.
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### 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.
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### 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.<sup>1</sup>

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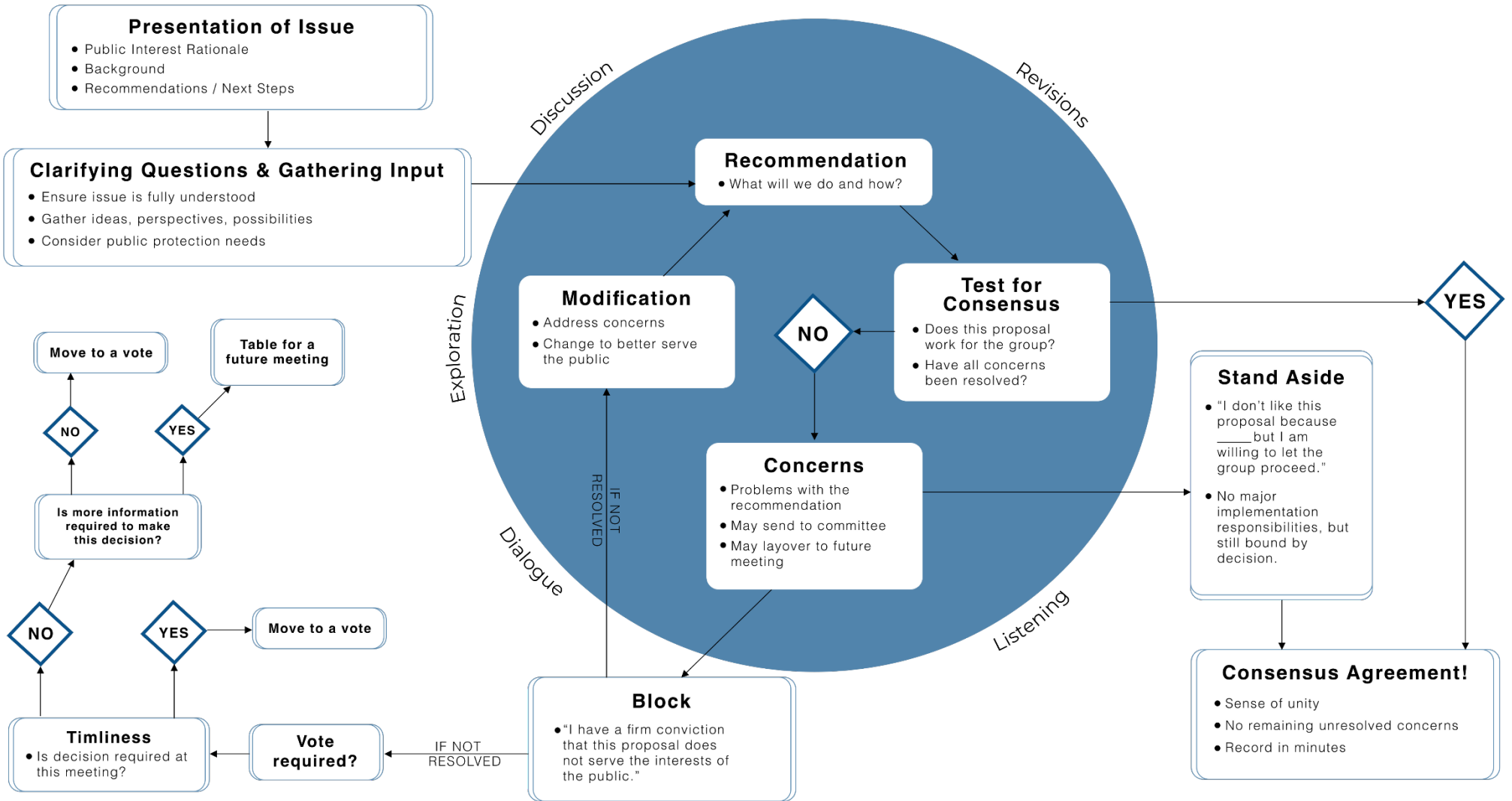
<sup>1</sup> Council minutes are public documents (aside from in camera portions). Regarding committee and panel minutes, normally it will not be considered that viewing minutes by a panel member who has declared a conflict poses a risk of improperly affecting the College's decision. However, occasionally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

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	4.0
<b>Issue:</b>	Update to Per Diem and Honoraria Remuneration of Council and Committee Members
<b>Attachment(s):</b>	Policy: Per Diem and Honoraria Remuneration of Council and Committee Members
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	J. Falkenburger / M. Pioro / D. Adams
<b>Submitted by:</b>	Executive Committee

### Public Protection Rationale:

CRPO must demonstrate responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate. A budget that allocates appropriate resources to governance, core regulatory functions as well as development activities is required to ensure that the College meets its strategic goals.

### Background:

The fiscal 2022 - 2023 (i.e., April 1, 2022, to March 31, 2023) budget was approved by the Executive Committee on January 6, 2022, and taken to Council on January 26, 2022. The budget included increases to the per diem rates and to the President's stipend as follows:

- per diem for attendance for the President or a committee/panel chair, when chairing a meeting, from \$340 to \$355
- per diem for attendance for all other members from \$255 to \$265
- preparation time for each scheduled meeting from \$255 to \$265
- President's Annual Honorarium from \$3400 per annum, paid in monthly installments to \$9000 per annum, paid in monthly installments

Additional revisions are being proposed to provide greater clarity around processes for claiming per diem and preparation amounts.

In presenting this to the Executive Committee at their April meeting, staff noted that revisions to this policy will be presented at the same time as the budget in future years.

### Next Steps:

Council is being asked to make a resolution to update the Policy: Per Diem and Honoraria Remuneration of Council and Committee Members and to direct that the revised policy be posted on CRPO's website.

**Proposed Motion:**

**[Be it moved] that Council approve the revised Policy: Per Diem and Honoraria Remuneration of Council and Committee Members.**

<b>Type of policy:</b> Operations	<b>Approved by:</b> Council
<b>Date approved:</b> DATE, 2022	<b>Next review date:</b> Month 2023
<b>Amendment Dates:</b> November 20, 2020; March 25, 2021	



## Remuneration of Council and Committee Members

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

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

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

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

### Procedure

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

#### Rates for Attendance

The per diem for attendance for the President or a committee/panel chair, when chairing a meeting,<sup>1</sup> is \$355.

The per diem for attendance for all other members is \$265.

A per diem is interpreted as the amount payable for work periods in excess of three hours; when three hours of work or less is involved, one-half of the established per diem rate will be paid. For clarity, the length of a work period or meeting is interpreted as the greater of the scheduled time and the actual meeting time.

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

#### Rates for Preparation

Preparation time for each scheduled meeting is payable at a one to one ratio to the scheduled meeting time. Per diem is interpreted as the amount payable for work periods in excess of three hours; when three hours of work or less is involved, one-half of the established per diem rate will be paid of the per diem of \$265.

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

<sup>1</sup> That is, formally calling the meeting to order, facilitating discussion, etc.

<sup>2</sup> Or Council plus a committee.



## Rate for Extended Travel Time

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

## President's Annual Honorarium

The President shall receive an annual honorarium of \$9000, paid in installments following monthly submission by the President.

## **Guidelines**

1. Council and committee members shall submit their per diem claims on a platform provided by the College.
2. Submissions for remuneration for each month must be submitted to the College within three (3) days following the end of that month, and only include claims related to that month.<sup>3</sup> Claims for each month shall be consolidated into one submission.<sup>4</sup>
3. All submissions for remuneration will be reviewed for approval by the Registrar or designate prior to payment.
4. Meetings involving deliberations of a panel will be considered as a scheduled meeting.
5. Review of panel decisions by the chair or a designate will be paid in hourly increments of the regular Council member rate, with the time allotment designated by the panel chair and totaled by month.
6. Discipline decision writing will be paid in hourly increments of the regular Council member rate, with the time allotment designated by the panel chair.
7. Review of formal motions in writing (e.g. approval of minutes, appointment of an investigator), will be paid as one half-hour increment of the regular Council member rate.
8. Other than for Council meetings, committee meetings, panel meetings, formal CRPO presentations, hearings and decision writing, and College mandated orientation, evaluation, and professional development, all claims for remuneration for conducting College business must be pre- approved by the Registrar.<sup>5</sup>
9. Where the College cancels a scheduled meeting without notice of at least two business days, members expected to attend are entitled to request and receive a maximum of the scheduled meeting per diem for attendance.
10. College staff will prepare and distribute T4s to all members in February for government tax purposes.

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<sup>3</sup> For example, immediately following the end of May, submit claims for May only, not for April or June.

<sup>4</sup> That is, do not submit more than once per month.

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

11. Per diem rates will be reviewed annually.

## Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	5
<b>Issue:</b>	Council Leave of Absence Policy
<b>Attachment(s):</b>	DRAFT Policy: Council Leave of Absence
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Public Protection Rationale:

CRPO must ensure that it has required quorum at Council and committee meetings in order to carry out its statutory objectives and regulatory mandate. Ensuring that appropriate policies are in place to respond to requests from members for leaves of absence will support Council in appropriate decision making.

### Background:

CRPO's by-laws direct under what circumstances elected members will be disqualified ([10.29 – Disqualification of Elected Members](#)) including failure without reasonable cause to attend two consecutive meetings of Council. Prior to this, no definition had been established for what constituted a 'reasonable cause' and so the Executive Committee directed staff to draft a policy to direct how to address requests for leaves of absence.

### Next Steps:

Council is being asked to review the draft policy Council Leave of Absence and come to consensus as to whether they wish to adopt it as presented or amended.

<b>Type of policy:</b> Governance	<b>Approved by:</b> Council
<b>Date approved:</b>	<b>Next Review date:</b>
<b>Amendment dates:</b>	

## Council Leave of Absence Policy

### Purpose

- to provide Council with guidelines for approving leaves of absence for elected and appointed Council members
- to establish a transparent process for addressing requests for leaves of absence
- to establish criteria for what constitutes reasonable cause for failing to attend Council meetings

### Scope

- this policy applies to elected and appointed Council members

### Source of authority

*By-laws*

#### [10.29 – Disqualification of Elected Members](#)

Council shall disqualify an elected member of Council, if the member, (viii) fails, without reasonable cause, to attend two (2) consecutive meetings of Council;

### Policy

1. A Council member who is temporarily unable to continue to meet their commitment to Council and / or committee work may request a leave of absence.
2. Reasons for needing to take a leave of absence might include:
  - a. Personal or family health
  - b. Other family commitments
  - c. Parental leave
  - d. Transitions in professional status
3. Duration of leave is three consecutive Council meetings or 5 months. An extension of one month may be considered should the member request it.
4. During a leave of absence, a Council member will be listed as 'regrets' in Council meeting minutes.

### Procedure

1. Council members will request a leave of absence by sending an email to the President, copied to the Registrar, including the effective start date, expected duration and reason for the leave.
2. If the Council member has unfinished work (e.g., review of decisions and reasons), they will notify the President and Registrar.

3. The Executive Committee could be asked to review the request and decide on Council's behalf (as per [s 12\(1\) of the Code](#)) OR recommend to Council at an in-camera session whether it should be approved.

The Executive Committee will consider:

- the timing of the leave request relative to the end of the member's term
  - whether the Council member's absence will impact the ability to achieve quorum
  - any other relevant factors, on a case by case basis
4. Should the request for a leave of absence be declined, the member would be asked to fulfil their role or to resign their position.
  5. If the individual chooses to resign, Council will take appropriate steps as follows:
    - a. If the individual is a professional member, Council will rely on by-laws to determine the required next steps.

#### 10.32 – Filling of Vacancies

If the seat of an elected Council member becomes vacant less than twelve (12) months before the expiry of the member's term of office, Council may,

(i) leave the seat vacant;

(ii) appoint as an elected Council member a member who meets the criteria for eligibility for election set out in article 10.04; or

(iii) direct the Registrar to hold a by-election in accordance with this by-law.

#### 10.33 – By-Election

If the seat of an elected Council member becomes vacant more than twelve (12) months before the expiry of the member's term of office, Council shall direct the Registrar to hold a by-election in accordance with this by-law.

- b. If the individual is a public member, Council will make a request to the Public Appointment Secretariat to have their appointment terminated and to request that a new appointment be made.

## Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	6
<b>Issue:</b>	Policy Review: Good Character and Suitability to Practise Policies
<b>Attachment(s):</b>	Draft Revised Suitability to Practise Policy
<b>References:</b>	Current <a href="#">Good Character Policy</a> Current <a href="#">Suitability to Practise Policy</a>
<b>For:</b>	Information <input type="checkbox"/> Discussion <input type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	M. Piro
<b>Submitted by:</b>	Registration Committee

### Purpose & Public Interest Rationale:

Policies provide a framework for consistent decision-making and implementation and act as a primary tool for Council and committees to regulate and protect the public. The Good Character and Suitability to Practise policies ensure applicant and registrant conduct, whether inside or outside the practice of psychotherapy, is dealt with to safeguard clients and trust in the profession.

### Background:

The Good Character policy was approved by Registration Committee in 2015. Council subsequently approved a Suitability to Practise policy, last revised in 2019. On review, the Good Character Policy is largely redundant as most issues are covered by the Suitability to Practise Policy. On May 6, 2022, staff proposed to the Registration Committee that CRPO subsume the Good Character Policy into the Suitability to Practise Policy, so that there is one single policy. By motion, Registration Committee recommended that Council approve the draft revised Suitability to Practise Policy, and to rescind the Good Character Policy.

### Key Considerations:

In addition to reducing repetition by rescinding the Good Character policy, the following are other changes, non-substantive in nature, proposed to the Suitability to Practise policy:

- Updating language, i.e., gender neutral, “registrant” instead of “member”.
- Updating the Suitability to Practise policy to the current CRPO policy template.
- Removing the terminology of “good character”, which has come to be seen as vague and subjective with its moral connotations. This has been replaced with the terminology of suitability to practise, or the ability to practise psychotherapy safely and professionally. This updated terminology focuses on risk of harm to the public rather than unclear notions of the individual’s personal character.

### **Next Steps:**

The motions below are proposed. If approved, staff will post the updated Suitability to Practise policy on the website and mark the Good Character Policy as rescinded.

### **Proposed Motion:**

**[Be it moved]** that Council approve the draft revised Suitability to Practise Policy.

**[Be it moved]** that Council rescind the Good Character Policy.

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

## Suitability to Practise Policy

### Purpose

To provide clarity as to whether conduct is relevant to one's suitability to practise psychotherapy.

### Legislation

Health Professions Procedural Code, being Schedule 2 to Regulated Health Professions Act, 1991, S.O. 1991, c. 18

#### Section 23(7):

The Registrar may refuse to disclose to an individual or to post on the College's website information that is available to the public under subsection (5), if the Registrar has reasonable grounds to believe that the information is obsolete and no longer relevant to the member's suitability to practise.

#### Section 23(11):

The Registrar shall refuse to disclose to an individual or to post on the College's website information required by paragraph 10 of subsection (2) if, ... (c) the member has made an application to the relevant committee for the removal of the information from public access because the information is no longer relevant to the member's suitability to practise...

#### Section 51(1):

A panel shall find that a member has committed an act of professional misconduct if, (a) the member has been found guilty of an offence that is relevant to the member's suitability to practise

### O. Reg. 317/12: PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: ... 43. Contravening, by act or omission, a law in Canada if, ... ii. the contravention is relevant to the member's suitability to practise.



## O. Reg. 67/15: REGISTRATION

4. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class: ... 2. The applicant's previous conduct must afford reasonable grounds for the belief that he or she will practise psychotherapy in a safe and professional manner.

## CRPO By-laws

21.08 In addition to the information set out in subsection 23(2) of the Code, the register shall contain the following information with respect to each Member: ... (xviii) a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in provincial or federal offence processes, of which the College is aware and the Registrar believes are relevant to the Member's suitability to practise

## **Scope**

All decisions the Registrar and committees as to whether an applicant's or registrant's conduct is relevant to their suitability to practise psychotherapy.

## **Policy**

The mandate of the College is to regulate Registered Psychotherapists (RPs) in the public interest, striving to ensure that practitioners are competent, ethical, and accountable. In several situations, the College needs to consider whether an applicant's or registrant's conduct is relevant to their suitability to practise psychotherapy. These situations include:

- Determining whether an applicant for registration has provided reasonable grounds for the belief that they will practise psychotherapy in a safe and professional manner.
- Determining whether the College ought to investigate a report about a registrant's conduct.
- Deciding whether to publish, withhold, or remove information about a registrant's conduct on the public register.

The following conduct goes against professional standards and ethics and will likely be considered relevant to an applicant's or registrant's suitability to practise psychotherapy:

- Dishonesty, including fraud or plagiarism.
- Breach of a position of trust or authority, including sexual misconduct.
- Harassment; disruptive, rude, or disrespectful behaviour towards clients, healthcare professionals, or others.
- Neglecting professional obligations.

- Providing services that are not in a client's best interest, including unnecessary, inappropriate, or incompetent treatment.
- Discrimination, disregard, or disrespect for people based on a ground protected by the Human Rights Code (race, colour, ancestry, creed (religion), place of origin, ethnic origin, citizenship, sex (including pregnancy, gender identity), sexual orientation, age, marital status, family status, disability, receipt of public assistance).
- Violence, which refers to threats, attempts to use force, or actual use of force, that may cause injury to another individual.

CRPO will consider the following factors in determining whether conduct is relevant to suitability to practise, and what action to take in response:

- Whether the conduct in question occurred while practising the profession of psychotherapy, or in an analogous field.
- Whether the conduct would undermine public trust in the profession.
- Whether the conduct resulted in harm or a risk of harm.
- Whether the conduct is part of a pattern of behaviour or an isolated event.
- The intent behind the conduct, e.g., accident, negligence, purposeful.
- Passage of time since the conduct occurred and the absence of more recent concerns about the applicant's or registrant's conduct.
- Any remorse, insight, and remediation demonstrated since the conduct occurred.
- Whether any safeguards, e.g., additional training or clinical supervision, can resolve the concerns identified.

In applying these criteria, CRPO will consider available information from the applicant or registrant, as well as from third parties.

## Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	7.a.
<b>Issue:</b>	Committee Appointments: Chair recommendations
<b>Attachment(s):</b>	-
<b>References:</b>	<a href="#">Committee Composition</a> <a href="#">Committee Competency Matrix</a>
<b>Action:</b>	Information x Discussion x Decision x
<b>Staff Contact:</b>	D. Adams <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Submitted by:</b>	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.

Additionally, competent committee chairs support effective and efficient completion of committee business, particularly (for statutory committees) in ensuring required panel composition and the timely delivery of enforceable decisions and clear and adequate reasons.

### **Background:**

Andrew Benedetto is reaching the total term limit on Council this year and so will not be continuing beyond the June election result date. As a result, the Registration Committee will require a new chair. Michael Machan has been on Council since 2019 and was just acclaimed for another three-year term. He has been serving as a Registration Committee panel chair and so has developed panel competencies at a more advanced level. He has previously been on faculty at St. Paul University Master of Arts in Counselling and Spirituality (a program recognized by CRPO) and so has “experience with program/advanced education changes, trends and innovation, developing, implementing and evaluating curriculum” as included in the [Committee Composition](#) attributes.

In consultation with A. Benedetto in his role as current chair and with senior staff supporting the Registration Committee, staff recommended that M. Machan be considered by the Executive Committee as a possible chair for the Registration Committee. M. Machan has indicated a willingness to accept this appointment should it be offered. The Executive Committee supports this recommendation.

M. Machan is currently the chair of the Nominations and Elections Committee. In the interest of ensuring a sufficient number of experienced individuals are being prepared to assume leadership roles on Council and in committees, the Executive discussed the appointment of a new chair for the Nominations and Elections Committee. This would balance the workload for M. Machan and allow Council to support another member in developing their competence.

The Ministry of Health's proposed governance reforms include ending elections of professional members and requiring colleges to "establish a 'Nomination and Selection Committee' to oversee the selection of professional members of Council and the selection of committee members." While the Ministry has not suggested how they expect such a committee to be comprised, best practices suggest that colleges will need to guard against the perception of conflict of interest or cronyism.

It is important that colleges are seen to be and are ensuring that appointments are based purely on competence and the attributes and experience required by Council. Appointing an experienced and knowledgeable public member to chair this committee could help to dispel the perception that Council appointment decisions are overly influenced by current or past professional members.

Sherine Fahmy has served one year on Council and has just been re-appointed for a three-year term. She has served on the Nominations and Elections Committee and conducted interviews for the last round of non-Council appointments to the Inquiries, Complaints and Reports Committee. She has demonstrated commitment and willingness and has developed her knowledge of regulatory work considerably over the course of her first term.

The Executive Committee recommends that S. Fahmy be appointed as chair of the Nominations and Elections Committee. She has indicated a willingness to accept this appointment should it be offered.

**Next steps:**

CRPO's by-law [13.13 - Chairs](#) notes that "[u]nless stated otherwise in these by-laws, the Chair or Chairs of each Committee shall be appointed by Council."

The Executive Committee recommends the appointment of Michael Machan as the chair of the Registration Committee and Sherine Fahmy as the chair of the Nominations and Elections Committee.

## Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	7.b.
<b>Issue:</b>	Committee appointment: New Council Member
<b>Attachment(s):</b>	-
<b>References:</b>	Committee Composition (current) <a href="#">Committee Appointments policy</a> <a href="#">CRPO By-laws</a>
<b>For:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

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

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

### Source of Authority:

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

### Background:

Avni Jain has been acclaimed to serve a three-year term beginning June 1, 2022, as a professional member in District 7 (Central). A. Jain's first Council meeting will be on June 23, 2022. At the May 5, 2022, Executive Committee meeting, the committee reviewed A. Jain's competency self-assessment that was submitted as part of the pre-candidacy requirements and considered the committees that District 7 predecessor, A. Benedetto, sat on during his tenure.

### Next Steps:

The Executive Committee recommends appointing A. Jain to the Registration and Quality Assurance Committees. All members of CRPO Council are appointed to the Discipline and Fitness to Practise Committees.

Council Members 2021-2022	Executive	Client Relations	Discipline	Examination
<p><b>Professional</b></p> <ol style="list-style-type: none"> <li>1. Heidi Ahonen</li> <li>2. Andrew Benedetto <a href="#">(term ending May 31, 2022)</a></li> <li>3. Shelley Briscoe-Dimock (President)</li> <li>4. Kathleen (Kali) Hewitt-Blackie</li> <li>5. <a href="#">Avni Jain</a></li> <li>6. Kenneth Lomp (VP)</li> <li>7. Michael Machan</li> <li>8. Miranda Monastero</li> <li>9. Judy Mord</li> <li>10. Radhika Sundar</li> </ol> <p><b>Public</b></p> <ol style="list-style-type: none"> <li>11. Steven Boychyn</li> <li>12. Sherine Fahmy</li> <li>13. David Keast</li> <li>14. Henry Pateman</li> <li>15. Keri Selkirk</li> <li>16. Jeffrey Vincent</li> </ol>	<p><b>Professional</b></p> <p>Andrew Benedetto <a href="#">(term ending May 31, 2022)</a></p> <p>Shelley Briscoe-Dimock ©</p> <p>Kenneth Lomp</p> <p><b>Public</b></p> <p>Steven Boychyn</p> <p>Keri Selkirk</p>	<p><b>Professional</b></p> <p>Shelley Briscoe-Dimock</p> <p>Judy Mord</p> <p>Radhika Sundar</p> <p><b>Public</b></p> <p>Steven Boychyn</p> <p>Keri Selkirk</p> <p><b>Non-Council</b></p> <p>Sue Lymburner ©</p>	<p><b>Professional</b></p> <p>Heidi Ahonen</p> <p>Andrew Benedetto <a href="#">(term ending May 31, 2022)</a></p> <p>Shelley Briscoe-Dimock</p> <p>Kathleen (Kali) Hewitt-Blackie</p> <p><a href="#">Avni Jain</a></p> <p>Kenneth Lomp</p> <p>Michael Machan</p> <p>Miranda Monastero</p> <p>Judy Mord</p> <p>Radhika Sundar</p> <p><b>Public</b></p> <p>Steven Boychyn</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Henry Pateman</p> <p>Keri Selkirk</p> <p>Jeffrey Vincent</p> <p><b>Non-Council</b></p> <p>Carol Cowan-Levine ©</p>	<p><b>Professional</b></p> <p>Heidi Ahonen ©</p> <p>Andrew Benedetto <a href="#">(term ending May 31, 2022)</a></p> <p>Kathleen (Kali) Hewitt-Blackie</p> <p>Michael Machan</p> <p>Miranda Monastero</p> <p><b>Public</b></p> <p>Steven Boychyn</p> <p>Keri Selkirk</p> <p><b>Non-Council</b></p> <p>Felipe Cepeda</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p><b>Professional</b></p> <p>Heidi Ahonen</p> <p>Andrew Benedetto © <a href="#">(term ending May 31, 2022)</a></p> <p><a href="#">Avni Jain</a></p> <p>Michael Machan</p> <p>Radhika Sundar</p> <p><b>Public</b></p> <p>David Keast</p> <p>Henry Pateman</p> <p><b>Non-Council</b></p> <p>Elda Almario</p> <p>Jamie McSoli</p> <p>Muriel McMahon</p> <p>Ahil Nageswaran</p> <p>Sasha Sky</p>	<p><b>Professional</b></p> <p>Heidi Ahonen</p> <p>Andrew Benedetto <a href="#">(term ending May 31, 2022)</a></p> <p>Shelley Briscoe-Dimock</p> <p>Kathleen (Kali) Hewitt-Blackie</p> <p><a href="#">Avni Jain</a></p> <p>Kenneth Lomp</p> <p>Michael Machan</p> <p>Miranda Monastero</p> <p>Judy Mord</p> <p>Radhika Sundar</p> <p><b>Public</b></p> <p>Steven Boychyn</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Henry Pateman</p> <p>Keri Selkirk</p> <p>Jeffrey Vincent</p> <p><b>Non-Council</b></p> <p>Carol Cowan-Levine ©</p>	<p><b>Professional</b></p> <p>Shelley Briscoe-Dimock ©</p> <p>Kathleen (Kali) Hewitt-Blackie</p> <p>Kenneth Lomp</p> <p>Miranda Monastero</p> <p>Judy Mord</p> <p><b>Public</b></p> <p>Steven Boychyn</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Keri Selkirk</p> <p>Jeffrey Vincent</p> <p><b>Non-Council</b></p> <p>Abimbola (Abi) Ajibolade</p> <p>David Bruce</p> <p>Nicolas El-Kada</p> <p>Carla Ribeiro</p> <p>Kafui Sawyer</p>	<p><b>Professional</b></p> <p>Michael Machan ©</p> <p>Judy Mord</p> <p>Radhika Sundar</p> <p><b>Public</b></p> <p>Sherine Fahmy ©</p> <p>David Keast</p> <p>Henry Pateman</p>	<p><b>Professional</b></p> <p>Heidi Ahonen</p> <p>Andrew Benedetto <a href="#">(term ending May 31, 2022)</a></p> <p>Kathleen (Kali) Hewitt-Blackie</p> <p><a href="#">Avni Jain</a></p> <p>Kenneth Lomp ©</p> <p>Miranda Monastero</p> <p><b>Public</b></p> <p>Sherine Fahmy</p> <p>David Keast</p> <p><b>Non-Council</b></p> <p>Kayleen Edwards</p> <p>Brenda Sedgwick</p>

Council Member	CRC	Discipline	Exam	Executive	FTP	ICRC	N&E	QA	Reg	Total
<b>PROFESSIONAL</b>										
Heidi Ahonen		X	©		X			X	X	5
Shelley Briscoe-Dimock	X	X		©	X	©				5
Kali Hewitt-Blackie		X	X		X	X		X		5
Avni Jain		X			X			X	X	4
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
<b>Total Professional:</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>4</b>	
<b>PUBLIC</b>										
Steven Boychyn	X	X	X	X	X	X				6
Sherine Fahmy		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
<b>Total Public:</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>2</b>	
<b>NON-COUNCIL</b>										
Abimbola Ajibolade						X				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
<b>Total Non-Council:</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>5</b>	

© Committee chair

○ IRTG panel appointment

# Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	8
<b>Issue:</b>	Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development
<b>Reference(s):</b>	<a href="#">Council Evaluation Components</a> <a href="#">Council Competency Framework</a> <a href="#">Committee Competency Framework</a>
<b>Attachment(s):</b>	DRAFT Self-reflection approach and Staff/Chair reflection approach
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Direction <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

## 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.

The final component planned for the framework is the Annual Member Reflection (originally called an '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.

At an education session provided to Council by Pollinate Network's Christy Pettit on March 31, 2022, Council was asked to share their thoughts on what would be useful in the next phase of the evaluation framework development and to pose questions that they felt should be answered to inform that development.

Considering the discussion at Council, staff met with Pollinate to work on further developing the reflection approach and tool, which was presented to the Executive Committee at their May meeting.



Working from the plan established during the 2018 governance review, each Council member will participate in a tri-ad reflection exercise as follows:

- Members at large
  - Self-reflection
  - Chair of one statutory committee
  - Senior staff from that statutory committee
- Committee chairs\*
  - Self-reflection
  - President
  - Registrar/senior staff from that statutory committee
- Panel chairs\*
  - Self-reflection
  - Committee chair / panel members
  - Registrar/senior staff from that statutory committee

\*Committee and panel chairs would also receive a summary of the cumulative Meeting Pulse Evaluations from the year as part of their feedback.

A training plan, including a short video that would be posted to Aprio for Council members to reference, would be put into place to ensure that everyone felt prepared to participate in using the reflection tools.

Draft examples of the approach for the reflection exercise are attached as Appendices to this briefing note.

Using this approach, both the self- and staff/Chair reflection would look at:

Council attributes:

- Committed
- Confident
- Curious
- Challenging
- Collaborative
- Critical

Committee attributes:

- Fair
- Respectful
- Timely
- Effective communicator

The assessment range could be a Likert scale with an 'always' 'often' and 'rarely' range.

The self-reflection would ask members to look at competencies using a scenario question to help them assess their knowledge and to reflect on whether they have each competence at an 'entry' 'intermediate' or 'expert' level.

The staff/Chair reflection would ask staff and Chairs to assess demonstrable behaviours and to use these to reflect on whether the member shows each competence at an 'entry' 'intermediate' or 'advanced' level.

The full set of Council competencies include:

1. Governance
2. Finance
3. Risk Management
4. Strategy
5. Leadership / Change Management
6. Diversity & Inclusion
7. Stakeholder Relations / Communications
8. Critical Thinking
9. Technology Skills
10. Regulatory Knowledge
11. Health System Knowledge

The full set of Committee competencies include:

12. Area of Competency
13. Fiduciary responsibilities
14. Conflict of interest
15. Bias
16. Principles and practice of right-touch regulation
17. Legislative interpretation and sources of authority
18. Finding fact and managing/weighing evidence
19. Clear and adequate reasons
20. Enforceable decisions

### **Next steps:**

The Executive Committee directed staff in making any needed revisions to the current tools to proceed with working with Pollinate Network to develop the final phase of the framework as described above.

The Executive Committee also directed staff to explore how the Meeting Pulse Evaluations could be better utilized. Staff will be discussing providing chairs will reports after each meeting and amending the evaluation tool to differentiate between panel and committee members at large and panel and committee Chairs. The Executive Committee will receive an update on this at a subsequent meeting.

Council is being provided with this update and will receive further information – including support to participate in the evaluation – at a subsequent meeting.

## Council Competency Self-Reflection

### Attributes

ATTRIBUTE	DEMONSTRATED BEHAVIOURS	Always	Sometimes	Rarely
<b>Committed</b>	I devote the required time and energy to the role and ambitious to achieve best possible outcomes for the public. I am prepared to give time, skills and knowledge to developing themselves and others in order to create highly effective governance.			
<b>Confident</b>	I am of an independent mind, able to lead and contribute to courageous conversations, to express my opinion and to play an active role on Council.			
<b>Curious</b>	I possess an enquiring mind and an analytical approach and understanding the value of meaningful questioning.			
<b>Challenging</b>	I provide appropriate challenge to the status quo, not taking information or data at face value and always driving for improvement.			
<b>Collaborative</b>	I am prepared to listen to and work in partnership with others and understand the importance of building strong working relationships within Council and with executive leaders, staff, and stakeholders.			
<b>Critical</b>	I understand the value of critical friendship, which enables me to both challenge and support others, to be self-reflective, to pursue learning and development opportunities to improve my own and whole Council effectiveness.			
<b>Fair</b>	I review materials in an impartial, unbiased and just manner.			
<b>Respectful</b>	I demonstrate appropriate consideration and courtesy to everyone who comes before or makes submissions to the College.			
<b>Timely</b>	I perform reviews and render decisions within established time frames based on reasonable expectations.			
<b>Effective Communicator</b>	I listen actively, pay attention to non-verbal communications and deal effectively with challenging individuals and situations.			

## Council Competencies

Area of Competence	Core Understanding	Entry level	Excelling
<p><b>Governance</b>  <i>Governance competence supports the provision of strategic direction and oversight for Colleges. It allows members to be able to carry out the stewardship responsibilities, creates robust accountability for regulatory and financial performance, and enables Council to set and achieve strategic goals.</i></p>	<p>Knows where the governance principles, the sources of law and regulation relating to the organization come from, what they require and what impact they have</p> <p>Where authority &amp; accountability lies in the organization</p> <p>The processes and practices that are crucial to the smooth operation of the organization</p> <p>The purpose and requirements of reporting obligations of the organization</p>	<p>Knows where to obtain further guidance</p> <p>Can explain governance concepts to colleagues</p> <p>Can identify potential issues &amp; escalate where appropriate</p> <p>Can contribute to group discussions</p> <p>Understands the distinction between the role of the board versus the role of management</p>	<p>Source of further guidance for peers</p> <p>Identifies and explains governance concepts to Council</p> <p>Can challenge colleagues where appropriate</p> <p>Contributes to technical discussions on governance issues</p> <p>Identifies relevant legislation and how it relates to Council decision-making</p> <p>Thinks strategically, ensures risks are assessed and monitored</p> <p>Identifies viable options and puts aside vested interests to make decisions that are most likely to achieve the organization's mandate</p> <p>Thinks about future direction of organization and how to achieve strategic goals</p>
<b>Scenario:</b>			<b>Reflection:</b>
<p>College staff are presenting the annual operating budget to Council for their review before the start of the new fiscal year. There has not been a significant increase in the compensation and benefits line of the budget from the prior year. Your employer has given every staff member at least a 4% cost of living allowance in recognition of the high level of inflation over the last year. You are concerned that CRPO is not keeping up with what other employers might be paying.</p>			<p>Do you ask the Registrar to:</p> <ul style="list-style-type: none"> <li>a) outline any risks they assessed in determining the staffing and compensation plan for the coming year</li> <li>b) provide details of staff salary increases to reassure Council that people are being paid appropriately</li> <li>c) comment on how CRPO's compensation plan lines up with other Ontario regulatory colleges.</li> </ul>
<p><i>Governance</i></p> <p><input type="checkbox"/> I don't have this competency yet.</p> <p><input type="checkbox"/> I need support with this competency.</p> <p><input type="checkbox"/> I am competent in this area.</p> <p><input type="checkbox"/> I could explain this to a peer.</p>			

Committee Competencies

Area of Competence	Core Understanding	Demonstrated Behaviours
<p><b>Conflict of interest</b></p>	<p>Appreciates that a conflict of interest is any interest, relationship, association or activity that interferes with the member’s obligations to the panel to make a decision in the best interest of the public.</p> <p>Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of conflict in the mind of a reasonable and informed person.</p> <p>Appreciates the difference between actual, perceived or potential conflicts of interest and understands that all types of conflict must be addressed.</p>	<p>Regularly uses CRPO Conflict of Interest Worksheet to assess potential conflict</p> <p>Can clearly identify what is a conflict in themselves and in others</p> <p>Knows how to deal with a conflict at the time of screening for appointment to the panel and if conflict arises during the panel deliberations</p> <p>Understands when it is appropriate to recuse oneself due to a conflict or perceived conflict</p> <p>Appropriately challenges colleagues who might have a conflict of interest</p>
<b>Scenario:</b>		<b>Reflection:</b>
<p>The Registration Committee has been asked to review the program recognition recommendation from the third party provider for a new modality-specific program at ABC private career college. One of the professional members of the committee was an adjunct faculty member for the program but they left when they took a job at University XYZ. They are arguing strongly to not accept the recommendation that the ABC program be recognized.</p> <p>You have noticed that this member often questions the education of applicants who have graduated from the ABC program, even when the panel is being asked to review conduct or currency. You are concerned that this colleague is biased against ABC program because of their own employment experience with them.</p>		<p>Do you:</p> <ul style="list-style-type: none"> <li>a) say nothing since you don’t want to challenge your colleague and you trust the Committee members to make the right decision</li> <li>b) raise the concern with the Chair privately, asking them to remind the committee to consider the recommendation in an unbiased way</li> <li>c) ask your colleague to consider if they have a bias against this program that might be causing them to disregard the objective findings of the third party assessors</li> </ul>
<p><i>Conflict of Interest</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I don’t have this competency yet.</li> <li><input type="checkbox"/> I need support with this competency.</li> <li><input type="checkbox"/> I am competent in this area.</li> <li><input type="checkbox"/> I could explain this to a peer.</li> </ul>		

## Council Competency Staff/Chair Reflection

### Attributes

ATTRIBUTE	DEMONSTRATED BEHAVIOURS	Always	Sometimes	Rarely
<b>Committed</b>	Devotes the required time and energy to the role and ambitious to achieve best possible outcomes for the public. Prepared to give time, skills and knowledge to developing themselves and others in order to create highly effective governance.			
<b>Confident</b>	Of an independent mind, able to lead and contribute to courageous conversations, to express their opinion and to play an active role on Council.			
<b>Curious</b>	Possesses an enquiring mind and an analytical approach and understanding the value of meaningful questioning.			
<b>Challenging</b>	Provides appropriate challenge to the status quo, not taking information or data at face value and always driving for improvement.			
<b>Collaborative</b>	Prepared to listen to and work in partnership with others and understanding the importance of building strong working relationships within Council and with executive leaders, staff, and stakeholders.			
<b>Critical</b>	Understands the value of critical friendship, enabling them to both challenge and support others, to be self-reflective, to pursue learning and development opportunities to improve their own and whole Council effectiveness.			
<b>Fair</b>	Reviews panel materials in an impartial, unbiased and just manner.			
<b>Respectful</b>	Demonstrates appropriate consideration and courtesy to everyone who comes before or makes submissions to the College.			
<b>Timely</b>	Performs reviews and renders decisions within established time frames based on reasonable expectations.			
<b>Effective Communicator</b>	Listens actively, pays attention to non-verbal communications and deals effectively with challenging individuals and situations.			

Council Competencies

Area of Competence	Core Understanding	Entry level	Excelling
<p><b>Governance</b>  <i>Governance competence supports the provision of strategic direction and oversight for Colleges. It allows members to able to carry out the stewardship responsibilities, creates robust accountability for regulatory and financial performance, and enables Council to set and achieve strategic goals.</i></p>	<p>Knows where the governance principles, the sources of law and regulation relating to the organization come from, what they require and what impact they have</p> <p>Where authority &amp; accountability lies in the organization</p> <p>The processes and practices that are crucial to the smooth operation of the organization</p> <p>The purpose and requirements of reporting obligations of the organization</p>	<p><input type="checkbox"/> Knows where to obtain further guidance</p> <p><input type="checkbox"/> Can explain governance concepts to colleagues</p> <p><input type="checkbox"/> Can identify potential issues &amp; escalate where appropriate</p> <p><input type="checkbox"/> Can contribute to group discussions</p> <p><input type="checkbox"/> Understands the distinction between the role of the board versus the role of management</p>	<p><input type="checkbox"/> Source of further guidance for peers</p> <p><input type="checkbox"/> Identifies and explains governance concepts to Council</p> <p><input type="checkbox"/> Can challenge colleagues where appropriate</p> <p><input type="checkbox"/> Contributes to technical discussions on governance issues</p> <p><input type="checkbox"/> Identifies relevant legislation and how it relates to Council decision-making</p> <p><input type="checkbox"/> Thinks strategically, ensures risks are assessed and monitored</p> <p><input type="checkbox"/> Identifies viable options and puts aside vested interests to make decisions that are most likely to achieve the organization’s mandate</p> <p><input type="checkbox"/> Thinks about future direction of organization and how to achieve strategic goals</p>
<p><b>This Council member has the Governance competence:</b></p>			
<p><input type="checkbox"/> at an entry level</p> <p><input type="checkbox"/> at an intermediate level</p> <p><input type="checkbox"/> at an advanced level</p>			

## Committee Competencies

Area of Competence	Core Understanding	Demonstrated Behaviours
<p><b>Conflict of interest</b></p>	<p>Appreciates that a conflict of interest is any interest, relationship, association or activity that interferes with the member's obligations to the panel to make a decision in the best interest of the public.</p> <p>Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of conflict in the mind of a reasonable and informed person.</p> <p>Appreciates the difference between actual, perceived or potential conflicts of interest and understands that all types of conflict must be addressed.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regularly uses CRPO Conflict of Interest Worksheet to assess potential conflict</li> <li><input type="checkbox"/> Can clearly identify what is a conflict in themselves and in others</li> <li><input type="checkbox"/> Knows how to deal with a conflict at the time of screening for appointment to the panel and if conflict arises during the panel deliberations</li> <li><input type="checkbox"/> Understands when it is appropriate to recuse oneself due to a conflict or perceived conflict</li> <li><input type="checkbox"/> Appropriately challenges colleagues who might have a conflict of interest</li> </ul>
<p><b>This Council member has the <i>Conflict of Interest</i> competence:</b></p>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> at an entry level</li> <li><input type="checkbox"/> at an intermediate level</li> <li><input type="checkbox"/> at an advanced level</li> </ul>		



## Council Evaluation Components

Evaluation Component	Evaluation tool details	Who completes the evaluation?	Frequency
<b>1. Meeting evaluation</b>	<ul style="list-style-type: none"> <li>Ratings on a 5-star scale regarding meeting, Chair and materials</li> <li>Small comment box if needed</li> </ul>	<ul style="list-style-type: none"> <li>Every Council and committee member</li> </ul>	<ul style="list-style-type: none"> <li>Used for every Council, committee and panel meeting</li> <li>5 minutes at the end of each meeting</li> </ul>
<b>2a. Annual Member Competency Assessment</b>	<ul style="list-style-type: none"> <li>Assess using the competence matrices adopted by Council for both Council and committee-level work.</li> <li>Indicates entry level, intermediate or advanced competence in the noted areas.</li> <li>Fed back to each individual to allow self-monitoring of progress</li> </ul>	<ul style="list-style-type: none"> <li>Three people complete this evaluation for each member: <ul style="list-style-type: none"> <li>Statutory committee panel chair (Registration, Quality Assurance, ICRC)</li> <li>Key support staff</li> <li>Member self-assessment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Annually in June</li> <li>About 30 minutes per committee member (max 5 per chair, ~ 2.5 hours)</li> </ul>
<b>2b. Individual education plan</b>	<ul style="list-style-type: none"> <li>Review of report generated by competence evaluation (as above) and discussion of learning goals for coming year.</li> </ul>	<ul style="list-style-type: none"> <li>Every Council member</li> <li>Vice-President</li> </ul>	<ul style="list-style-type: none"> <li>About 30 minutes per Council member to review individual education plan report</li> <li>About 6.5 hours for Vice-President</li> <li>Completed between June and August</li> </ul>
<b>3. Annual Council Effectiveness evaluation</b>	<ul style="list-style-type: none"> <li>Evaluated using the College Performance Measurement Framework (CPMF) standards: <ul style="list-style-type: none"> <li>Council and statutory committee members have the knowledge, skills, and commitment needed to</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Every Council member</li> </ul>	<ul style="list-style-type: none"> <li>About 45 minutes</li> <li>Annually in January or February for reporting in March</li> </ul>

	<p>effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.</p> <ul style="list-style-type: none"> <li>○ Council decisions are made in the public interest.</li> <li>○ The College acts to foster public trust through transparency about decisions made and actions taken.</li> </ul>		
<b>4. Committee Renewal</b>	<ul style="list-style-type: none"> <li>● Each committee to review and affirm its terms of reference, evaluate progress on work plan items, and evaluate effectiveness over the previous year.</li> </ul>	<ul style="list-style-type: none"> <li>● Every committee</li> </ul>	<ul style="list-style-type: none"> <li>● About 60 minutes (prep and review)</li> <li>● Annually per committee during first plenary after November after appointments are made.</li> </ul>

## Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	9
<b>Issue:</b>	Risk Register Implementation
<b>Reference(s):</b>	Regulatory Risk Flow Diagram Right Touch Decision Tree
<b>Attachment(s):</b>	DRAFT Regulatory Risk Register Risk Register Explanatory Notes
<b>Action:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Direction <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	M. Piore, D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

The use of a risk register allows the College to formalize the consideration of risks to the public interest. This enables broader discussion of risks and opportunities by Council, ensuring that significant risks are appropriately identified, assessed, and managed.

### Background:

The College Performance Measurement Framework (CPMF) stipulates that regulatory colleges must implement and regularly review a formal approach to identify, assess, and manage internal and external risks. This approach is to be integrated into each college's strategic planning and operations.

Council was provided with educational presentations at their May and December 2021 meetings to support their understanding of how a risk register is used to:

- Identify and assess non-compliance, harm, or other problems in the practice of the profession, or in the health care system in which registrants work
- inform responses through a right-touch, risk-based lens
- employ a systemic approach to regulatory risk to create accountability for monitoring and addressing these risks

Executive Committee was asked to review and provide specific feedback on a draft risk register in April 2021. At that time, the Committee directed that a formal risk register tool should be adopted and implemented and requested that staff include a numeric rating system to assist in making assessments more objective.

At the May Executive Committee meeting, staff presented a revised tool (attached) that includes risk descriptions that will be regularly reviewed and revised as needed and a risk-rating that is inter-subjective, provisional and practical.

The sources of data used to populate the draft register include:

- Complaints and reports
- Discipline cases
- Practice Advisory enquiries

- Peer Practice reviews
- Concerns related to applications for registration
- Concerns raised by stakeholders (e.g., public, education programs, professional associations, government)

These sources of data will be regularly reviewed by staff and presented to relevant committees and Council for review and comment.

Once adopted, staff is proposing that the tool should be presented to Council at least annually and to the Executive Committee and relevant committees more regularly to:

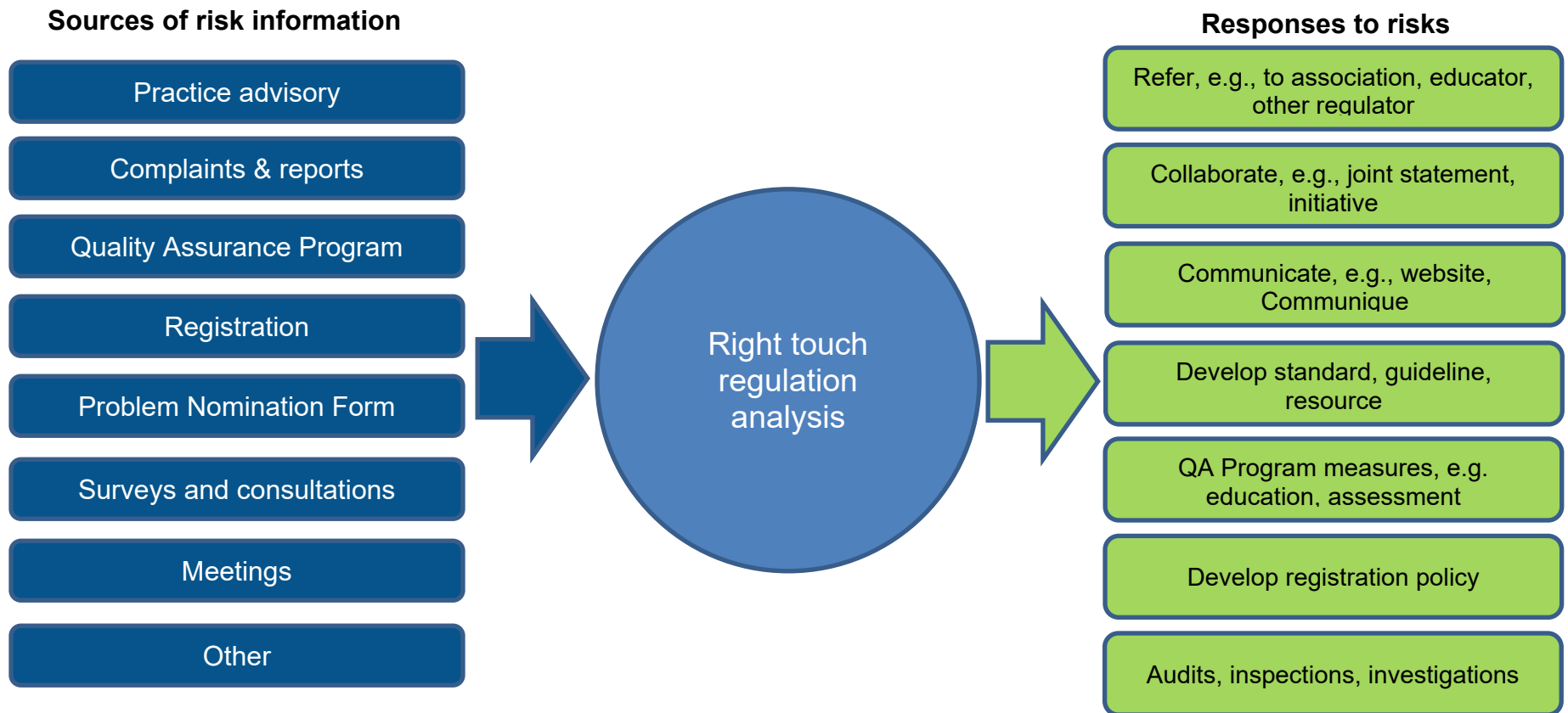
- inform Council and Committee deliberations
- direct the right-touch work of policy, standard and guideline review
- support Quality Assurance Program focus (for assessment and for remediation activities)
- share information with education program and professional association partners to support their efforts in ensuring that RPs are prepared to provide safe, ethical and effective care

#### **Next Steps:**

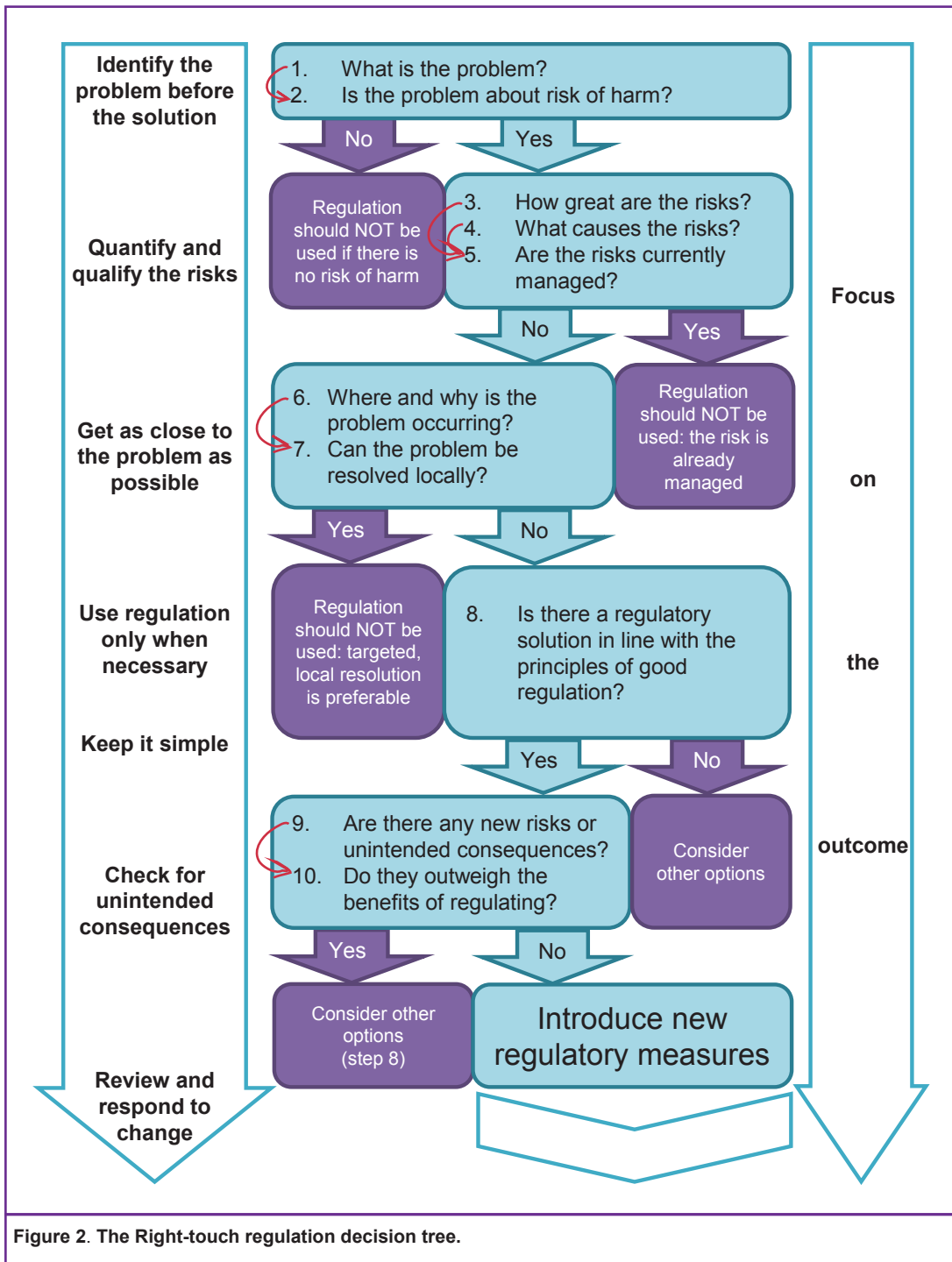
The Executive Committee is recommending that Council formally adopt the risk register as described.

## Regulatory Risk Flow Diagram

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



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



142/189

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

UK PSA October 2015

# CRPO Regulatory Risk Register

v. DRAFT April 11, 2022

Risk description	Risk rating (frequency x severity = rating)	Measures in place	Proposed or pending measures	Tracking updates since last report
<b>Sexual misconduct</b>	<b>4x5=20</b>			
Sexual abuse of current clients by registrants		<ul style="list-style-type: none"> <li>• Sexual abuse web page</li> <li>• Zero Tolerance of Sexual Abuse by Members Policy</li> <li>• Sexual abuse therapy fund</li> <li>• Procedural safeguards and accommodations, e.g. support person, publication ban, testify behind screen</li> <li>• Standard 1.8 Undue Influence and Abuse</li> <li>• Mandatory reporting provisions</li> <li>• Mandatory suspension, revocation for sexual abuse</li> <li>• Staff and Council/committee training program on trauma-informed responses to sexual abuse allegations</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma-informed review of investigation process (pending)</li> </ul>	
Sexual abuse of former clients by registrants		<ul style="list-style-type: none"> <li>• Policy on Sexual Contact with Former Clients within 5-Years Post Termination of Care</li> <li>• Guideline: Sexual Contact with Former Clients beyond Five-Years Post Termination of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma-informed review of investigation process (pending)</li> </ul>	
Sexual misconduct with supervisees or students		<ul style="list-style-type: none"> <li>• Standard 1.5 General Conduct (includes DDU and conduct unbecoming)</li> <li>• Mandatory revocation for certain criminal findings (e.g. sexual assault, even if non-client)</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate into Professional Practice Standards</li> </ul>	
Sexual misconduct in personal life		<ul style="list-style-type: none"> <li>• Standard 1.5 General Conduct (includes DDU and conduct unbecoming)</li> <li>• Mandatory revocation for certain criminal findings (e.g. sexual assault, even if non-client)</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate into Professional Practice Standards</li> </ul>	
<b>Boundary violations (non-sexual)</b>	<b>4x4=16</b>			
Personal or business relationships with current or former clients		<ul style="list-style-type: none"> <li>• Standard 1.7 Dual or Multiple Relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Standard 1.7 currently under review</li> </ul>	
Multiple roles in small education programs (teacher, supervisor, therapist)		<ul style="list-style-type: none"> <li>• Standard 1.7 Dual or Multiple Relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Standard 1.7 currently under review</li> </ul>	
Non-therapeutic self-disclosure, e.g., therapist's personal views, including intolerance or cultural insensitivity		<ul style="list-style-type: none"> <li>• Jurisprudence Manual, section on boundaries</li> </ul>		
Frequent communication with client outside therapy session		<ul style="list-style-type: none"> <li>• Jurisprudence Manual, section on boundaries</li> </ul>		

Risk description	Risk rating (frequency x severity = rating)	Measures in place	Proposed or pending measures	Tracking updates since last report
Meeting clients outside therapy office (informal session locations)		<ul style="list-style-type: none"> <li>Jurisprudence Manual, section on boundaries</li> </ul>		
Social media and internet boundary crossings			<ul style="list-style-type: none"> <li>Topic being incorporated into Jurisprudence Manual and Professional Practice Standards (pending)</li> </ul>	
Individuals unclear whether therapist is offering psychotherapy or a different service			<ul style="list-style-type: none"> <li>Topic being incorporated into Jurisprudence Manual and Professional Practice Standards (pending)</li> </ul>	
<b>Improper or inadequate supervision</b>	4x4=16			
False or misleading invoices		<p>For all supervision-related issues:</p> <ul style="list-style-type: none"> <li>Standard section 4 Clinical supervision</li> <li>Supervision web pages</li> </ul>	<p>For all supervision-related issues:</p> <ul style="list-style-type: none"> <li>Clinical supervision review currently underway</li> <li>In discussion with stakeholders about the need for supervision courses for registrants</li> </ul>	
Abuse of power by clinical supervisor over supervisees				
Inadequately trained supervisors				
Absent or unclear supervision agreements				
Inadequate oversight or support of supervisees				
Poor supervision record-keeping		<ul style="list-style-type: none"> <li>Clinical supervision records checklist</li> </ul>		
Issues with delegating controlled acts to supervisees/RPs E.g. Motor Vehicle Accident (MVA) assessments				
Falsely claiming supervision for insurance purposes				
Client transition and record custody when leaving supervised practice				



Risk description	Risk rating (frequency x severity = rating)	Measures in place	Proposed or pending measures	Tracking updates since last report
<b>Scope of practice (competence, credentials, controlled acts)</b>	<b>4x3=12</b>			
Confusing assessment and diagnosis		<ul style="list-style-type: none"> <li>Standard section 1.4: Controlled acts</li> </ul>	For all scope of practice issues: <ul style="list-style-type: none"> <li>Being considered as part of practice standards and clinical supervision review</li> </ul>	
Falsely implying specialization with inadequate training		<ul style="list-style-type: none"> <li>Standard section 1.2: Use of Terms, Titles &amp; Designations</li> </ul>		
Taking on clients outside of one's competence		<ul style="list-style-type: none"> <li>Standard section 2: Competence</li> </ul>		
Advertising substandard or degree mill credentials		<ul style="list-style-type: none"> <li>Standard section 1.2: Use of Terms, Titles &amp; Designations</li> </ul>		
Students registering with CRPO with little clinical experience				
<b>Children and Families</b>	<b>4x3=12</b>			
Report-writing amid custody proceedings		<ul style="list-style-type: none"> <li>Several standards apply to this situation (1.6 Conflict-of-interest; 2 Competence; 3.1 Confidentiality; 3.2 Consent; 5.2 Failing to Provide Reports; 5.3 Issuing Accurate Documents)</li> </ul>	<ul style="list-style-type: none"> <li>Consider developing specific guidance</li> </ul>	
Conflicting roles serving individuals, children and families			<ul style="list-style-type: none"> <li>Review Standard 1.6 Conflict of Interest</li> </ul>	
Inadequate training to work with high-conflict couples or families		<ul style="list-style-type: none"> <li>Standard section 2: Competence</li> </ul>	<ul style="list-style-type: none"> <li>Review standard</li> </ul>	
Inadequate risk assessment and safety planning in response to violence against women		<ul style="list-style-type: none"> <li>Communicated with education programs about need to focus on this or related topics (2019-2021)</li> <li>Responded to August 2021 report from Office of the Chief Coroner by forwarding recommendations to registrants in October Communique and noting for future review</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate into revised Professional Practice Standards, Jurisprudence Module; QA online assessment</li> </ul>	
<b>Information and record management</b>	<b>4x2=8</b>			

Risk description	Risk rating (frequency x severity = rating)	Measures in place	Proposed or pending measures	Tracking updates since last report
Overly brief or illegible client records		<ul style="list-style-type: none"> <li>Professional Practice Standards Section 5: Record-Keeping and Documentation</li> <li>CRPO Clinical Records Checklist</li> </ul>	<ul style="list-style-type: none"> <li>CRPO in dialogue with stakeholders to develop a psychotherapy-specific record-keeping course that can be taken as PD or required as a SCERP by registrants</li> </ul>	
Registrants breaching confidentiality due to error, confusion, or lack of secure practices		<ul style="list-style-type: none"> <li>Standard 3.1 Confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>Standards under review</li> <li>Consider need for additional guidelines</li> </ul>	
<b>Business Practices</b>	<b>4x2=8</b>			
Non-competition clauses			<ul style="list-style-type: none"> <li>Consider developing guidance</li> </ul>	
Excessive client or supervision fees		<ul style="list-style-type: none"> <li>Standard 6.1 Fees</li> </ul>	TBD	
Adapting to electronic practice		<ul style="list-style-type: none"> <li>Electronic practice standard (3.4) and guidelines</li> <li>Webinar on electronic practice presented in 2020</li> </ul>		
Abandoned healthcare records on registrant death		<ul style="list-style-type: none"> <li>Health information custodian successor requested at every annual renewal</li> <li>Standard 6.4: Closing, Selling or Relocating a Practice</li> <li>Practice Matters article on contingency planning</li> <li>Refer stakeholders to Ontario Information and Privacy Commissioner</li> </ul>	<ul style="list-style-type: none"> <li>Additional, stepwise guidance on professional will, closing a practice, etc.</li> </ul>	
<b>Unauthorized or Unregulated Practice</b>	<b>3x2=6</b>			
Unregulated individuals using title "psychotherapist" or performing controlled act of psychotherapy		<ul style="list-style-type: none"> <li>Unauthorized practice process (education letters, cease and desist letters, investigation, posting public notice of unregulated practitioner, possible court application)</li> </ul>		
Students or graduates delaying registration, practising unregulated			<ul style="list-style-type: none"> <li>Review situation and communicate with education programs</li> </ul>	
<b>Emerging Risks</b>	<b>2x2=4</b>	<ul style="list-style-type: none"> <li>Occasional CRPO Communique articles</li> </ul>	<ul style="list-style-type: none"> <li>Monitor trends and research potential guidance</li> </ul>	
Registrants unsure how to address MAID with clients				
Registrants unsure how to approach psychedelic-assisted psychotherapy				
Proliferation of online psychotherapy platforms				

## **General Risk Area**

**Sexual misconduct**

**Boundary violations (non-sexual)**

**Improper or inadequate supervision**

**Scope of practice (competence, credentials, controlled acts)**

**Children & Families**

**Information and Record Management**

**Business Practices**

**Unauthorized or Unregulated Practice**

**Emerging Risks**

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## Notes on Risk Frequency

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- Standard 1.8 (Undue Influence and Abuse) made up 3.7% of complaint/report issues in 2021, and 2.78% of practice inquiries
- Research indicates this type of issue is under-reported (see CRPO Sexual Abuse Training Handbook)
- Suggest risk frequency level 4

- Standard 1.7 (Dual and Multiple Relationships) was the second-most common standard raised in complaint & report issues for 2021 (7%)

- Suggest risk frequency level 4

- Not a common practice advisory or complaint/report topic; however, common registration topic

- CRPO supervision survey in 2021 received large number of responses (approx. 780) indicating many stakeholders are interested in this issue

- Suggest risk frequency level 4

- The relevant standards (1.2, 1.4 and 2.1) made up about 10% of both investigation issues and practice inquiries in 2021

- Suggest risk frequency level 4

- A common theme in investigations

- Suggest risk frequency level 4

- The record-keeping standards (section 5) made up about 10% of investigation issues and 12% of practice inquiries in 2021

- Confidentiality (standard 3.1) made up about 3.7% of investigation issues and 5.5% of practice inquiries in 2021

- Suggest risk frequency level 4

- The business practice standards (section 6) made up about 6% of investigation issues and 12% of practice inquiries in 2021

- Electronic practice was the #1 practice advice topic in 2021 (about 37% of inquiries)

- Suggest risk frequency level 4

- Staff regularly respond to unauthorized practice, e.g., opening about 45 files in the 2021-22 fiscal year

- Suggest risk frequency level 3

- Occasional emails to practice advisory

- Suggest risk frequency level 2
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## Notes on Risk Severity

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- Significant harms to clients and victim/survivors
- Most significant penalties at Discipline Committee (up to mandatory revocation)
- Long-time priority of government and CRPO, built into RHPA, focus of task forces
- Suggest risk severity level 5

- Boundary violations can be a precursor to sexual abuse (see CRPO Sexual Abuse Training Handbook)
- Suggest risk severity level 4

- Supervision regarded by the profession as central
- Supervision a major component of the registration process
- Suggest risk severity level 4

- Misuse of titles and credentials has led to several refusals by Registration Committee, and medium-risk outcomes by ICRC
- Several individual stakeholder emails express concern with RPs advertising or treating clients outside their scope of competence
- Suggested risk severity level 3

- Many complaints to CRPO about an RP's role in custody proceedings result in no or low-risk action being taken
- Domestic violence risk assessment and safety planning has a high risk severity given the possible consequences of failing to take appropriate steps
- Suggest risk severity level 3

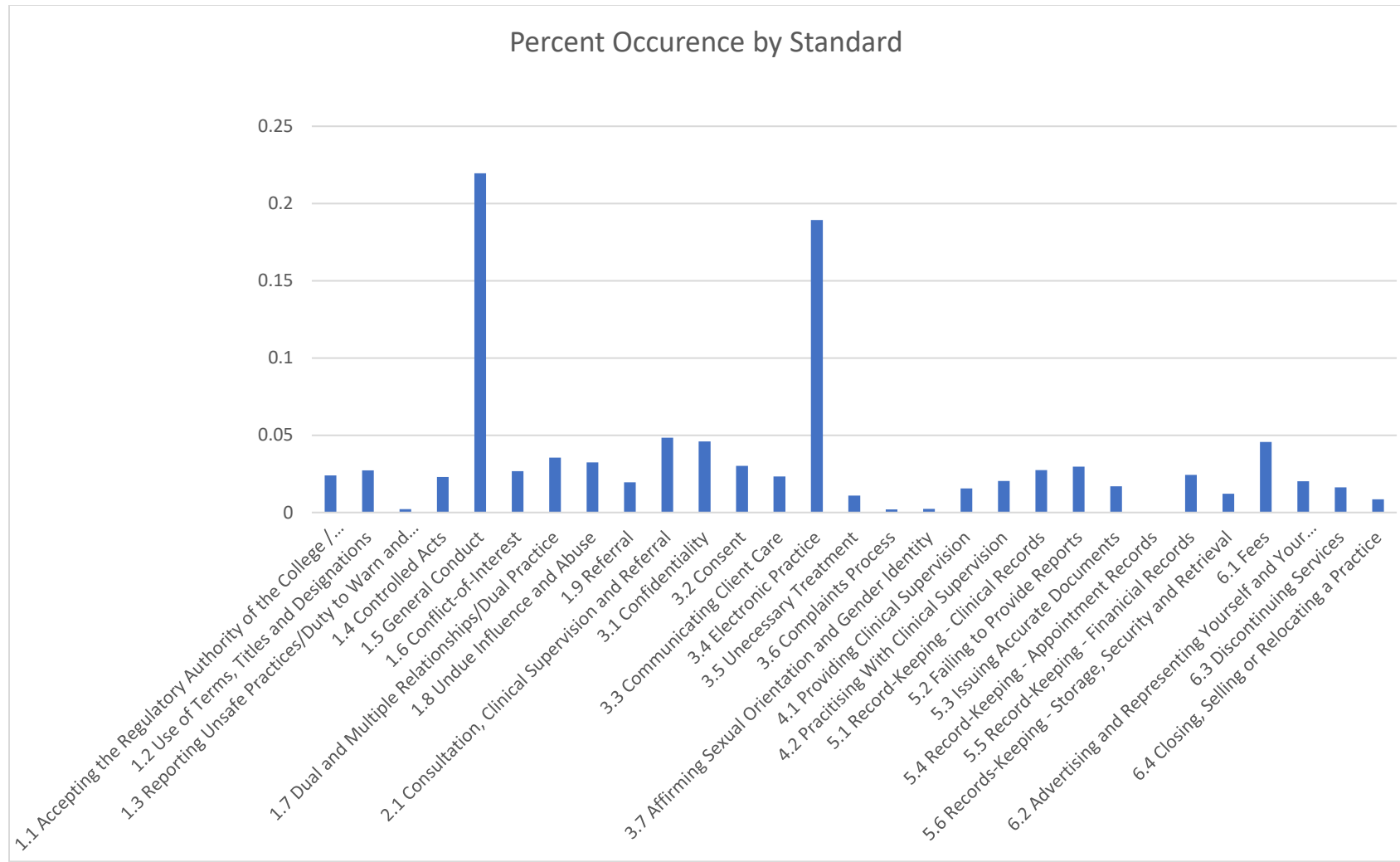
- Record-keeping is sometimes noted by the ICRC panel as a concern, but not the main issue complained about
- Suggested risk severity level 2

- Business practice concerns are sometimes a concern between RPs (i.e. a matter of employment or competition) and may not involve a client who alleges they have been harmed
- Suggested risk severity level 2

- Unauthorized practice files rarely proceed beyond education and administrative follow-up
- Suggested risk severity level 2

- No reports of harm by registrants, but potential for harm
  - Suggest risk severity level 2
-

Regulatory Risk Register – Standard Frequency



## Risk Register Explanatory Notes

### Risk descriptions

These are short descriptions of each risk heading or category. The risks described are not exhaustive. The register will evolve. It will be reported to Council with prior review by Executive Committee.

### Risk rating

The risk rating is:

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

The risk rating score and colour is based on the multiplication of risk frequency and risk severity.

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

- College committees (e.g., complaints, applications for registration)
- Practice advisory inquiries
- Stakeholder input (e.g., reports of 'horizon' issues or emerging risks)

CRPO will report back to each of the above groups, measuring their perception of risk mitigation and satisfaction with report measures.

Risk severity is determined by reviewing:

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

**Risk Rating Legend**

Severity	Risk Rating Legend			Frequency
High (4-5)	8-10	12-15	16-25	
Medium (3)	3-6	9	12-15	
Low (1-2)	1-2	3-6	8-10	
	Low (1-2)	Medium (3)	High (4-5)	

### Measures in place

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

### Proposed or pending measures

- CRPO will respond to top issues with the ability to be flexible in the face of emerging issues.
- CRPO will involve system partners as appropriate in responding to particular risks.
- CRPO will track long-term changes in risk level year-over-year.



# Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	12
<b>Issue:</b>	Election of Officers
<b>Reference(s):</b>	<a href="#">CRPO Bylaw 5.0 Officers - GENERAL</a> <a href="#">CRPO Bylaw 6.0 Election of Officers</a> <a href="#">CRPO Bylaw 7.0 Duties of Officers</a> <a href="#">Schedule 1 to the By-Laws: Process for Election of Officers</a> <a href="#">Council Competency Matrix</a>
<b>Attachment(s):</b>	<ul style="list-style-type: none"> <li>• Executive at Large role description</li> <li>• Vice President role description</li> <li>• President role description</li> </ul>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Direction <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams, A. Fournier

## 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.

The Executive Committee provides leadership to CRPO's Council and has, through the RHPA, all the powers of Council (except for specific exceptions) between meetings. In order to ensure that the Executive Committee is effectively comprised to carry out the duty of public protection, officers need to be competent and able to commit the required time to the position.

## Background:

The requirements and process for electing officers is dictated in CRPO's by-laws as follows:

- [CRPO Bylaw 5.0 Officers - GENERAL](#)
- [CRPO Bylaw 6.0 Election of Officers](#)
- [CRPO Bylaw 7.0 Duties of Officers](#)
- [Schedule 1 to the By-Laws: Process for Election of Officers](#)

In December 2021, Council approved descriptions (attached) for the member at large, vice president and president roles. These descriptions, which build on the basic requirements set out in the by-laws, were intended to establish clear expectations for anyone running for these positions.

The 2022 election will take place at the June 23, 2022, Council meeting.

In September 2021, Council amended the by-laws so that the Executive Committee members' terms would start at the next regular Council meeting following their election. This means that the current Executive Committee members will continue in their positions between June and

September. Members elected at the June meeting will be invited to attend Executive Committee meetings over the summer in order to support effecting succession and continuity.

**Next Steps:**

Any Council member interested in running for an Executive Committee position is asked to consult [Schedule 1 to the By-Laws: Process for Election of Officers](#).

Candidates must provide written intent to run by June 9, 2022, at 5:00 p.m. This must be supported by two other Council members and can be sent by email to [a.fournier@crpo.ca](mailto:a.fournier@crpo.ca).

<b>Document type:</b> role description	<b>Approved by:</b> Council
<b>Date approved:</b> December 2, 2021	<b>Next review date:</b> December 2024
<b>Amendment dates:</b>	

## Executive Committee Member-at-large Role Description

### Context

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

The following role description is intended to:

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

### Overview

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

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

### Specific Responsibilities

- Participates in the review of the Committee composition and, informed by the [Council and committee competency and composition matrixes](#), makes recommendations to Council for committee appointments
- Participates in negotiating the employment contract with the Registrar
- Participates in the development of any tools used for performance appraisal of Registrar based on current HR practice
- Makes recommendations to Council on the renewal of the Registrar's contract
- Authorizes unbudgeted expenses

- Assumes responsibility for oversight of the annual audit

### **Term of Office**

As per the by-laws:

#### 5.02 – Term of Office

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

#### 5.03 – Maximum Term

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

### **Time Commitment**

[CRPO Council: Time Commitment Guideline](#)

### **Role Outcomes**

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

<b>Document type:</b> role description	<b>Approved by:</b> Council
<b>Date approved:</b> December 2, 2021	<b>Next review date:</b> December 2024
<b>Amendment dates:</b>	

## President Role Description

### Context

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

The following role description is intended to:

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

### Overview

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

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

- if present, and subject to article 11.06, preside as Chair at all meetings of the Council;
- serve as Chair of the Executive Committee;
- perform those duties assigned to the President in the by-laws, including those set out in [article 18](#) related to Communications; and
- perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

### Specific Responsibilities

1. The President is accountable to the Council.
2. The responsibility of the President is that Council planning, oversight and evaluation are consistent with its governance role and Council-Registrar Relationship policy and those legitimately imposed upon it from outside the organization.
  - (a) Meeting discussion content will only be those issues which, according to Council policy, clearly belong to the Council to decide, not the Registrar.
  - (b) Deliberation will be fair, open and thorough, but also efficient, timely, orderly, and kept on topic.
  - (c) Promotes the establishment and evaluation of the CRPO's strategic goals

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

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

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

### **Term of Office**

As per the by-laws:

#### [5.02 – Term of Office](#)

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

#### [5.03 – Maximum Term](#)

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

### **Time Commitment**

#### [CRPO Council: Time Commitment Guideline](#)

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

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

### **Role Outcomes**

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

<b>Document type:</b> role description	<b>Approved by:</b> Council
<b>Date approved:</b> December 2, 2021	<b>Next review date:</b> December 2024
<b>Amendment dates:</b>	

## Vice-President Role Description

### Context

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

The following role description is intended to:

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

### Overview

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

### Specific Responsibilities

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

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

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



## Term of Office

As per the by-laws:

### [5.02 – Term of Office](#)

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

### [5.03 – Maximum Term](#)

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

## Time Commitment

### [CRPO Council: Time Commitment Guideline](#)

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

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

## Role Outcomes

- The President is supported in their role and responsibilities.
- Council meeting discussions are supported (e.g., through speaker's list, support in breakout discussion).
- Council, committee chair and committee member evaluations are reviewed and addressed in a professional and timely manner.
- Approvals (e.g., banking, signature) requiring an officer's authorization, approval or signature are completed in a timely manner.
- Risk as it relates to the Executive committee's mandate is managed, and Council is alerted to pertinent issues in a timely manner.
- Policy development, policy implementation, and communications initiated or led by the committee are informed by and respectful of diversity, including culture and gender identity.

## Briefing Note for Council

<b>Meeting Date:</b>	May 26, 2022
<b>Agenda Item #</b>	13
<b>Issue:</b>	Strategic Planning
<b>Reference(s):</b>	A. <a href="#">CRPO Strategic Plan 2020-2023</a> B. <a href="#">September 12, 2019 BN for Council: Strategic Planning</a>
<b>Attachment(s):</b>	-
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Direction <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

A formal strategic plan enables the College to communicate priorities, articulate goals and track progress toward achieving them. Ensuring that Council, committee members and staff understand the College's strategy and their role within that strategy supports efforts to work in the public interest.

### Background:

CRPO undertook its first formal strategic planning session in September 2019, resulting in a plan – [Fostering Excellence, Trustworthiness and Accessibility](#) - for the period of fiscal 2020 through to 2023 (i.e., April 1, 2020 through to March 31, 2023).

The following priorities were agreed to by Council as part of the plan:

- A. Build CRPO's presence as a trusted authority for psychotherapy
- B. Further develop communications to support clear, transparent and dynamic interaction with stakeholders
- C. Strengthen operational and governance infrastructure
- D. Collaborate with other system partners to contribute to better access to mental health services

Since the plan was developed, government implemented the College Performance Measurement Framework (CPMF). This accountability framework stipulates that regulatory colleges must include a number of elements in their formal strategic plan. These include:

- integration of an approach to identifying, assessing and managing risk
- reflection of appropriately resourced Diversity, Equity and Inclusion activities
- connection between strategic activities and resources allocated in the budget to achieve them

Committee and Council work plans were developed to direct efforts towards addressing the priority areas and have been used to some effect to monitor progress. The plans have been reviewed by each committee as part of the governance renewal process but will need to be updated to reflect both the requirements of the CPMF (see below) and any refinements Council wishes to make as part of the next strategic cycle.

Much of the needed focus for the work of Council and committees is already known to Council and staff. This includes:

- completing development of Council Evaluation Framework
- continuing comprehensive, risk-based standards review
- developing and beginning to act on a Diversity, Equity and Inclusion strategy
- implementing a Regulatory Risk Register and using it to report to Council
- continuing work on Registrant Management System implementation
- undertaking a trauma-informed review of core regulatory processes
- completing the Quality Assurance Program enhancement project

At its May meeting, the Executive Committee considered how best to approach strategic planning for the period beginning with the start of fiscal 2023-2024 (i.e., April 1, 2023). The Committee determined that consideration should be given to the priorities already established by the CPMF, the workload of Council and committees and the possibility that the planning session may not be in person or that it may be a hybrid of in person for those who are willing and able to travel to Toronto and remote attendance for those who are not.

### **Next Steps:**

At the meeting, staff will present a more specific review (as outlined above) of progress and goals as well as work resulting from externally imposed requirements.

Executive Committee is consulting with Council to assist in determining the required scope of the exercise and to clarify expectations regarding planning within the narrow mandate provided to colleges through the RHPA.

## Briefing Note for Council: Strategic Planning

<b>Meeting Date:</b>	September 12, 2019
<b>Issue:</b>	Preparation for Strategic planning
<b>Attachment(s):</b>	<ol style="list-style-type: none"> <li>1. Situational Analysis on the State of Governance – D. Pink</li> <li>2. Governance Review Guiding Document</li> <li>3. PSA Standards of Governance</li> <li>4. Governance Review Briefing Note (March 1, 2019)</li> <li>5. Reference List</li> </ol>
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams

### Introduction:

In preparation for the strategic planning session, you are being asked to:

- I. Read [Background Materials](#) to provide context that should inform your participation in decision-making and priority setting
- II. Undertake a [Reflective Exercise](#) to help frame your thinking for the day
- III. Read introductory information on [Regulatory Objectives](#) in order to allow you to contribute to small group discussion on the development of a set of objectives for CRPO
- IV. Review the comments and themes obtained from [Registrant Surveys](#) in advance of the October 2018 town hall meetings
- V. Consider how to best assess the work that Council and staff will need to do related to [Governance](#) as well as in any other priority areas identified at the planning session

## I. Background Materials:

You are asked to be diligent in reviewing **the first two items in the list below**, the Situation Analysis and Guiding Document. The other materials are being provided as they may be helpful to you in being fully prepared to participate in the planning day; notes as to their source and relevance are included in the brief descriptions below.

1. The [Situation Analysis](#) prepared by Darrel Pink as part of the governance review that the Executive Committee initiated with Council's approval in March 2019.
2. A [Guiding Document](#) that summarizes (in chart form):
  - a. D. Pink's observations about CRPO's position relative to each of the identified governance standards
  - b. the current status of work that has been done to meet the standards
  - c. proposed work that CRPO staff and Council might opt to undertake to build on our governance approach and processes.This document is a working document (i.e., one that is very much a draft of in-progress efforts) and is the result of review and research that staff and the Executive Committee have done since receiving the report to reflect on the observations and best-practices, to assess CRPO's current approach and practices, and to identify possible responses and next steps both at the staff level and for Council. All the proposed initiatives for Council will be subject to Council review and approval as part of a more comprehensive work plan to be developed following the strategic planning session.
3. A reference document outlining the [Professional Standards Authority's Governance Standards](#), which were used as the basis for the review.

*Please note that these are referenced in both the situation analysis and the guiding document and so are included in the package only for ease of reference.*

4. A copy of the [March 1, 2019 Council briefing note](#), which provided the rationale for the governance review as well as links to resources that provide more in-depth information related to governance reform.

*This is being included for the benefit of new Council members and to allow members who were at the meeting to access the information easily should they wish to re-read anything that they read in preparation for the March meeting.*

5. A [reference list of additional background materials](#) (e.g., recent governance and regulatory performance reviews) that may be of interest in understanding the current regulatory landscape.

*Please note that these are offered only as additional and are optional reading.*

6. A [summary of the themes and a full list of comments](#) received from registrants who were surveyed in advance of the four town halls held in October 2018.

*This list is included to assist Council members in considering the prevailing concerns of registrants in relation to their own practices and their sense/understanding of CRPO's work.*

## **II. Reflective Exercise:**

In addition to reviewing the background materials listed above, you are being asked to engage in a reflective exercise before the meeting. The aim of this exercise is to allow you to consider your understanding of the broader regulatory landscape and the province's health and social services systems, your experience on Council and - if you are a professional member - in practice.

The questions below were developed with input from the facilitator for the planning day. Your contemplation of how you would answer these questions will assist in making the day productive.

1. *What is the most important role psychotherapists play in Ontario? What is most important about having a strong, sustainable, trusted body of psychotherapists in the province?*
2. *CRPO is accountable to ensure that the rules and support around providing psychotherapy in Ontario are oriented toward safe, effective and trusted practice and care. Given this, what would you most like to be able to say about psychotherapy and CRPO's contribution to the profession five years from now? What specific challenges and opportunities are most important for CRPO to focus on?*
3. *How can good governance play a role in responding to these challenges and opportunities?*
4. *What should the public know about psychotherapy?*
5. *What do registrants most need from the College to support their practice? Where are we strongest? And where do we need to improve?*

### III. Regulatory Objectives:

Stated in the simplest terms, the goal of health regulation in Ontario is public protection. Regulatory objectives are the specific and measurable efforts needed to attain that goal.

Establishing and communicating regulatory objectives allows a regulator to tell registrants and the public both what they do and how they do it. Stated objectives support accountability within a right-touch approach: if an initiative cannot be measured against the one of the objectives, it likely should not be undertaken.

#### Key considerations:

Governance has been defined to refer to structures and processes that are designed to ensure accountability, transparency, responsiveness, rule of law, stability, equity and inclusiveness, empowerment, and broad-based participation<sup>1</sup>.

An opportunity exists for CRPO to establish objectives that will describe how decision-making is undertaken in order to achieve public protection. Articulating these objectives is foundational to the governance reform work that is underway at CRPO. While a number of health profession regulators in Ontario and other jurisdictions are undertaking similar governance reform, they have not yet published regulatory objectives. Council is being asked to take a lead and to consider the development of regulatory objectives as a capstone exercise at the strategic planning session.

In preparation for this, members are being asked to consider **why** Council does the work it does, **what** that work is, and **how** the work gets done.

#### The 'why'

The 'why' of public protection, as served by excellence in regulation, responsiveness to change in the system, and support for continued competency of registrants makes up the core of CRPO's work. It is well-captured by CRPO's mission, vision and values.

##### *Mission*

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

##### *Vision*

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

##### *Values*

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

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<sup>1</sup> <http://www.ibe.unesco.org/en/gegaf/technical-notes/concept-governance>

## The 'what'

The overall mandate of the health regulatory colleges in Ontario (the 'what we do') is prescribed in the statute the *Regulated Health Professions Act* (RHPA) as the "duty to serve and protect the public interest." The RHPA lays out in section 3(1) eleven specific statutory 'objects' that each college is obligated to in carrying out this duty.

They are as follows:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code 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 Code and the Regulated Health Professions Act, 1991.
7. To administer the health profession Act, this Code 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. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Taken together, it might be helpful to summarize these statutory obligations into 5 more broad objectives:

1. *Comply with / administer the RHPA and code*
2. *Develop, establish & maintain standards of*
  - *qualifications*
  - *practice*
  - *knowledge and skill*
3. *Develop programs to promote*
  - a. *continuing evaluation, competence and improvement*
  - b. *the ability of registrants to respond to changes, advances & other emerging issues*
4. *Develop programs to assist individuals to exercise their rights under the RHPA and the Code*
5. *Collaborate with other Colleges to promote IPC*

In reviewing this briefing note and the following examples of regulatory objectives in advance of the planning session, Council members asked to consider the 11 statutory objects (or more simply the five summarized statutory objectives) provided above as defining the 'lane' in which they must operate as regulators.

#### The 'how'

The 'how' of a regulator's work speaks to the way in which the College fulfils their mandate. CRPO's Council has agreed to adopt a right touch/risk-based approach to regulation. This framework is geared toward ensuring both efficacy and efficiency by ensuring that the level of regulation is proportionate to the level of risk to the public.

In addition to the statutory objects, the Health Professions Procedural Code, which is Schedule 2 to the RHPA, 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. While the Act and the accompanying code lay out very specifically the functions of the colleges, they do not speak to any particular strategy or approach to prioritization. It is the job of Council to determine how best to do this work.

CRPO has work to do to apply right-touch and risk-based regulatory principles to the psychotherapy-specific context. Much of this will be describing (versus discovering) the work of Council and committees to demonstrate how the objects of the RHPA are being met. That said, the process of articulating regulatory objectives through the lens of 'how' Council and committees work provides the opportunity to more clearly and obviously embed the question of public protection into all CRPO's efforts.

## Regulatory Objectives – samples from other jurisdictions and professions

### Nova Scotia Barristers Society

1. Protect those who use legal services
2. Promote the rule of law and the public interest in the justice system
3. Promote access to legal services and the justice system
4. Establish required standards for professional responsibility and competence in the delivery of legal services
5. Promote diversity, inclusion, substantive equality and freedom from discrimination in the delivery of legal services and the justice system
6. Regulate in a manner that is proactive, principled and proportionate

### Bar Standards Board

The Bar Standards Board regulates barristers and specialized legal services businesses in England and Wales.

1. Protecting and promoting the public interest
2. Supporting the constitutional principle of the rule of law
3. Improving access to justice
4. Protecting and promoting the interests of consumers
5. Promoting competition in the provision of services
6. Encouraging an independent, strong, diverse and effective legal profession
7. Public understanding of citizens' legal rights and duties
8. Promoting and maintaining adherence to the professional principles

### Ontario Professional Foresters Association

1. Meet the legislative requirement to govern the practice of forestry and regulate members to ensure that the public interest is served and protected by:
  - a. Effective registration;
  - b. Professional Competency Support Program;
  - c. Review and establish standards and practice guidance;
  - d. Complaints, discipline, unauthorized practice procedures;
  - e. Achieve an efficient and effective Association using modern methods, technologies and tools.
2. Promote forestry's professional profile:
  - a. Advocate excellence in professional practice with members, the general public and key stakeholders;
  - b. Promote excellence through member services and recognition;
  - c. Develop a strong relationship with national forestry regulators and associations;
  - d. Build a communications framework to support OPFA's ability to respond to opportunities and challenges
3. Align OPFA governance structures to support the OPFA Mission.
4. Provide guidance to individuals interested in becoming professional foresters
  - a. Promote career awareness with Ontario schools, universities, colleges and provincial forestry associations;
  - b. Provide entry level guidance and registration support to provisional members pursuing full membership

## Victoria Port Management Authority

- promoting the efficient use of, and investment in, the provision of Prescribed Services for the long-term interests of users and Victorian consumers
- ensuring tariffs for Prescribed Services are fair and reasonable whilst having regard to the level of competition in, and efficiency of the Port of Melbourne
- allowing the Port of Melbourne to recover its efficient costs of providing Prescribed Services
- facilitating and promoting competition between ports, shippers and third-party operators.

### IV. Registrant Surveys

The following is the compilation of registrant responses to a survey that was circulated prior to the town hall meetings in order to shape the agendas for those sessions. All of the responses received are included and, with the exception of the last question about the College's responsiveness, are being presented as themes with the percent of responses related to each theme provided.

#### **WHAT WOULD YOU IDENTIFY AS THE BIGGEST CHALLENGE CURRENTLY FACING THE PROFESSION?**

<b>THEME</b>
<b>% RESPONDERS</b>

<b>3RD PARTY INSURANCE COVERAGE AND HST</b>
<b>33%</b>

- Acceptance by insurance companies
- Acceptance for coverage from insurance companies
- access to third party insurance
- Accessibility, financial constraints on people to attend
- Being recognized by employers and insurance companies.
- being recognized by insurance companies to be able to provide more people with support
- Being recognized by Insurance companies.
- Being recognized for third party coverage for insurance.
- broader recognition and insurance coverage
- insurance and HST issues allowing wider access
- Insurance from third party insurance companies
- is extended health insurance coverage and elimination of the HST.
- Lack of insurance coverage & professional respectability
- ne pas avoir à payer de taxes
- Not being recognized by most third party insurers

- Not having insurance companies and employers recognize RPs and with the College of Psychologists pulling psychologists as supervisors, will have a real access issue for clients not to mention eliminating the ability of RPs to earn a living in private practice. Also need to remove HST from cost of services.
- Obtaining recognition by insurance providers and the general lack of recognition of our level of training and expertise in psychotherapy
- Recognition and acceptance from client's insurance companies
- Recognition by insurance companies
- Recognition by insurers of our legitimacy
- RP service fee is not covered by most insurance company who covered service fee by psychologist and social worker
- RPs being covered by insurance plans
- That we are taxed, not covered by insurance, cannot complete our own OCF 18s
- The lack of recognition by EAP/insurance plans as a legitimate source of psychotherapy for employees
- Third party billing and insurance
- to be accepted by the insurance companies and the public

#### **PROFESSIONAL AND TITLE RECOGNITION**

**28%**

- being recognized and validated as legitimate
- Being recognized by government entities such as WSIB and hospitals, and insurance companies
- helping public understand how we can help
- is helping others understand what psychotherapy is and who they should be looking for when seeking treatment
- Is the issue of recognition by the public and the Insurance providers
- Is the lack of recognition by insurance providers, the lack of standards that agencies are upheld to and how the CPRO standards put RP's at risk
- It is such a broad and misunderstood area of Mental health Practice. there needs to be more public awareness about the role of a Registered Psychotherapist that can increase our credibility.
- lack of inclusion of additional qualified mental health professionals due to title protection, as well as arbitrary and inaccurate differences in role description
- lack of knowledge about what we do, compared to social workers and psychologists
- lack of recognition
- public recognition
- recognition
- Recognition by other professions eg MD, PhD
- Recognition in health care
- Recognition of our title with third party providers, other health professionals, and the public
- Recognition of the role of the RP and how it fits in with other mental healthcare providers.
- Recognition of the title with insurance companies
- RP title recognition

- to be known to the public and insurance companies
- Two things come to mind: 1) I accept that the fact that members of other Colleges should be able to provide psychotherapy under the auspices of their respective Colleges. I do, however, believe that is going to become increasingly problematic for non-registered psychotherapists to refer to themselves as psychotherapists. It seems to me that all Colleges should have their respective restricted titles, usually a single title, even though their Members, along with Members of other colleges, may be allowed to perform the same controlled practice. The professional gaps between Registered Psychotherapists and those performing psychotherapy in other Colleges will only continue to grow. Standards that exist as professional requirements in the College of Psychotherapy only exist as guidelines in other Colleges. When the public encounters the same professional title being used in two different ways, registered and non-registered, based on two different standards of professional qualification, on-going training and accountability, how are they to make sense of it? 2) How can we reconcile ourselves and the public to a broadened understanding of psychotherapy that has as its objective the resolution of psychological tension, the origin of which may be a psychopathology or inability to navigate constructively a life challenge?
- Underemployment in general and overvaluing CBT as a therapeutic approach over other therapeutic approaches.
- understanding and appreciation of how RPs can be of service
- Understanding and enforcement of the Controlled Act, recognition of RPs

#### **INCLUSION OF RP SERVICES IN OHIP COVERAGE 10%**

- Appropriate recognition within Ontario's health funding so struggling individuals can access service before they need the emergency room!!! Currently the capacity of the members of this profession are underutilized to a degree that is detrimental to our communities.
- integration into the larger health care system
- Involvement in mental health system planning and funded service delivery
- Lack of acceptance by the government on the importance of helping private practitioners
- Recognition by hospitals and universities
- The budget issues limit the numbers in health care.
- Value in the context of overall health care delivery system in Ontario
- wait lists that are too long and not having enough support from other bodies.
- To 'serve' individuals and societies, Culture (in all its complexity) is critical to address. As John Muir put it, "When we try to pick out anything by itself, we find it hitched to everything else in the universe." Psychotherapy should be a lead element in developing a wholistic view: how to 'heal', to balance our 'Culture', societies and thus selves – rather than to tacitly accept the range of Polarizations we've had running our collective lives.

#### **WORKING UNDER REGULATION 6%**

- Gaining a better understanding of the standards and the controlled act documents
- Having to have supervision, education requirements, recognition as professional
- Maintain the professionalism of the profession without over-regulation which could homogenize and restrict the diversity of modalities / psychotherapeutic approaches.

- The agencies that RP's work in not operating with the same standards as CRPO. When RP's are required to report to the CRPO and then the agency fires/pushes out/retaliates against the RP for doing so.
- The required hours for accreditation.
- Fees
- CRPO not recognizing single session or telephone work

#### **EDUCATION REQUIREMENTS / DIFFERENCES ACROSS DISCIPLINES**

**6%**

- accepting practitioners without masters degree
- how to ensure adequate training to do the work
- that persons with 2 year's of college get registration through College of Social Workers then do treatment
- the gap between standards of practice for members of the CRPO and members of the OCSWSSW. It seems that CRPO members are being held to a higher standard in many areas. Given that we work along side SW it is difficult to navigate these differences particularly when it comes to reportable actions.

#### **SUSTAINABILITY**

**4%**

- being able to earn a living once psychologists are no longer allowed to supervise psychotherapists
- Building a practice which is sustainable
- Financial availability
- payment (i.e., ability to make a living from this)

#### **CLIENT ACUITY AND DIVERSITY**

**2%**

- increasing incidence of MH and addiction issues
- To be mindful of ongoing diversity of clients in our profession

#### **INTERPROFESSIONAL COLLABORATION**

**2%**

- collaboration across colleges and respecting differences
- Find the correct place between a lot of profession that can practice psychotherapy (nurses, social workers...)

#### **PAN CANADIAN REGULATION**

**1%**

- Regulations across the provinces.

#### **OTHER**

**1%**

- To 'serve' individuals and societies, Culture (in all its complexity) is critical to address. As John Muir put it, "When we try to pick out anything by itself, we find it hitched to everything else in the universe." Psychotherapy should be a lead element in developing a wholistic view: how to 'heal', to balance our 'Culture', societies and thus selves – rather than to tacitly accept the range of Polarizations we've had running our collective lives.

## WHAT ARE THE MOST IMPORTANT AREAS FOR CRPO TO FOCUS ON?

### THEME

#### % RESPONDERS

#### PROFESSIONAL AND TITLE RECOGNITION

22%

- (1) Achieving equality with other mental health practitioners where it comes to HST (social workers don't pay it nor do psychologists); (2) advancing the profile of RP's with the public; (3) advancing the profile of RP's with 3rd party payers (insurance companies); (4) promoting the hiring of RP's in sectors that have been monopolized by SW (hospitals, school boards, health care teams, etc.)
- advertising the new college and RP
- advocacy for the profession - and I would personally like to see us have registration certificates that look more professional with a seal and real signatures instead of something that looks like it was earned from a fly-by-night program
- Advocating on behalf of RPs for recognition. IE. commercials such as "Who are RP's"
- as above plus relations with other mental health providers
- Clear communication about psychotherapy as a health care modality
- Differentiate between RP and Social Workers
- Fostering \*coherence\* with fellow colleges, government and public on positive development.
- Get equal recognition for RPs as others members of the controlled acts to make our services more accessible to clients.
- Promote profession
- public awareness of the profession
- Public awareness that RP is an integral part of the health care system
- public info campaign on RPs, services they offer
- Recognition of RPs
- recognition of the RP title

#### 3RD PARTY INSURANCE COVERAGE AND HST

18%

- 3rd party coverage
- Challenges with getting paid through a very few insurance providers
- coverage for psychotherapy by insurance companies; eliminating HST
- Credibility and paying HST
- Crisis potential for clients as CPO policies make RP's non-insurable under psychologists - paucity of mental health care providers in Ontario
- for its members to become recognized by insurance companies so the public has greater access to support
- getting insurance programs to recognize psychotherapists
- Insurance and HST, complaints issues and how RP's who make complaints are retaliated against by agency's when keeping with CPRPO's standards.
- insurance coverage
- Insurance covering services, eliminating HST
- Recognition by insurance companies

- To work on public access to our services through their benefits plans.

#### **WORKING UNDER REGULATION**

**12%**

- Complaints not building regulatory presence
- Cost of registration and renewal. Many psychotherapists are underemployed or work part time. Can a tiered fee system be considered so that part time psychotherapists pay less for registration renewal?
- Defusing the paranoia of the members about regulation and the CRPO. Don't laugh it is very real!
- education on the college, what therapists gains from the college
- helping students become members and supporting them during the beginning of their practice.
- Professional support for Members (current perception is that CRPO is punitive)
- Reach a coherent, clear, written explanation of the otherwise confusing rules and regulations of the controlled act, supervision, and insurers acknowledging RPs.
- Transparency, collaboration with members and keep things uncomplicated

#### **ACCESS TO CARE**

**10%**

- access to services for clients
- Access to services for clients, ensuring that the public can claim for services with their third party insurance
- Continuity of care for clients
- contributing to changing social stigma associated with seeing an RP;
- Education for the general public with regards to Psychotherapy and how they can access the services they are looking for.
- Health care, prison and counselling in community agencies.
- Public access to psychotherapy services

#### **STANDARDS DEVELOPMENT AND ENFORCEMENT**

**10%**

- Accountability for the adherence of the psychotherapy act
- Continued education about professional standards.
- ethics and standards
- improve of the standards for the registration
- Keeping the bar high enough to ensure proper treatment and not confusing respect for cultures with treatment
- Quality Assurance
- quality assurance, providing standards

#### **EDUCATION REQUIREMENTS / DIFFERENCES ACROSS DISCIPLINES**

**7%**



- appreciate and address the service and employment limitations set on otherwise qualified and skilled mental health practitioners who do not meet CRPO standards (and, consequently, community members in need) due to the now pervasive public expectation that ALL mental health service providers be members of the CRPO, regardless of other qualifications, education, employment history, professional memberships, trainings, etc. This severely affects the employment life of, for example, Canadian Certified Counsellors with the CCPA who have been trained to have comparable skills, ethics, and standards of practice to psychotherapists.
- Advocating for the other College's "Psychotherapists" to have training and standards much more resonant with ours
- credentialing
- more members from accredited university with masters degree
- take only professionals with Masters degree from accredited universities

#### **SUPPORT FOR REGISTRANTS**

**7%**

- provide more support for professional Development
- Quality assurance and supporting members
- rester à date avec les nouvelles technologies
- supporting members as well as protecting public
- To be clear on their rules and regulations

#### **PUBLIC PROTECTION**

**6%**

- protection of public
- Public safety
- Public safety, training of RP's
- public welfare,

#### **INTERPROFESSIONAL COLLABORATION**

**3%**

- Collaborating with the College of Psychologists so in a mutually supportive way.
- collaboration across colleges

#### **CLINICAL SUPERVISION**

**3%**

- Ensuring access to psychotherapy by objecting to CPO proclamation that supervisors can supervise RPs for insurance purposes. Also taking into to account the realities of practice to ensure RPs stay in the field. e.g. high standards, currency hours but what if you can't get a job or sustain private practice. Good people will leave the field and that will hurt the public.
- Supervise the well practice of psychotherapy on the field

#### **INCLUSION OF RP SERVICES IN OHIP COVERAGE**

**1%**

- advocating for inclusion in ohip

## WHAT INFORMATION ABOUT RPs IS IT IMPORTANT FOR THE PUBLIC TO HEAR?

### THEME

#### % RESPONDERS

#### EDUCATION & TRAINING REQUIREMENTS

32%

- Education
- Extensive clinical training and competence and regulatory processes which protect the public from psychotherapist misconduct.
- Level of education and experience and availability
- level of training,
- Level of training/expertise in psychotherapy in comparison to other perceived-similar professions (e.g. MSW)
- professional nature of RPs and vigorous screening/training
- qualifications,
- Qualifications, education and extensive training
- Rigorous training required by RPs, RPs are not counsellors but professionals with more specialized training in mental health
- RPs are as qualified to work with them as other mental health professionals
- RPs have specific education in psychotherapy that makes them best suited to providing psychotherapy over other health care professionals whose specialty is NOT psychotherapy
- That we are professionals with the competence to practice in the field of Psychotherapy.
- Training
- training and ethics
- Training and scope of practice
- We are competent professionals with some special skill sets
- We are educated and professional
- We are trained health professionals!
- We are well-trained, qualified, have Master's Degrees and most importantly recognize the title.
- What RP's do, how they are licensed and the overall value of choosing RP's for therapy
- years of experience and practice area

#### PROFESSIONAL AND TITLE RECOGNITION 23%

- (1) That our registration with the CRPO requires a rigorous qualification process that makes us eminently qualified to provide psychotherapy; (2) that our qualifications for registration exceed those of other college qualifications; (3) that we are required to maintain our clinical skills through on-going clinical practice; (4) that we are required to expand our knowledge and level of expertise through on-going training and education; (5) that RP's are trained in a wide range of modalities of psychotherapy
- Difference between RPs and psychologists etc.
- Differences between other RPs and similar practitioners (social workers, psychologists, etc.)
- diffs between RPs and RSWs re: training & focus of practice

- Effectiveness of psychotherapy for wide range of mental health issues needs to disseminated to public
- His role and duty
- How we can help in comparison to other mental health professionals.
- level of care that RPs are able to provide
- more marketing should be done
- not all psychotherapists use the same techniques and it is important to ask.
- Our qualifications, ability to provide psychotherapy, difference between Psychotherapists and Psychologists
- our role within the plethora of mental health professionals
- our value, competence and recognition
- Who we are and what we offer.

#### **ACCESS TO CARE 22%**

- \*Availability\* – that is: through \*flexibility\* of style and outlook; \*financially\* through insurance or government etc.
- Education and reducing stigma: Psychotherapy is a health care service, essential to maintaining mental health just as visiting the Doctor is essential to physical health. While other professionals may include psychotherapy as part of their practice (psychologists, SW's, OT's, MD's) RP's are specifically trained in psychotherapy.
- Public need to know this is a potential which will significantly impact Ontarians - there are already long waits
- we are not covered by OHIP at this time
- Regulated practitioners are available to the public from a broad range of evidence-supported mental healthcare modalities
- Regulated professionals providing viable, cost effective option for mental health needs
- Regulated, effective and safe
- specifically, how RPs can be helpful to broad spectrum of people
- That we are highly qualified professionals who are meet the mental health needs of Ontarians
- That we are there, how to find us and incentives from the government to make use of us.
- The broad range of training and practices even though the core foundation of standards is the same for all RPs.
- The growing diversity of client population
- The role of an RP, where RPs fit in the healthcare system, which entities provide healthcare fee coverage for the services of RPs.
- value of RPs as members of mental care providers in the increasingly demanding health care field

#### **WORKING UNDER REGULATION 9%**

- Accreditation standards.
- registration and expiry dates
- Rps are registered and monitored for on going ethics and education.

- That the profession is regulated and how it serves the delivery of mental health in Ontario.
- That we have a college. That we provide a service equal to others who work in the mental health field.
- trying to protect the public
- We are a regulated profession

#### **INTERPROFESSIONAL CARE ISSUES 6%**

- again collaboration among colleges to clarify roles and responsibilities
- RPs are better prepared than Social Workers
- that we are specialized in offering therapy, just as much, if not more than social workers and psychologists
- who can provide psychotherapy- RP, SW, etc.

#### **CONTROLLED ACT 3%**

that registered psychotherapists are competent professionals who can deal with a wide range of issues

That RP's fall under the controlled act

#### **3RD PART INSURANCE COVERAGE 3%**

3rd party insurers can provide RP services if you ask,  
reconnaissance par compagnies d'assurances

#### **COMMENTS ON THE RESPONSIVENESS OF CRPO TO PROFESSIONAL ISSUES**

- Consider tutorials related to professional issues.
- Clearly we are at the very beginning stages
- CRPO needs a rigorous, timely, and fair approach to professional issues, including disciplining errant members
- Excellent job thus far in responsiveness. Further clarity is required.
- Excellent, in my experience thus far.
- Follow up
- Good
- helping new members become a member
- I personally find you very responsive due to attending as an observer almost as long as you have been meeting.
- Individually I would say that they are very responsive however with multiple players it becomes less of a quick response.
- so far good but planning the transition from establishing practices to maintaining and improving the profession
- That it is done in a timely manner (within a week)
- The College is fairly new and it is my believe that it is doing the best to support RPs
- The college takes prompt action if there are any breaches in code of conduct or ethics for our College.
- the dance goes on!
- Timely and fair
- very important

- The scope of psychotherapeutic treatment modalities within the College of Psychotherapy will create communication and oversight challenges not found in the other Colleges. Even with something as basic as the Quality Assurance Program Questionnaire to the extent its questions reflect a modality bias, communication and learning will be equivalently restricted.
- my colleagues and I often express that we feel the whole supervision issue has been an unforeseen fallout of something we had thought was going to be really great -- having our own College. Faced now with the idea of not being able to earn a living since most insurance companies still don't reimburse for our services has been sobering to say the least. The semantics of what psychologists are allowed to supervise, etc., has meant wasting valuable supervision time rather than focusing on clients' best interests.
- To listen to members and be as balanced and reflective as possible to client member issues
- Not great - I have tried to contact about issues and never heard back.
- Should be able to connect with someone on the phone, not just through messages on the website
- sub standard, and delay in response
- to respond within a reasonable amount of time
- I have found access to information confusing at times and I have depended upon peer support to help gain some insight at times. Accommodations for Registered Psychotherapist with Learning disabilities should be taken into consideration when sending our information.
- CRPO should defend its members not the public
- Who does the CRPO represent: therapists or the public?
- Generally quick, hope that CRPO is becoming more involved with access to services issues since many 3rd party insurers don't cover RP's services, which will cause a real issue about people continuing their therapy or being able to find someone covered by their insurance provider
- Fund to support professional development
- I have not had enough experience with this to make an educated response; however, it is my impression that the CRPO's focus is the protection of the public and that 'professional issues' take a back seat.
- I think the issue mentioned above needs PR & lobbying - there is nothing in the media & I'm concerned CPRO hasn't moved quickly enough
- Insurance covering services, eliminating HST
- would be helpful for college to advise, urge insurance companies of our role
- need to be more involved
- In my experience has been good, although limited to the Standards. Broader issues that involve agencies, hospitals, legal matters are not within the scope but would be useful to address as these areas may advance or hinder the profession.
- There should be a tiered system for the cost of registration to accommodate low income, underemployed and part time RPs.
- surtout en français
- CRPO has set up a very antagonistic relationship with the members, need for fence building and a collaborative relationship
- I don't think CRPO is responsive to professional issues
- Need to be more big picture focused not process, and please do not add layers of cost and complexity now to professionals who are reeling from changes. RPs have invested a lot of time and money and regulation has made this worse not better.
- new info not reiteration of standards when questions asked
- more clarification in some areas

- Low
- My personal experience has been mixed.
- - too broad for anything I can presently articulate...
- clearly we are at the very beginning stages
- Consider tutorials related to professional issues.
- CRPO needs a rigorous, timely, and fair approach to professional issues, including disciplining errant members
- Excellent job thus far in responsiveness. Further clarity is required.
- Excellent, in my experience thus far.
- Follow up
- helping new members become a member
- I personally find you very responsive due to attending as an observer almost as long as you have been meeting.
- Individually I would say that they are very responsive however with multiple players it becomes less of a quick response.
- so far good but planning the transition from establishing practices to maintaining and improving the profession
- That it is done in a timely manner (within a week)
- The College is fairly new and it is my believe that it is doing the best to support RPs
- The college takes prompt action if there are any breaches in code of conduct or ethics for our College.
- the dance goes on!

#### **V. Governance:**

You are being asked to review a considerable amount of information in preparation for the strategic planning session. You will likely see that much of it focuses on governance reform. This is both because it will likely take up a significant amount of staff time and comprise an important piece of the work that Council will do over the coming year and because there is much to be learned about best practices and approaches to regulatory governance as a way of supporting the development of a relevant and effective strategic plan.

Considered in conjunction with your understanding of the CRPO's work - which we hope will be crystallized through the self-reflection exercise – the themes identified by registrants through the town halls, and the opportunities for enhanced practices identified by our governance situation analysis, the lens of good regulatory governance should inform the setting of priorities through the development of the strategic plan.

#### Testing initiatives against objectives

As a practical tool, using a series of questions<sup>2</sup> – in conjunction with regulatory objectives - is one way of determining to what degree any initiative measures up against the public interest mandate. These questions are offered both as part of the background to how regulatory objectives might be applied and as a broad basis for evaluating any priorities Council might consider establishing as part of the strategic plan. You are invited to consider these in advance

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<sup>2</sup> The questions provided here were compiled by CRPO's external legal counsel at Steinecke, Maciura, Leblanc.

of the planning day and to be prepared to refer to them as a way of determining what is adopted as a priority.

**Does it relate to the College's statutory objects?**

Or

**Does it further one of the regulatory objectives?**

And

- I. Is it being done transparently?
- II. Who is the primary beneficiary of the initiative?
- III. Would this better fit into another's mandate (for example, a professional association)?
- IV. Who would be unhappy with the initiative? Why?
- V. How would it look on the front page of the Toronto Star?
- VI. How would our accountability bodies (for example, the Fairness Commissioner) respond?

## Registrar's Report to Council

May 26, 2022

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*Respectfully submitted by Deborah Adams*

### **Public Interest Rationale**

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

### **Pandemic and Emergency Preparedness**

No firm date has been set for return to in person meetings. This will be reviewed again, with a view to determining if the September Council meeting could be done in-person or as a hybrid.

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**

Council elections were not held as there were three candidates for the three available positions. Kali Hewitt-Blackie and Avni Jain were acclaimed to seats in District 7 (Central) and Michael Machan in District 8 (Ontario). All three acclamations were acclaimed to serve three-year terms.

### **Staffing Update**

One new registration assistant has been hired since the last Council meeting.

Staff have begun hiring process for a Quality Assurance Manager with a goal of having someone in the position in September.

### **Regulatory Developments**

On April 14, Bill 106 Pandemic and Emergency Preparedness Act, 2022 received Royal Assent (see Appendix April 22 letter from ADM Sean Court). Schedule 6 of the Bill amends the Regulated Health Professions Act, 1991 to reduce barriers for individuals seeking to be registered with the health regulatory Colleges.

These amendments include:

- prohibiting health regulatory Colleges from requiring applicants have Canadian experience unless an exception is provided in the regulations;
- requiring timely registration decisions;
- streamlining requirements for demonstrating language proficiency;
- requiring health regulatory Colleges to have emergency classes of registration to enable expedited registration where necessary
- providing regulation making power to operationalize these changes

ADM Court has noted that the Ministry will now begin to work with stakeholders to bring forward the necessary regulations to set out the details of these new requirements and to bring health regulatory Colleges into compliance with the legislation. As part of that, they are seeking preliminary feedback on regulations that would operationalize the amendments.



Staff will be making a submission in response to this and will report back to Council at a future meeting.

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

		<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>
<b>Q1</b>	Apr-Jun	325	669	614	354*
<b>Q2</b>	Jul-Sep	352	505	505	
<b>Q3</b>	Oct-Dec	432	612	576	
<b>Q4</b>	Jan-Mar	541	626	765	

\*as of May 11

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
- Electronic Practice
- Record-keeping (financial and clinical records)
- Controlled Acts
- Supervision
- Consent
- Covid-19
  - Mandatory Mask Requirements

### ***Registration***

	<b>February</b>	<b>March</b>	<b>April</b>
<b>Applications started</b>	229	<b>245</b>	214
<b>Total applications submitted</b>	221	<b>232</b>	170
<b>Applications from recognized programs submitted</b>	202	<b>205</b>	154
<b>Applications from non-recognized programs submitted</b>	19	<b>25</b>	16
<b>Labour mobility applications</b>	0	<b>2</b>	0

Total registrants as of March 14, 2022:

- RP 7,149
- Qualifying 2,516
- Inactive 117

At the end of renewal, 138 (1.5%) registrants failed to meet the conditions for registration renewal on time. A total of 55 registrants (0.60%) were suspended for non-compliance with conditions for registration renewal.

### ***Compliance Monitoring***

Files currently being monitored are as follows:

<b>Registration Committee:</b>	
Clinical supervision/monitoring	28
Personal/Group Therapy/Drug Screening	1
Restrictions on practice / Degree Monitoring	5
Currency upgrading	9
Education	5
Practice Assessment	3
Not Completed: result of resignation/revocation	1
On Hold: other reasons (e.g., Inactive, on leave or Interim Order suspension)	3
Terms, Conditions and Limitations	31
Undertaking	1
Learning Plan (Educational Upgrade)	2
<b>ICRC:</b>	
Clinical supervision/monitoring:	11
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	12
Practice Restrictions	5
Reflective Paper	9
Review Standards	0
Practice Assessment	0
In-Person Caution	4
Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place	4
On Hold: currently under appeal at HPARB	8
Not Completed: result of resignation/revocation	17
On Hold: other reasons (e.g., on leave or Interim Order)	0
In Breach	1
Undertaking	5
In-Person Caution (only)	0
Remedial agreement	6
SCERP	16
Written advice	1
Terms, Conditions and Limitations	0
Interim Order	5
Interim Suspension	1
<b>QA:</b>	
Clinical supervision/monitoring	0
Reflective Paper/Report	0

Review Standards	0
Submit revised advertising material	0
<b>Discipline:</b>	
Education	3
Clinical Supervision	0
Costs	3
Suspension	0
<b>Fitness to Practise:</b>	
Monitoring (not practising)	0

## **STAKEHOLDER ENGAGEMENT**

### ***Stakeholder Meetings***

- *April 5, 2022:* regular check in meeting with the Ontario Association of Mental Health Professionals President, President-elect and Executive Director.
- *April 20, 2022:* I chaired a half day Pan Canadian Psychotherapy Regulators meeting attended by all ten provinces. Updates were provided by each regulator or association representative and areas for collaboration discussed. A number of initiatives are being considered for shared efforts. Council will be updated as work progresses.
- *May 9, 2022:* Education Program Meeting. An update meeting was held, with all education and training program representatives invited. Staff and Andrew Benedetto provided updates and answered questions for the 18 programs that attended. The meeting was recorded and will be posted to the internet for other program representatives to watch at their convenience.

### **Health Profession Regulators of Ontario (HPRO)**

- I continue to be part of the Anti-BIPOC Racism Working group. Efforts have been focused on developing a shared approach to the Equity Impact Assessment Tool required by the CPMF.

### ***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.
- *April 7, 2022:* One registration management team member attended Conversion 'Therapy' Survivors Have Spoken: Findings from CBRC's SOGIECE/CT Survivor Support Project.
- *April 8:* One member of senior management team attended an SML webinar: Adverse Impact Discrimination.
- *April 29, 2022:* I attended the University of Toronto Future of Psychotherapy Conference.

- *May 9, 2022:* One conduct manager and two staff attended Providing an Inclusive Process: Diversity and Equity in Investigation Processes through Benard and Associates.
- *May 10, 2022:* One governance team staff member attended a CCDI Webinar: Keeping the conversation going: Anti-Asian racism in Canada.
- *May 11, 2022:* One conduct staff attended Mastering Evidence Collection through Benard and Associates.
- *March 2, 2022:* One registration management team member attended Guidelines for reviewing policies and Inclusion through CNAR.

April 22, 2022

Beth Ann Kenny

c/o Health Professional Regulators of Ontario

Dear Beth Ann Kenny,

I would like to inform you of recent developments regarding health professional regulation in Ontario.

On April 14, Bill 106 *Pandemic and Emergency Preparedness Act, 2022* received Royal Assent. Schedule 6 of the Bill amends the *Regulated Health Professions Act, 1991* to reduce barriers for individuals seeking to be registered with the health regulatory Colleges. As previously communicated the amendments include:

- Prohibiting health regulatory Colleges from requiring applicants to have Canadian experience unless an exception is provided in the regulations;
- Requiring timely registration decisions;
- Streamlining requirements for demonstrating language proficiency;
- Requiring health regulatory Colleges to have emergency classes of registration to enable expedited registration where necessary; and
- Providing regulation making power to operationalize these changes.

Links to the news release/backgrounder and Bill can be found here:

<https://news.ontario.ca/en/release/1002023/ontario-passes-landmark-legislation-to-keep-ontario-open>

[Bill 106, Pandemic and Emergency Preparedness Act, 2022 - Legislative Assembly of Ontario \(ola.org\)](https://www.ola.org/bills/106/Pandemic-and-Emergency-Preparedness-Act-2022)

With the Bill having received Royal Assent, the ministry will now begin to work with stakeholders to bring forward the necessary regulations to set out the details of these new requirements and to bring health regulatory Colleges into compliance with the legislation. To that end, the ministry is seeking preliminary feedback on regulations that would operationalize the amendments through a posting on Ontario's Regulatory Registry. The posting can be found here:

[Regulations under the Regulated Health Professions Act, 1991 \(RHPA\) - Registration Barriers for Regulated Health Professionals \(ontariocanada.com\)](https://www.ontariocanada.com/regulations-under-the-regulated-health-professions-act-1991-rhpa-registration-barriers-for-regulated-health-professionals)

.../2

I look forward to continuing to work with the Health Professional Regulators of Ontario on these changes.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sean Court', with a long horizontal flourish extending to the right.

Sean Court  
Assistant Deputy Minister

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch

# COUNCIL QUESTION PERIOD

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Council meetings involve a considerable amount of information that all members are expected to review in advance of the four to six public meetings held each year. Meeting materials are typically provided two weeks before the meeting, with additional information occasionally added after that time (e.g., presentation materials, updates to time sensitive items).

In the event that questions arise for Council members during the meeting, the *Council Question Period* provides an opportunity to ask at the end of the meeting agenda.

In addition to using the standing *Council Question Period*, Council members are encouraged to review the meeting package and to pose any questions the materials raise prior to the meeting. This will allow the President and staff to make additions or clarifications that could be useful for all Council members and / or to be prepared to answer the question in the meeting so that it becomes a clear part of the public record.

Questions about items that are included in the consent agenda (i.e., items that are non-controversial or routine items that are discussed at every meeting and that are approved with no discussion under one motion) can also be raised prior to the Council meeting. This may result in the President or staff pulling the item from the consent agenda and / or adding more information to the meeting materials.

Any Council Member who would like to submit a question seeking clarification or additional information, or to be discussed at a public Council meeting, is asked to consider the following:

- Questions that are to be asked should pertain to one or more of the following:
  - o mandate of public protection
  - o mission, vision, and values
  - o strategic plan
  - o regulatory objectives
- \*\* See the [Council Role](#) tip sheet for guidance on operational versus governance questions.
- Questions can also be emailed to the President and Registrar prior to the meeting (i.e., any time within the two week window before Council when members are reviewing the package). Remember that if you have a question, other Council members may need the same information.
- Clarifying questions may be answered directly by email (e.g., if the question is simply seeking background information related to an agenda item) addressed by an update to the Council meeting materials in Apris and on the website or answered in the meeting in order to support effective deliberations.
- Council members should consider their fiduciary duties when asking questions and avoid:
  - o invoking personal or individual professional experiences since this has the potential to introduce the perception of bias
  - o referencing matters that have been before Council and that should be held confidential (as dictated by [s 7 \(2\) the RHPA](#))
  - o referencing committee deliberations or decisions (as dictated by [s 36 of the RHPA](#))
  - o speaking specifically about organizations, associations, education programs or other stakeholders since both criticism and praise could be perceived as problematic

# COUNCIL MINUTES

Thursday, March 31, 2022

9:30 a.m. to 3:30 p.m.

ZOOM videoconference

## Council Members:

Heidi Ahonen, RP  
Andrew Benedetto, RP  
  
Steven Boychyn, Public Member  
  
Shelley Briscoe-Dimock, RP (President)  
Sherine Fahmy, Public Member  
  
Kali Hewitt-Blackie, RP  
  
David Keast, Public Member  
  
Kenneth Lomp, RP (Vice-President)  
Michael Machan, RP  
Miranda Monastero, RP  
Henry Pateman, Public Member  
Radhika Sundar, RP (present until 11:15 pm)  
  
Jeffrey Vincent, Public Member

## Staff Members:

Deborah Adams, Registrar & CEO  
Mark Piore, Deputy Registrar & General Counsel  
Alexandra Brennan, Acting Manager, Registration & Program Recognition (AM only)  
Virginia Strobel, Assistant, Registration  
Monica Zeballos-Quiben, Registrant Services Coordinator (Recorder)  
Shanzeh Ameen, Sr Coordinator, Professional Conduct  
Alexandra Brennan, Acting Manager, Registration  
Jo Anne Falkenburger, Director of Operations  
Kristina Reyes, Acting Manager, Registration  
Naela Sayed, Acting Manager, Registration  
Jenna Smith, Manager, Professional Conduct  
Émilie Vanhauwaert, Bilingual Registrant Services Coordinator

## Regrets:

Judy Mord, RP  
Keri Selkirk, Public Member

### 1. Evaluation Framework: Annual Council Effectiveness Survey

Christy Pettit of Pollinate Inc. provided an educational session to Council regarding the use of the Council Effectiveness survey results and ongoing evaluation framework development.

### 1. Welcome and Opening Remarks

S. Briscoe-Dimock, President & Chair, called the meeting to order at 10:37 a.m. and welcomed all present.



2. **Approval of Draft Agenda**

The Chair introduced the draft agenda.

**MOTION C-31MAR2022 – M01**

That the agenda of the March 31, 2022, meeting of Council be approved as presented.

Moved: K. Hewitt-Blackie

Seconded: D. Keast

CARRIED

3. **Conflict of Interest Declarations**

None declared. See appendix for full report.

4. **Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development**

S. Briscoe-Dimock, Chair, introduced the item. The draft report was included in the Council package, and it is being suggested that this format be used to share the summary results of year two survey results. The specific survey results will be revisited and the items that have already been identified as areas of focus for improvement at subsequent meetings addressed through Council education planning.

Council reached consensus that the report be posted as presented.

D. Adams, Registrar, provided a summary of the work that is being proposed to complete the development of the evaluation framework. Council was asked to provide direction to the Executive and staff to continue development of the last phase of the evaluation framework, the individual competency assessment and to consider requirements for the external evaluation in 2023.

Council reached consensus and directed staff on the next steps as presented by the Registrar.

5. **Committee Appointments**

S. Briscoe-Dimock introduced the item and welcomed new public appointee, H. Pateman.

With the resignation of Grishanth Ram (public member) from Council, the Registration Committee has been operating with only one public member. The Executive Committee appointed H. Pateman to the Registration Committee to begin committee-specific orientation. Council was asked to ratify the appointment.

**MOTION C-31MAR2022 – M02**

That Council ratify the Executive Committee's decision to appoint H. Pateman, Public Member, to the Registration Committee for a one-year term.

Moved: K. Hewitt-Blackie  
Seconded: S. Fahmy  
CARRIED

Council was also asked to appoint H. Pateman to the Nominations and Elections Committee and J. Vincent to the Quality Assurance Committee.

**MOTION C-31MAR2022 – M03**

That Council approve the appointment of H. Pateman, Public Member to the Nominations and Elections Committee for a one-year term.

Moved: M. Machan  
Seconded: K. Lomp  
CARRIED

**MOTION C-31MAR2022 – M04**

That Council approve the appointment of J. Vincent, Public Member, to the Quality Assurance Committee for a one-year term.

Moved: S. Boychyn  
Seconded: K. Lomp  
CARRIED

**6. Proposed By-law Revisions: Nominations & Elections**

S. Briscoe-Dimock introduced the proposed by-law amendments and summarized the changes. M. Machan Chair of Nominations and Elections provided a summary of the committee's deliberations. The proposed changes relate to the election process as recommended by the Nominations and Elections Committee. The Ministry of Health's proposed governance reforms include an end to the election model, however, the Nominations and Elections Committee determined that it was worth moving forward with the by-law changes while we wait for the reforms to be considered and adopted. The proposed changes are as follows:

- Shorten the timeline stages between nominations and elections
- Reduce the number of RP signatories a candidate needs to be nominated

Council reached consensus and directed staff to circulate the proposed changes for a 60-day consultation. The feedback received will come back to Council for a decision by motion to amend the by-laws. It is anticipated that the feedback will come back to Council at the September Council meeting.

**7. Jurisprudence Module Update**

M. Piro, Deputy Registrar and General Counsel, provided an update on the planned revisions to CRPO's jurisprudence (JRP) module.

It is in the public interest for the JRP module to be up-to-date and engaging, so applicants and registrants are familiar with relevant laws and expectations. The JRP module is a non-

exemptible registration requirement. Under the Registration Regulation, the Registration Committee is tasked with approving the JRP module.

The Registration Committee approved the update in January 2022. The manual is currently being updated and discussions concerning improving the online platform and user interface are underway.

Staff will provide updates as the work progresses and use input from the Registration Committee to shape the final product. Once developed, the JRP manual and module will be presented to the Committee for approval.

#### **8. Clinical Supervision Review Update | Module Update**

M. Piro provided an update on the clinical supervision policy review. He indicated that various committees are discussing policy options. He noted that options may be ready for Council discussion by September. He presented the results of the clinical supervision stakeholder survey ([available online](#)), noting that overall responses found current policy to be balanced.

#### **9. Quality Assurance Program Enhancement Project Update**

K. Lomp, Quality Assurance Committee chair, provided an update concerning the QA Program Enhancement Project.

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 CRPO 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 (professional development plans, coaching, etc.) to ensure remediation efforts are relevant and effective

#### **10. Registrar's Report**

D. Adams, Registrar, presented her report and Council was welcomed to ask questions and seek clarification regarding the report. She provided a verbal report on the College's 2021 College Performance Measurement Framework (CPMF) submission, noting that CRPO has made significant progress in meeting all of the standards set through the framework. She highlighted a number of initiatives that will be completed or substantively completed in calendar 2022 and that will move CRPO to meeting the standards. These included:

- completing the development of Council Evaluation Framework
- continuing the standards review
- developing and acting on a Diversity, Equity and Inclusion strategy
- implementing a Regulatory Risk Register and use it to report to Council
- continuing the Registrant Management System implementation

- undertaking a trauma-informed review of core regulatory processes
- completing the Quality Assurance Program enhancement project

## 11. Consent Agenda

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

- Draft minutes of January 27, 2021
- Committee Reports

### **MOTION C-31MAR2022 – M05**

That Council approve the consent agenda as presented.

Moved: A. Benedetto  
Seconded: K. Lomp  
CARRIED

## 12. Council Question Period

Discussion and questions raised included:

- Process for Recognizing Programs

## 13. ADJOURNMENT

### **MOTION C-31MAR2022 – M08**

That the meeting be adjourned at 1:56 p.m.

Moved: M. Machan  
Seconded: H. Ahonen  
CARRIED

## 14. Education Session (closed)

Rebecca Durcan, co-managing partner at Steinecke Maciura LeBlanc provided a presentation and facilitated a discussion that allowed Council to consider and consolidate all the trauma informed sessions held on March 30, 2022. Council was asked to begin to consider how we can apply this learning to our use of the various regulatory tools and processes and to expect to address specific areas for change and improvement at future committee plenary meetings.

## 15. ADJOURNMENT: 3:35 pm

Confirm Meeting and Prep Time  
Complete 5-minute evaluation

## 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.

Signatures

 E-Mail |  Summary Report

	Name↓↑	Vote↓↑	Signature↓↑	
	 Ahonen, Heidi		 	
	 Benedetto, Andrew		 	
	 Boychyn, Steven		 	
	 Briscoe-Dimock, Shelley		 	
	 Fahmy, Sherine		 	
	 Hewitt-Blackie, Kali		 	
	 Keast, David		 	
	 Lomp, Kenneth		 	
	 Machan, Michael		 	
	 Monastero, Miranda		 	
	Pateman, Henry		 	
	 Selkirk, Keri		 	
	 Sundar, Radhika		 	
	 Vincent, Jeffrey		 	

Total: 14  0  0  14  0 

## Discipline Committee Report to Council

May 26, 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
- Henry Pateman
- Keri Selkirk
- Radhika Sundar, RP
- Jeff Vincent

**Committee meetings:** n/a

### Referrals, Hearings Pre-hearing Conferences & Motions

#### Referrals:

Since the last Council meeting, we have received no 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, one pre-hearing conference occurred on April 13. Two other matters are scheduled on May 11 and July 6.

#### Training

No committee training occurred since the last Council meeting.

#### 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  
May 26, 2022

**Committee Members**

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

**Committee meetings:**

- n/a

**Panel meetings:**

- n/a

Since the last Council meeting, no meeting has taken place.

**Formal Motions to Council:**

n/a

**The Committee Recommends:**

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

**Attachments:**

n/a

Respectfully submitted,

Heidi Ahonen, RP  
Chair, Examination Committee



## Executive Committee Report to Council

May 26, 2022

### Committee Members

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

### Committee meetings:

- April 7, 2022
- May 5, 2022

The Executive Committee considered the following matters at the April 7, 2022, and May 5, 2022, meetings:

### Remuneration of Council and Committee Members

The Executive Committee revised the *Per Diem and Honoraria Remuneration of Council and Committee Members* policy. Changes to the per diem rates were approved with the annual budget 2022-23 by Council in January 2022. The changes to the policy align with the changes that were already approved by Council. See agenda item 4.

### Council Member Leave of Absence Policy

The Executive Committee directed staff to develop a policy regarding Council member leave of absence. The draft policy was reviewed and revised by the Committee and consensus was reached to recommend the policy to Council. See agenda item 5.

### Council Evaluation: Next Steps

The Executive Committee discussed the development of the Annual Member Reflection, the final component of the College's Evaluation Framework. The results of the Reflection will be used to develop an individual education plan for each member of Council as well as to inform the educational offerings provided to the Council as a whole. The Executive Committee was presented with the proposed process and format of the reflection. See agenda item 8.

### Risk Register Implementation

The Executive Committee received a presentation regarding moving forward with a risk register implementation. The Committee recommends approving the regulatory risk register tool developed by staff. See agenda item 9.

### Council Education Planning

The Executive Committee discussed topics and planning for the May and June Council education sessions.

### **Registrar's Performance Evaluation**

The Executive Committee had extensive discussions regarding the Registrar's Performance Evaluation. Primarily, the Committee discussed aligning the timing of the performance evaluation with the comprehensive Council evaluation framework and with the CPMF submission timeline. The Committee reviewed a proposal from a third-party consultancy and will be considering whether to move forward with this approach.

### **Strategic Planning**

The Executive Committee began discussion regarding the CRPO's next strategic planning session, due to occur in September 2022. Staff was directed to present a strategic planning approach to Council and begin searching for a facilitator.

### **Council Question Period**

The Executive Committee directed staff to develop a document to assist with a more structured Council Question Period. Council Question Period refers to the standing agenda item wherein members of Council are invited to pose questions for discussion that may be of interest to stakeholders. A tip sheet was developed by staff and reviewed by the Executive Committee, who directed that it should be provided to Council as a governance resource. See agenda item 15.

### **Q4 Financial Statements**

J. Falkenburger, Director of Operations & Human Resources, presented the Q4 financial statements to the Executive Committee. Executive was satisfied with the report and the financial stability represented.

### **Diversity and Inclusion Working Group**

The Executive Committee was informed that the diversity and inclusion proto group met with facilitator and consultant, Darcy Belisle, on April 11 to discuss goals and recruitment for the working group. A second meeting has been scheduled to take place at the end of May.

## **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 Michael Machan, RP, as chair of the Registration Committee, and Sherine Fahmy, Public Member, as chair of the Nominations and Elections Committee.

The Executive recommends that newly elected Council Member, Avni Jain (District 7 – Central), whose term will commence on June 1, 2022, be appointed to the Registration and Quality Assurance Committees.

Council is being asked to ratify these decisions. See agenda item 7.

### **Formal Motions to Council**

Noted in briefing notes.

**The Committee Recommends:**

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

Respectfully submitted,

Shelley Briscoe-Dimock  
Chair, Executive Committee

## Fitness to Practise Committee Report to Council

May 26, 2022

Committee Members
<ul style="list-style-type: none"><li>• Heidi Ahonen, RP</li><li>• Andrew Benedetto, RP</li><li>• Steven Boychyn</li><li>• Shelley Briscoe-Dimock, RP</li><li>• Carol Cowan-Levine, RP, Chair (Non-Council Committee Member)</li><li>• Sherine Fahmy</li><li>• Kathleen (Kali) Hewitt-Blackie, RP</li><li>• David Keast</li><li>• Kenneth Lomp, RP</li><li>• Michael Machan, RP</li><li>• Miranda Monastero, RP</li><li>• Judy Mord, RP</li><li>• Henry Patemen</li><li>• Keri Selkirk</li><li>• Radhika Sundar, RP</li><li>• Jeffrey Vincent</li></ul>

**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 May 26, 2022

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

**Plenary meetings:**

- N/A

**Panel meetings:**

- April 6, 2022
- April 28, 2022
- May 12, 2022

**General Summary**

	2020	2021
<b>REPORTS</b>	52	81
<b>REGISTRAR'S REPORTS<sup>1</sup></b>	23	30
<b>FORMAL COMPLAINTS</b>	65	69
<b>FORMAL COMPLAINT APPEALS</b>	12	15

Calculated via calendar year (January-December).

<sup>1</sup> Number of reports where there were reasonable and probable grounds to formally appoint an investigator.

Complainants and registrants can appeal ICRC's complaint decision to the Health Professions Appeal and Review Board (HPARB). In addition to the 15 decisions which were appealed last year, HPARB released 11 appeal decisions. A total of 6 decisions were confirmed, 2 appeals were withdrawn (by request from the applicant or because of a late submission) and 3 decisions were reversed to take no action outcomes. In the outcomes which were reversed, HPARB decided the College does not have jurisdiction to take remedial action with respect to a registrant's pre-registration conduct. The College has since released a pre-registration conduct policy to address this issue for future complaints. There are currently 14 appeals still pending with HPARB.

A total of 36 complaints and 21 reports have been received since January 1, 2022. ICRC panels meet an average of two times per month, adding additional meetings to address high risk files when required.

Staff are currently preparing materials for an upcoming plenary meeting on May 31, 2022. The day will consist of an update on the supervision review project, ICRC data, as well as education and training to assist with ICRC decision-making.

Respectfully submitted,

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

## Quality Assurance Committee Report to Council

May 26, 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:

- n/a

#### Panel meetings:

- n/a

The QAC has not met since the last Council meeting on March 31, 2022; however, staff reports that the QA Enhancement Project is proceeding on schedule. More than 70 cases have been written and of those around 50 will be fully reviewed, sequenced, and scored in advance of the upcoming pilot in Fall 2022. The remaining cases will be readied for iterations of the assessment following the pilot. Currently, Phase 3A.2 (second case revision phase) of the project is underway, with Phase 4 (case scoring) to take place in July and August.

The next QA Plenary meeting has been scheduled for June 16, 2022.

#### **The Committee Recommends:**

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

Respectfully submitted,

Kenneth Lomp RP

Chair, Quality Assurance Committee

## Registration Committee Report to Council

May 26, 2022

### Committee Members

- Heidi Ahonen, RP
- Elda Almario, RP (Non-Council Committee Member)
- Andrew Benedetto, RP (Chair)
- Danielle Bigras, RP (Qualifying) (until April 12, 2022; Non-Council Committee Member; IRTG Appointment)
- Jamie Consoli, RP (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
- Sasha Sky, RP (as of January 27, 2022; Non-Council Committee Member; IRTG Appointment)
- Radhika Sundar, RP

#### Committee meetings:

- May 6, 2022

#### Panel meetings:

- March 25, 2022
- April 8, 2022
- April 22, 2022
- May 6, 2022
- May 13, 2022

At the May 6, 2022 plenary meeting, the Registration Committee considered the following matters:

#### **Group Clinical Supervision Policy**

The Committee voted to recommend that Council maintain the current policy of limiting group supervision to 8 supervisees and 50% of one's total clinical supervision hours. This motion will be brought to Council for consideration at a future meeting as part of the overall supervision policy review.

#### **Good Character and Suitability to Practise Policies**

The Committee voted to recommend that Council rescind the Good Character Policy, as the same issues are covered by the Suitability to Practise policy. The Committee also voted to recommend that Council approve the draft revised Suitability to Practise policy. The full policies are included for Council's review in a separate agenda item.

#### **Policy Review**

The Committee reviewed and approved the following policies as part of the three-year policy review cycle:

- Credential Assessment



- PLAR Guidelines
- Program Definition
- Qualifying Certificate Expiration

The Committee also provided input on the Removing Names from the Public Register policy.

**Recognition Update**

At the March 7 plenary meeting, the Committee granted academic recognition to the CREATE Institute Diploma in Expressive Arts Therapy. At the May 6 meeting, the Committee decided that recognition should apply to any students who entered the program in or after September 2019 and graduated on or after the recognition date of March 7, 2022.

**New Recognized Program**

The Committee granted academic recognition to the Tyndale University Master of Arts in Clinical Counselling program.

**2021 OFC Risk Assessment**

Each year, CRPO reports to the Office of the Fairness Commissioner (OFC) on its registration practices to demonstrate that they are transparent, objective, impartial, and fair. Based on the 2021 report, OFC has informed CRPO that the College has been placed in the low-risk category for 2022-23 according to the OFC’s Risk-Informed Compliance Framework. The assessment is based on the College’s “historical performance, the steps taken to implement any outstanding recommendations, and how the regulator has addressed each of [the OFC’s] forward-looking risk factors”. The full report is attached.

**Panel Meetings**

The May 6 meeting was one hour in length. The other meetings were a half day in length. All meetings took place via video conference. Below are the statistics for the meetings from March 25 through May 6. Results from the May 13 meeting will be included in the next report to Council.

<b>Total applications reviewed</b>	26
<b>Approved</b>	4
<b>Terms, Conditions &amp; Limitations (TCL)</b>	2
<b>Conditional approval</b>	3
<b>Requests for more information</b>	1
<b>Refused</b>	16

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 and Analysis**

The Health Professions Appeal and Review Board (HPARB) has not issued any decisions since the last report to Council.

Staff recently analyzed HPARB’s decisions on CRPO registration matters since the College’s proclamation in 2015. When an application for registration with CRPO is refused by a panel of the Registration Committee (or more rarely, if they receive a conditional approval that they are unhappy with), the applicant has the option of appealing to HPARB. HPARB reviews registration decisions for all of Ontario’s regulated health profession colleges.

During the appeal process, the applicant and CRPO can make additional submissions as to why they believe the panel’s decision was correct or incorrect. HPARB can:

- confirm the panel’s decision (in which case the refusal is final—while an appeal to Divisional Court is possible, no applicant to date as appealed HPARB’s decision),
- return the matter for reconsideration by the panel, or
- rarely, require the College to register the applicant.

The following table shows the outcomes for CRPO’s registration matters to date.

<b>Registration Route</b>	<b>Decisions issued</b>	<b>Decision confirmed</b>	<b>Returned for reconsideration</b>	<b>Required to register</b>
All registration routes	81	60 (74%)	21 (26%)	0 (0%)
Grandparenting	70	50 (71%)	20 (29%)	0 (0%)
Regular route	11	11 (100%)	0 (0%)	0 (0%)

Steinecke Maciura LeBlanc (SML), who sometimes represent CRPO in HPARB appeals, have also been conducting an analysis of 100 recent HPARB decisions across colleges in their “Grey Areas” newsletter. SML found that “HPARB upheld the regulator’s decision 80% of the time and returned the matter for reconsideration 20% of the time. In only one case did HPARB require the regulator to register the applicant.”<sup>1</sup> CRPO’s rate of returned decisions is somewhat higher at 26%; however, it is noted that all of the returned decisions were through the grandparenting route, which closed in 2017. No regular route decisions to date have been returned to CRPO.

SML notes that “In about half of the returned cases HPARB based the referral back on the basis that it had significant new information that had not been available to the regulator at the time.” This is the case in approximately 75% of decisions returned to CRPO for reconsideration.

### **Committee Membership Changes**

Danielle Bigras’ appointment to the Registration Committee ended on April 12, 2022. The Chair would like to wish her the best in her future endeavours.

The Chair would like to welcome Glenn Walsh, who was appointed to the Registration Committee as a non-Council Committee member on May 5, 2022. They will review applications submitted through the Indigenous Registration Pathway.

### **Formal Motions to Council**

- n/a

<sup>1</sup> Maciura, Julie. “100 Registration Cases Over Three Years Part 1: Burden of Proof.” *Grey Areas*, Apr. 2022, p. 1. <https://www.sml-law.com/wp-content/uploads/2022/03/Greyar265.pdf>

**The Committee Recommends:**

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

Respectfully submitted,

Andrew Benedetto, RP  
Chair, Registration Committee

*Encl.* OFC Risk Category Letter



Dear Regulator:

Re: Cumulative Risk Rating for the College of Registered Psychotherapists of Ontario

As you are aware, in April 2021, the Office of the Fairness Commissioner (OFC) launched its new Risk-Informed Compliance Framework (RICF), which fully comes into effect on April 1, 2022. This framework will rely both on the regulator's historical performance, and a series of forward-looking risk factors that could impact a regulator's ability to achieve better registration outcomes for applicants.

Our office has chosen to implement this initiative in a staged fashion, to include a 12-month transition period to allow regulators to migrate to the new system and to comply with any outstanding OFC recommendations. During this transition period, which began on April 1, 2021, OFC compliance analysts reviewed each regulator's historical performance, the steps taken to implement any outstanding recommendations, and how the regulator has addressed each of our office's forward-looking risk factors. Our office gathered the necessary information through virtual meetings and the administration of a risk-assessment questionnaire.

As the compliance analyst responsible for the College of Registered Psychotherapists of Ontario (CRPO), I then initiated an analysis of both the CRPO's historical performance, and impact of the forward-looking risk factors, to identify an appropriate cumulative risk rating for the CRPO. In undertaking this work, I also consulted with the Fairness Commissioner and OFC management.

As you, know the OFC has established three cumulative risk categories, which have been categorized as low risk, moderately low risk and moderate to high risk. Following a review of the relevant considerations, which I will outline more fully below, I have determined that the CRPO should be placed in the low-risk category for the April 1, 2022 to March 31, 2023 assessment period. My analysis follows.

*Historical Compliance*

I will start with my assessment of the CRPO's historical performance. The RICE outlines five indicators that our office takes into account to assess the historical performance of a regulator. These are:



- The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
- The extent to which the regulator has complied with these recommendations and avoided new issues.
- The regulator's observed motivation to work with the OFC on defined compliance objectives.
- The content of decisions issued by the courts or tribunals that discuss the regulator's registration practices.
- The degree to which the regulator's registration processes exhibit the attributes of transparency, objectivity, impartiality and fairness, as demonstrated, for example, by the number of OFC recognized "commendable practices" and/or other best practices and innovations that the regulator has instituted over time.

Under this scheme, a regulator can be placed into one of three *compliance* categories: full compliance with the objectives of the legislation, substantial compliance with the objectives of the legislation and performance that falls short of compliance with the objectives of the legislation.

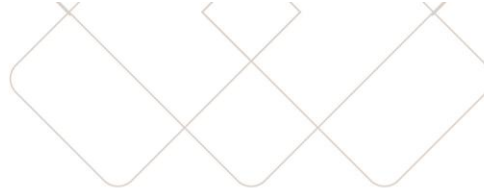
In undertaking this analysis, I would note that the OFC did not issue any compliance recommendations to the CRPO during the last assessment cycle, which took place in July 2017, nor has the office written any since that date. Hence, the CRPO is not subject to any outstanding recommendations at this time.

Based on my assessment of these considerations, I would place the CRPO in the category of full compliance.

#### *Forward-looking Risk Factors*

The OFC has also identified five forward-looking risk factors to help determine a regulator's risk profile. These risk factors identify the existing and potential risks posed to fair registration access for Canadians and internationally trained individuals. The considerations involve:

- Organizational capacity.
- The overall control that a regulator exerts over its assessment and registration processes.
- The regulator's response to emergency situations, such as the Covid-19 pandemic.



- An over-reliance on Canadian experience requirements.
- Public policy considerations.

Once these factors are considered, the OFC will then perform a traditional risk assessment that considers both the probability that a risk will occur and the significance of the consequences.

The final step in the risk assessment process is to determine a cumulative risk category for the regulator. The policy indicates that OFC will do so by aggregating the derived risk profile of a regulator with its historical performance assessment.

I have undertaken this analysis and have concluded that the CRPO falls into the low risk category for the 2022-23 period. I have reached this conclusion as I have identified that there is no potential risk to access to fair registration after reviewing the CRPO's information in response to the forward-looking risk factors.

As a low-risk regulator, the tools that the OFC may utilize to continue to work with you include annual meetings and sharing of best practices and educational resources.

I want to thank you again for your patience as the OFC transitioned to our new framework and look forward to continuing to support your organization.

Sincerely,

Mercy Barzallo, Compliance Analyst at the Office of the Fairness Commissioner

c.c.: Irwin Glasberg, Commissioner

c.c.: Hilary Forgie-Resnick, Director

c.c.: Stephanie Mah, Business and Operation Manager