

COUNCIL AGENDA

Date: Wednesday, September 21, 2022
Time: 1:00 p.m. to 4:00 p.m.
Location: 375 University Ave, Suite 803 and Zoom video conference
 YouTube Livestream
Chair: Kenneth Lomp, President

| | Time | Item | Materials | Pg# | Action | Presenter |
|--------------------------------------|------|--|--|-----|-------------------------|-------------------------------|
| WELCOME & INTRODUCTIONS | | | | | | |
| 1. | 1:00 | Welcome and Opening Remarks <i>Welcome and opening remarks will be presented by S. Briscoe-Dimock immediately followed by the Council Chair handover, wherein K. Lomp will officially assume the role of President & Chair of Council.</i> | | | Information | S. Briscoe-Dimock, K. Lomp |
| 2. | 1:05 | Approval of Agenda <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 by motion | K. Lomp |
| 3. | 1:08 | Conflict of interest declarations <i>Council is asked to complete and return the Conflict-of-Interest Declaration form to document their status relative to the agenda prior to the meeting.</i> | 1. COI disclosure form 2. COI Worksheet 3. COI process | | Information | K. Lomp |
| 4. DISCUSSION & DECISIONS | | | | | | |
| 4.a. | 1:10 | Council Evaluation <i>Council is being provided with an update regarding the ongoing Council Evaluation project. Information will be</i> | | | Information, discussion | D. Adams |

| | | | | | | |
|-------------------------------------|------|--|--|--|--------------------------------|----------|
| | | <i>provided regarding the timing of the launch of the competency reflection tools.</i> | | | | |
| 4.b. | 1:25 | Clinical Supervision Review Update <i>Council is being presented with policy analysis and recommendations</i> | 1. Briefing note 2. Policy papers: Clinical Supervisor Qualifications Clinical Supervision Standards and Resources Evaluation of Supervisees during Registration | | Information, Discussion | M. Pioro |
| BREAK 2:25-2:40 | | | | | | |
| 4.c. | 2:40 | Diversity, Equity, and Inclusion Working Group <i>i. Terms of Reference</i> <i>ii. Recruitment update</i> | 1. Briefing Note 2. Draft Terms of Reference | | Discussion, decision by motion | K. Lomp |
| 4.d. | 3:00 | By-law Amendments re: election and nomination timelines <i>Council is being asked to approve the proposed by-law changes regarding revisions to the election and nomination timelines.</i> | 1. Briefing Note 2. Public consultation feedback | | Discussion, decision by motion | K. Lomp |
| 5. INFORMATION & UPDATES | | | | | | |
| 5.a. | 3:10 | 2021 Annual Report | 1. Link to Annual Report | | Information | K. Lomp |
| 5.b. | 3:20 | Registrar's Report | 1. Registrar's Report 2. Web analytics | | Information | D. Adams |
| 6. CONSENT AGENDA | | | | | | |
| 6.a. | 3:40 | Consent Agenda <i>Consent agenda items are non-controversial or routine</i> | Draft Minutes: June 23, 2022 | | Motion | K. Lomp |

| | | | | | | |
|-----------|-------------|--|--|--|---------------|---------|
| | | <i>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> | Committee Reports: 1. Discipline 2. Examination 3. Executive 4. Fitness to Practise 5. Inquiries, Complaints and Reports 6. Quality Assurance 7. Registration | | | |
| 7. | 3:45 | Council Question Period <i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i> | | | | K. Lomp |
| 8. | 4:00 | ADJOURNMENT | | | MOTION | K. Lomp |
| | | Next Meetings: <ul style="list-style-type: none"> • December 8, 2022 NEW! 2023 Council Meetings: <ul style="list-style-type: none"> • January 25, 2023 • March 29 & 30, 2023 • May 18, 2023 • June 22, 2023 • September 14, 2023 • December 7, 2023 | | | | |

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)

Conflict of Interest Disclosure Form

Meeting Date: September 21, 2022
Council / Committee: Council
Meeting type: plenary

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

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

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

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

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

WORKSHEET: Conflict of Interest

What is a conflict of interest?

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

Self-screening Questions

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



Financial interest

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

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

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



Personal or professional relationship

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

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

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



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

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

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



Emotional bias

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

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

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



Interests of Related Persons

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

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

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

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



Threshold analysis

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

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

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

Process for Considering & Declaring Conflicts of Interest

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



Staff pre-screening

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



Council, committee or panel member self-screening

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



Council, committee or panel discussion of possible conflicts of interest

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

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

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

Briefing Note for Council

| | |
|-----------------------|--|
| Meeting Date: | September 21, 2022 |
| Agenda Item # | 4.b. |
| Issue: | Clinical Supervision Review Update |
| Attachments: | Policy papers: <ol style="list-style-type: none"> 1. Clinical Supervisor Qualifications 2. Clinical Supervision Standards and Resources 3. Evaluation of Supervisees during Registration |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/> |
| Staff Contact: | M. Piro |

Purpose & Public Interest Rationale:

Clinical supervision is a key aspect of psychotherapy training and practice. Fair, balanced, transparent and rigorous policies are required to promote the public interest.

Background:

In 2021, CRPO began a review of its policies regarding clinical supervision. The attached three papers summarize findings and recommendations. Various versions of these papers were discussed by the Registration Committee; Quality Assurance Committee; and Inquiries, Complaints and Reports Committee.

Next Steps:

The present item is for information and discussion only, without any formal decisions. Council members are invited ask questions or provide feedback about the content of the attachments included in the package. Based on feedback received at the meeting, staff will bring forward formal proposals for committees to consider. No substantive changes will occur until public consultation has taken place and Council has reviewed the results.

Clinical Supervisor Qualifications

Policy Paper – v. August 22, 2022 for Council

Executive Summary

This document summarizes CRPO’s review of eligibility to serve as a clinical supervisor. It outlines key findings of a stakeholder survey, internal data review, and an environmental scan. Finding that most of the current requirements are balanced and in line with other relevant organizations, it sets out recommendations to maintain, clarify, and strengthen existing policies.

Introduction

CRPO is currently conducting an extensive clinical supervision policy review. One topic area is CRPO’s requirements to serve as a clinical supervisor. The current definition states:

Clinical Supervisor in Ontario

...

1. The supervisor must be a Member in good standing of a regulatory college whose members may practise psychotherapy.¹
2. The supervisor must have five years’ extensive clinical experience.
3. The supervisor must meet CRPO’s “independent practice” requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision).
4. The supervisor must have completed 30 hours of directed learning in providing clinical supervision. Directed learning can include course work, supervised practice as a clinical supervisor, individual/peer/group learning, and independent study that includes structured readings.
5. The supervisor must provide a signed declaration that they understand CRPO’s definitions of clinical supervision, clinical supervisor, and the scope of practice of psychotherapy.

Clinical Supervisor Outside Ontario

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

Clinical supervision is required by CRPO’s Registration Regulation to transfer from the Qualifying to the RP category of registration, and subsequently, to become eligible for independent practice (that is, practice without receiving clinical supervision).² It may also be

¹ Includes College of Registered Psychotherapists of Ontario, College of Nurses of Ontario, College of Occupational Therapists of Ontario, College of Physicians and Surgeons of Ontario, College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers.

² O. Reg. 67/15: REGISTRATION (<https://www.ontario.ca/laws/regulation/150067>), s. 6(1)(3), 8(1).

carried out as part of career-long professional development, to change one’s area of practice, or as remediation required by a CRPO committee.

The *Regulated Health Professions Act, 1991*, allows a student or trainee fulfilling the requirements to register with CRPO to perform the controlled act of psychotherapy³ if they do so “under the supervision or direction of a **member of the profession**” (emphasis added).⁴ This means that while CRPO’s definition of a clinical supervisor includes members of colleges other than CRPO, students intending to register with CRPO need the supervision of an RP to perform the controlled act of psychotherapy.

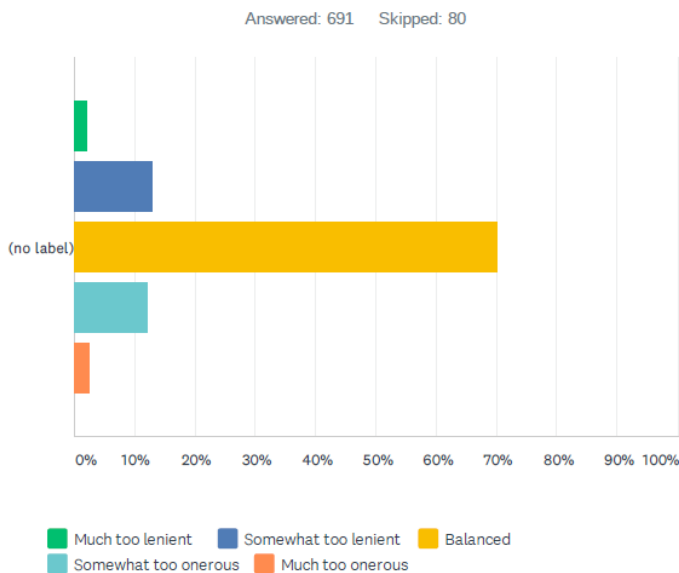
Research overview

Clinical supervision survey

In May-June 2021, CRPO conducted a clinical supervision stakeholder survey, which received 780 responses. Approximately 87% of respondents reported being RPs. Most respondents felt the clinical supervisor definition is balanced (see table 1).

Table 1

Q13 The current definition of “clinical supervisor” is:



In text comments, a prominent theme was a request for clarity. Some commented that more than five years of experience should be required to be a clinical supervisor. Some proposed a period of supervised practice as a clinical supervisor. Some respondents proposed a CRPO clinical supervisor roster.

³ RHPA, s. 27(2), para 14 (<https://www.ontario.ca/laws/statute/91r18#BK12>).

⁴ RHPA, s. 29(1)(b) (<https://www.ontario.ca/laws/statute/91r18#BK14>).

Asked if students should receive clinical supervision of the controlled act of psychotherapy from non-RP psychotherapists, there was a range of responses with slight agreement overall. Likewise, asked if students should only have RP clinical supervisors, there was a range of responses with slight disagreement overall.

A large number of comments expressed that registrants of all psychotherapy-regulating colleges should be able to supervise students and RPs, as long as they meet CRPO's criteria for clinical supervisors, including having extensive psychotherapy training and experience. A minority of respondents commented that supervision from an RP should be required, for example because CRPO's standards, guidelines, and practices are different from those of other colleges. Many respondents commented that only accepting supervision from RPs would have negative impacts on supervisor availability, cost, interprofessional collaboration, and quality of supervision.

CRPO data

A sample study of 58 reported instances of clinical supervision suggests that a slight majority of clinical supervisors of CRPO registrants are RPs (57%), followed by registered social workers (21%), psychologists (12%), and less often, dually registered clinical supervisors (e.g., RP and social worker), or member of another profession (e.g., psychiatrist).

CRPO collects data on clinical supervisor attestation forms.⁵ A sample study of 50 forms revealed the following types of training reported by clinical supervisors. Note that individuals can select more than one training option.

- Coursework: 40
- Individual/peer/group learning: 40
- Independent study: 35
- Supervised practice as a supervisor: 33
- Other: 13

Forty-seven forms had more than one selection. Only three forms selected one method of training. Four forms did not include any coursework or supervised practice as a supervisor.

Environmental scan

The majority of Ontario colleges whose members may practise psychotherapy only accept clinical supervision provided by members of their own college. Some Canadian psychotherapy/clinical counselling regulators outside Ontario⁶ do accept supervision from members of other regulated professions. The sample of psychotherapy professional associations reviewed⁷ were split on this issue.

⁵ <https://www.crpo.ca/wp-content/uploads/2018/03/Clinical-Supervision-Attestation-Form-3.0.pdf>.

⁶ The psychotherapy/counselling regulators outside Ontario include: Nova Scotia College of Counselling Therapists; College of Counselling Therapists of New Brunswick; Ordre des Psychologues du Quebec (Psychotherapist Permit requirements); College of Counselling Therapy PEI.

⁷ Canadian Counselling and Psychotherapy Association; Ontario Association of Mental Health Professionals; Canadian Association for Marriage & Family Therapy; Ontario Society for Registered Psychotherapists; Canadian Art Therapy Association; Canadian Association for Spiritual Care; British Columbia Association of Clinical Counsellors.

The majority of colleges and professional associations require a supervisor to have a certain number of years of clinical experience in their respective profession. This ranges from one year to five years' experience, with approximately half requiring five years of experience.

Approximately half of the colleges and professional associations reviewed require a supervisor to have completed training or coursework in clinical supervision.

A majority of colleges and professional associations do not require supervisors to have a certain educational degree or completion of a certain number of clinical experience hours.

While no Ontario psychotherapy colleges formally designate practitioners as supervisors, approximately half of non-Ontario psychotherapy/counselling colleges have some sort of pre-approval of supervisors. The majority of professional associations have supervisor certification.

In the US, most state counsellor licensing bodies have an experience requirement before providing supervision, ranging from 1-5 years. Most states have a supervision training requirement with coursework hours rarely exceeding 30 hours. Only two states require supervision-of-supervision or something similar.⁸

Discussion of research findings

CRPO ascribes to a right touch regulatory model. Accordingly, CRPO must understand the problem before arriving at a solution and ensure “that the level of regulation is proportionate to the level of risk to the public”.⁹

Equity considerations

Regulation can impact population groups in different ways. Clinical supervision is often delivered in a fee-for-service model paid for by the supervisee. Restrictive regulation has the potential to increase the cost of clinical supervision by reducing the supply of clinical supervisors. This could pose a barrier to supervisees from low income groups. If supervisees increase client session fees, this disparity could be passed on to low income clients. Consistent with right touch regulation, restrictive measures should only be used if the risk of harm to clients outweighs the risk of unintended consequences such as increased cost.

Five years' extensive clinical experience

Overall, the existing definition of “clinical supervisor” was seen by stakeholders as remarkably balanced. The five-year experience requirement is in line with other regulators and professional associations.

One concern is that the phrase “five years' extensive clinical experience”, does not mention psychotherapy. While arguably implicit, it appears some survey respondents may have assumed this meant that a non-RP clinical supervisor would qualify if they had five years of experience practising their other profession, e.g., medicine, social work. It is recommended to

⁸ Thomas A. Field, Michelle Ghoston & Kelsey McHugh (2019) Requirements for Supervisors of Counselor Licensure Candidates in the United States, *Journal of Counselor Leadership and Advocacy*, 6:1, 55-70, DOI: [10.1080/2326716X.2018.1489315](https://doi.org/10.1080/2326716X.2018.1489315).

⁹ : <https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation> (accessed November 15, 2021).

clarify the definition of “clinical supervisor” by adding that the five years’ extensive clinical experience needs to be practising psychotherapy.

Another issue is interpreting “five years’ extensive clinical experience”. Applicants, registrants, and clinical supervisors have asked:

- What is considered “extensive” clinical experience?
- When do the five years start, e.g., does one start counting after seeing one’s first client (e.g., during practicum), after graduation, or after joining a regulatory college?
- Does one continue counting if one takes an extended leave (e.g., parental or sick leave)?
- How does part-time practice count?

CRPO does currently provide guidance regarding some of these questions. For example, the web page indicates that the five years begins when an individual starts practising psychotherapy, which may be before graduation or regulation.¹⁰ Pre-graduation clinical experience opportunities are inconsistent and early in the formative process. It would be more consistent and rigorous to count the five years of clinical experience from the time of graduation.

Regarding how “extensive” the five years of experience needs to be, CRPO can offer some guidance. The College can interpret “extensive” to mean more than occasional experience that allows one to encounter a variety of clinical situations and develop a range of competencies.

Regarding how to count a leave from practice, CRPO’s guidance has been to use one’s discretion and judgment. A flexible approach to leave recognizes individuals’ differing circumstances, respects human rights grounds (e.g., being on parental or disability leave), and takes into account that there are other safeguards involved in becoming a clinical supervisor, i.e., supervisor training and eligibility for independent practice.

It is recommended to take the position that the five years’ extensive clinical experience should be post-graduation, interpret the word “extensive”, and allow potential clinical supervisors to use their judgment in counting any leave from practice. Depending on their currency hours and Quality Assurance Program requirements, registrants may need to complete upgrading before providing clinical supervision after a lengthy leave.

Thirty hours of directed learning in providing clinical supervision

Stakeholders asked for additional clarity as to what constitutes an appropriate 30 hours of directed learning in providing clinical supervision.

There is support in academic literature for didactic supervision training, i.e., a supervision course, or a combination of didactic and experiential learning.¹¹ As noted above, a supervision course upward of 30 hours, and supervision-of-supervision, is in line with US professional counsellor licensing requirements.

¹⁰ See <https://www.crpo.ca/clinical-supervisor-self-assessment/>.

¹¹ See e.g., Inman, Arpana G., et al. "Current trends concerning supervisors, supervisees, and clients in clinical supervision." (2014), In C. E. Watkins, Jr. & D. L. Milne (Eds.), *The Wiley International Handbook of Clinical Supervision*, Wiley-Blackwell, pg. 66-7.

There are concerns that the current definition lacks rigour as it can be perceived as including self-study and informal peer discussion. To increase rigour of clinical supervisor competence, improve clarity of CRPO requirements, and bring standards into line with several jurisdictions, it is recommended that CRPO remove “individual/peer/group learning, and independent study that includes structured readings” as examples of the 30 hours of directed learning on providing clinical supervision. This would leave only a supervision course and supervision-of-supervision, totaling 30 hours, as the ways of demonstrating learning on how to provide clinical supervision.

Some current clinical supervisors may not have taken a supervision course, or their course may not be 30 hours in length. For fairness and continued access to supervision, it is recommended to implement a time delay, e.g., two years, before implementing this requirement. It is also recommended to have a transition, namely that the new requirement would only apply to individuals who begin providing clinical supervision after that date. Existing clinical supervisors should be encouraged through communications and the QA program to upgrade their clinical supervision skills if necessary and maintain their currency by updating their knowledge as clinical supervisors.

A follow-up question is whether to accredit or list clinical supervision courses. As a preliminary measure, it is recommended that CRPO publish guidelines on content that supervision courses should cover. The onus would be on providers to implement these suggestions and on registrants to be thoughtful in selecting a course. Once the professional community makes a variety of appropriate courses available, CRPO can consider establishing a process for recognizing supervision courses.

Another issue is whether to approve or certify clinical supervisors themselves. This option could be challenging to implement, as CRPO’s experience with early registration indicates. Registering supervisors would be time-consuming. The cost of administering any such regime would be passed on by CRPO to supervisors, supervisees, and in turn, clients. The Canadian counselling therapy colleges that pre-approve clinical supervisors are smaller than CRPO. It generally has been professional associations that certify clinical supervisors. They are familiar with the needs of their members’ approach to therapy. CRPO is diverse and it may be difficult to arrive at a single supervisor designation. It is common for a regulatory body to set minimum requirements and for voluntary certification bodies to offer advanced designations.

It is recommended to maintain the current self-attestation of clinical supervisors, and to consider approval of supervision courses and supervisors in the future once consistency of supervisor training has been achieved.

Member in good standing of a regulatory college whose members may practise psychotherapy

Several factors favour maintaining cross-professional clinical supervision. Before CRPO, clinical supervision of psychotherapists in Ontario was not based on registration with a particular regulatory college. Following establishment of CRPO, registrants of six colleges continue to have access to the controlled act of psychotherapy. Professions and regulators do not work in isolation, which is reflected in the values of inter-professional collaboration and system partnership. An overly restrictive approach to clinical supervision could cut off pre-established relationships and, at least in the short term, make it difficult for students, applicants, and registrants to find a clinical supervisor.

On the other hand, RPs have grown into their own regulated profession. RPs are uniquely aware of the competencies and standards of CRPO and are directly accountable to CRPO in the clinical supervision they provide. As noted above, students planning on joining CRPO can only perform the controlled act of psychotherapy under the supervision or oversight of an RP.

Balancing these considerations, an approach is advised that would promote familiarity with CRPO competencies and standards while not denying qualified clinical supervisors who are registered with other colleges. Any approach should be phased in with sufficient notice to the profession. It is recommended to require potential clinical supervisors from any college including CRPO to complete a learning module on clinical supervision to ensure familiarity with CRPO standards and competencies. It is recommended that CRPO take the position that students work with an RP clinical supervisor at least until they are registered as RP(Qualifying). This is because students are not authorized to perform the controlled act of psychotherapy unless they are supervised by an RP.

Recommendations

1. Clarify the definition of “clinical supervisor” by adding that the five years’ extensive clinical experience needs to be practising psychotherapy.
2. Take the position that the five years’ extensive clinical experience should be post-graduation, interpret the word “extensive”, and allow potential clinical supervisors to use their judgment in counting any leave from practice. Depending on their currency hours and Quality Assurance Program requirements, registrants may need to complete upgrading before providing clinical supervision after a lengthy leave.
3. Remove “individual/peer/group learning, and independent study that includes structured readings” as examples of the 30 hours of directed learning on providing clinical supervision.
4. That CRPO publish guidelines on content that supervision courses should cover.
5. Maintain the current self-attestation of clinical supervisors and consider approval of supervision courses and supervisors in the future once consistency of supervisor training has been achieved.
6. Require potential clinical supervisors from any college authorized to perform the controlled act including CRPO to complete a learning module on clinical supervision to ensure familiarity with CRPO standards and competencies.
7. That CRPO take the position that students work with an RP clinical supervisor at least until they are registered as RP(Qualifying).

Clinical Supervision Standards and Resources

Policy Paper – v. August 22, 2022 for Council

Executive Summary

This document summarizes CRPO’s review of its clinical supervision standards and resources. It outlines key findings of a stakeholder survey, internal data review, and environmental scan. It identifies several areas where practice standards can be clarified, and resources that can be developed or revised.

Introduction

CRPO is currently conducting a clinical supervision policy review. One topic area is CRPO standards and resources relating to clinical supervision. Current standards and resources may be found on the website:

- [Professional Practice Standards, section 4: Clinical Supervision](#)
- [CRPO supervision main page](#)

Research overview

Clinical supervision survey

In May-June 2021, CRPO conducted a clinical supervision stakeholder survey, which received 780 responses. Approximately 87% of respondents reported being RPs. The survey covered various aspects of professional practice related to clinical supervision. Notable findings include:

Overall guidance

Respondents tended to agree that CRPO provides enough information, resources, and guidance to clinical supervisors and supervisees on how to complete clinical supervision hours for registration purposes. Some comments noted a lack of clarity on CRPO’s website. Others requested development of resources such as templates for clinical supervision contracts, or a supervision manual.

Clinical supervision frequency

Overall, respondents found CRPO’s suggested ratio of 1 clinical supervision hour for every 4.5 DCC hours for Qualifying registrants, and 1:10 for RPs without independent practice, to be too onerous. Comment themes are summarized in the [survey results document, page 3](#).

Clinical supervision and insurance

Respondents tended to agree with the statement, “RPs affiliating with clinical supervisors solely for the purpose of accessing insurance coverage for their clients is a problem.” However, the most common comment theme was that it is *not* a problem if meaningful supervision is taking place alongside supervision arrangements that facilitate access by clients to insurance benefits.

Responsibility to clients

CRPO asked several questions about clinical supervisors' responsibility toward clients. Respondents tended to disagree with the statement: "The clinical supervisor should have ultimate responsibility for the wellbeing of the supervisee's clients."

Respondents tended to agree that clients should know the name of their therapist's supervisor. However, when sorted by practice modality, respondents who identified as prominently practising psychodynamic therapies tended to disagree.

Supervision agreements

Respondents tended to agree with the statement, "Clinical supervisors and supervisees should have a signed, written agreement between them." 6% of respondents disagreed or strongly disagreed. 76%¹ of respondents reported using a written supervision agreement.

Supervision by family members

While uncommon, CRPO does occasionally see reports of clinical supervision from an applicant's or registrant's family member. 90% of respondents agreed or strongly agreed with the statement, "It is unethical to receive clinical supervision from an immediate family member or spouse."

CRPO data

A sample of CRPO conduct investigations from 2021 indicated that 11% involved a supervision-related issue. Themes included:

- Communicating clearly with supervisees.
- Providing meaningful supervision, particularly in reference to supporting a supervisee with a complex case.
- Avoiding dual relationships between a clinical supervisor and supervisee (e.g., friend, teacher, lender/borrower).
- False reference letter given to a supervisee.
- Delegation of controlled acts to RP supervisees, signing joint supervisor-supervisee reports.
- Responsibility to transition clients when leaving a supervised practice.
- Registrants providing clinical supervision without meeting CRPO's definition of a clinical supervisor.

CRPO's most common practice advisory topics about clinical supervision include:

- Whether clinical supervisors need to sign off on supervisees' clinical records or keep a copy of them.
- What training and qualifications does a clinical supervisor need to have.²
- Whether the clinical supervisor is legally responsible for clients.
- Questions about supervision, insurance, and receipts.

¹ This figure removes respondents who answered NA (i.e., indicating they do not provide or receive clinical supervision).

² For additional review of this topic, see the policy brief on *CRPO Clinical Supervisor Qualifications*.

- Cross-border clinical supervision arrangements.

Environmental scan

CRPO staff researched supervision-related written resources from other Ontario health regulatory colleges whose registrants practise psychotherapy, other psychotherapy or counselling regulators in Canada, and professional associations in Canada that certify supervisors.

Clinical supervision frequency

Most organizations did not set a specific meeting frequency. For example, a practice note by the Ontario College of Social Workers and Social Service Workers (OCSWSSW) notes members are required to seek supervision as required. The practice note takes a contextual approach to supervision frequency:

While the standards do not set out specific requirements regarding the frequency of supervision for members at different stages of their career, less experienced members may wish to arrange more frequent, structured and regular supervision as they develop their knowledge and skills and gain experience. However, even the most experienced member may encounter client situations that are challenging or outside their area of experience and competence, and all members must seek supervision or consultation in these circumstances.³

The College of Psychologists of Ontario (CPO) requires for psychologists and psychological associates that the supervisor meet with the supervisee for a minimum of two hours every two weeks, and that the alternate supervisor meet with the supervisee for a minimum of two hours every month.⁴

Clinical supervision and insurance

A 2015 OCSWSSW document, *Practice Notes: The Question of Third-Party Billing*, covers the issue of supervision and insurance in detail.⁵

Responsibility to clients

Some organizations take the position that the supervisor is ultimately responsible for the client or the supervisee's actions.⁶ The OCSWSSW has written in a nuanced manner that supervisors "share responsibility for the services provided and could be held accountable for inadequate

³ OCSWSSW, *Practice Notes: Supervision: At the Core of Competent and Ethical Practice*, (2012), online: <https://www.ocswssw.org/wp-content/uploads/PN-Supervision.pdf> (accessed January 26, 2022).

⁴ CPO, *PSYCHOLOGICAL ASSOCIATE SECTION G – AUTHORIZED SUPERVISED PRACTICE* (updated 2019), online: https://cpo.on.ca/cpo_resources/psychological-associate-section-g-authorized-supervised-practice/ (accessed January 26, 2022); CPO, *PSYCHOLOGIST – SECTION F – AUTHORIZED SUPERVISED PRACTICE* (updated 2019), online: https://cpo.on.ca/cpo_resources/psychologist-f-authorized-supervised-practice/ (accessed April 26, 2022).

⁵ Online: https://www.ocswssw.org/wp-content/uploads/PN-The_Question_of_Third-Party_Billing.pdf (accessed February 3, 2022).

⁶ See e.g., CPO, *PSYCHOLOGICAL ASSOCIATE SECTION G*, above; Canadian Counselling and Psychotherapy Association (CCPA); *Standards of Practice*, 6th ed. (2021), online: <https://www.ccpa-accp.ca/wp-content/uploads/2021/10/CCPA-Standards-of-Practice-ENG-Sept-29-Web-file.pdf> (accessed January 26, 2022), page 62.

supervision when a supervisee's conduct is in question.”⁷ In contrast, the College of Occupational Therapists of Ontario (COTO), in their FAQ on *Psychotherapy within Occupational Therapy Practice*, writes, “OTs who are providing psychotherapy supervision must be clear that they are not taking accountability for client care; the supervisee remains responsible for the psychotherapy provided to their client(s).”⁸

Supervision agreements

Some organizations expect clinical supervisors and supervisees to have a written agreement or contract in place.⁹

Supervision by family members

Some associations do not allow supervision of family members,¹⁰ or identify this as a potential conflict warranting caution.¹¹

Discussion of research findings and recommendations

It is recommended that the *Professional Practice Standards*, section 4: Clinical Supervision, be revised for clarity, to account for CRPO experience receiving complaints and practice questions, and to focus on areas of risk to clients. The following are suggested revisions. See Appendix: Draft Revised Clinical Supervision Standards, for possible wording to reflect these revisions.

- Add descriptions of terms related to clinical supervision, e.g., administrative, managerial or workplace supervision; Teaching; Mentorship; Consultation.

Comment: It is helpful to distinguish clinical supervision from other practices that share some similarities but are fundamentally different.

- Comment on supervision arrangements to access client insurance coverage.

Comment: The introduction to the standards section on clinical supervision could list reasons for receiving clinical supervision. CRPO's experience has shown that insurance coverage is one such reason. Commenting on this reason for receiving clinical supervision may be helpful to readers.

⁷ OCSWSSW, *Practice Notes: Supervision*, above, pages 2-3, citing National Association of Social Workers “Supervision and the Clinical Social Worker”, Practice Update, Volume 3, Number 2, June 2003, Web. 10 January 2012.

⁸ COTO, *Psychotherapy within Occupational Therapy Practice Frequently Asked Questions from the November 5, 2019 College Webinar*, online: https://www.coto.org/docs/default-source/default-document-library/20191105---psychotherapy-webinar-faq.pdf?sfvrsn=e3478aeb_6 (accessed January 26, 2022).

⁹ See e.g., CPO, *Standards of Professional Conduct* (2017), online: <https://cpo.on.ca/wp-content/uploads/Standards-of-Professional-Conduct-2017-Practical-Applications-Current-to-March-19-2021.pdf> (accessed February 2, 2022), standard 4.1.1, paragraph 5; The Canadian Association for Marriage and Family Therapy (CAMFT), *RMFT Supervisor Certification: Procedures and Competences Handbook* (2019), online: <https://camft.ca/resources/Documents/Supervision%20Guidebook.pdf> (accessed February 2, 2022), page 13;

¹⁰ CAMFT, above.

¹¹ CCPA, *Standards of Practice*, above, page 65.

- Describe required competence to provide supervision, noting the competence to provide clinical supervision in general and the competence to supervise the practice area of the supervisee.

Comment: Only those qualified to provide clinical supervision should do so. Competence includes the ability to supervise as well as sufficient understanding of the psychotherapy being supervised.

- Clarify that this competence is required whether or not clinical supervision is being provided for the purpose of CRPO registration.

Comment: This clarifies a previous grey area as to whether a clinical supervisor needs to be qualified if the hours are *not* going to be submitted for CRPO registration purposes.

- Add a section on the responsibility of clinical supervisors, including that the scope of responsibility depends on context.

Comment: CRPO should focus on the clinical supervisor's responsibility to provide appropriate supervision. There are several reasons why CRPO should do so, and not take a position on the overall liability of clinical supervisors toward clients or for their supervisee's actions:

1. Liability is a matter for the courts, not CRPO.
2. CRPO's Professional Misconduct Regulation makes supervisors responsible to "appropriately supervise a person whom the member is professionally obligated to supervise."¹²
3. Practice arrangements vary widely by context, e.g., supervising a student vs. an RP; supervision within a workplace vs. external supervision; individual/dyadic vs. group supervision.
4. The other organizations researched are inconsistent in their position regarding supervisor responsibility.
5. CRPO investigations do not commonly include allegations of client harm due to inadequate supervision.

- Make written clinical supervision agreements mandatory.

Comment: The current standard is unclear on whether a written agreement is mandatory. Most survey respondents use and support a written supervision agreement. The agreement is an important record that may be referred to in the CRPO registration or investigation process.

- Add section on supervisor professionalism, e.g., dual relationships, abuse of power, mandatory reporting, etc.

¹² O. Reg. 317/12: PROFESSIONAL MISCONDUCT, s 1, para 11, online: <https://www.ontario.ca/laws/regulation/120317> (accessed January 26, 2022).

Comment: Over several years, CRPO has received stakeholder feedback and investigated allegations related to supervisory conduct. The proposed addition would clarify and strengthen expectations of RP clinical supervisors.

- Clarify the Standard statement to reflect current expectations.

Comment: The standard itself can be improved to make it clearer and reflect RP supervisors' legal obligations to be competent and supervise appropriately.

- Revise guidance on how often registrants should meet with their clinical supervisor

Comment: The existing suggested ratio of clinical supervision to DCC hours received significant stakeholder objection. A new approach to frequency of clinical supervision is suggested. Given the variety of supervision arrangements, a contextual approach is suggested that emphasizes professional judgment, making a habit of meeting regularly, and adjusting based on the needs of the supervisee.

- Revise language in the standard statement on practising with clinical supervision.

Comment: Currently the standard requires supervisees to participate “meaningfully”. Stakeholders have pointed out the ambiguity of the word. “Meaningfully” has been removed from the standard statement itself, while it remains in the background section for illustration. It is implied that participation in clinical supervision meets the expectations held within the profession.

It is recommended that CRPO supplement the standards with guidelines, webinars, and template documents such as a sample clinical supervision agreement and log sheet.

It is recommended that CRPO review and consolidate website information about clinical supervision so readers can easily find clear, comprehensive information on the topic in one place.

DRAFT REVISED Section 4 Clinical Supervision

Clinical supervision is an essential part of psychotherapy training and professional development. CRPO defines clinical supervision as:

A professional relationship where the individual who is receiving supervision is engaged in a collaborative learning process with a clinical supervisor, which relationship is designed to,

- (a) promote the professional growth of the supervisee,
- (b) enhance the supervisee's safe and effective use of the self in the therapeutic relationship,
- (c) foster discussion of the direction of therapy and the therapeutic relationship, and
- (d) safeguard the well-being of clients.

Clinical supervision is distinct from the following forms of support and oversight, though it may incorporate some elements from each.

| | |
|--|--|
| <i>Administrative, managerial or workplace supervision</i> | Oversight of the operation of a business, clinic, practice, or other organization. May focus on topics such as programming, finance, performance, scheduling, record-keeping, and marketing. |
| <i>Teaching</i> | Assisting with learning, for example by providing instruction. |
| <i>Mentorship</i> | Helping a less experienced practitioner grow over time, for example by providing advice, information, or example. |
| <i>Consultation</i> | Obtaining direction or advice regarding the way forward with a particular client or clinical issue. |

Clinical supervision has the following characteristics:

- it is contractual;
- it is purposeful (intentional);
- records are kept by both the supervisor and supervisee;
- there are regular meetings; and
- the ultimate focus is on the well-being of clients.

Reasons for engaging in clinical supervision

Fulfilling registration requirements

Qualifying registrants are required to practise with clinical supervision. All Registered Psychotherapists are required to continue practising with clinical supervision until they qualify for 'independent practice' (having completed a career total of 1000 direct client contact hours and 150 hours of clinical supervision).

College-directed supervision

A College committee may direct a registrant to practise with clinical supervision or some other form of oversight. This may occur when a registrant wishes to resume practice after a long pause, or to address gaps in knowledge, skill, or judgment identified through the Quality Assurance Program or investigation process. A registrant's managed health issue could also result in a requirement to practise with clinical supervision.

In cases of College-directed clinical supervision, clinical supervisors need to know why clinical supervision was imposed by the College, and must provide appropriate clinical supervision as directed, particularly with respect to frequency of sessions, reporting to the College, and other conditions that may be stipulated.

Voluntary clinical supervision and consultation

Registrants may seek clinical supervision or consultation voluntarily, to discuss the direction of therapy regarding a particular client, for reasons of professional growth, or to develop competence in a new area. This is strongly encouraged; indeed, many psychotherapists engage in ongoing clinical supervision throughout their professional careers.

Supervising students

The College does not regulate students. Some psychotherapy students may plan to register with another regulatory college, or may already be registered with another college, e.g., Ontario College of Social Workers and Social Service Workers.

The practice standards apply to CRPO registrants who provide clinical supervision to students. In addition, registrants may be responsible for other forms of student supervision related to their roles as teachers, professors, mentors, etc. In these situations, registrants are required to provide appropriate supervision to those they are responsible for supervising.

Supervision and insurance

RPs sometimes receive supervision to facilitate access to insurance benefits for clients (i.e., because the client's policy covers the supervisor's practice). These arrangements are acceptable as long as registrants comply with CRPO practice standards, in particular:

- Ensuring billing is accurate (e.g., stating who provided the service under whose supervision).
- Avoiding conflicts of interest (ensuring the interests of clients are placed ahead of business interests).
- Maintaining adequate records (both client records and supervision records).

4.1 Providing Clinical Supervision

The Standard

4.1.1 Registrants provide clinical supervision only if they are qualified to do so.

4.1.2 Registrants appropriately supervise persons whom they are professionally obligated to supervise.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example:

- Undertaking supervisory responsibilities only when the registrant has the necessary competence to provide clinical supervision in general and to supervise the services being provided;
- Entering into a written clinical supervision agreement that sets out the responsibilities of the supervisor and supervisee, and the expectations of both parties;
- Signing and maintaining the clinical supervision agreement in their records;
- Meeting according to a pre-determined schedule taking into consideration the needs of the supervisee;
- Documenting discussions between clinical supervisor and supervisee, e.g., focus of the discussion, particular issues addressed, etc.;
- Supporting and evaluating the progress of the supervisee;

Commentary

Competence to serve as a clinical supervisor

Providing clinical supervision is not an entry-to-practice competency. It requires additional training and experience. CRPO's [definition of a clinical supervisor](#) sets out the minimum qualifications for providing clinical supervision. These apply whether the clinical supervision is for CRPO registration purposes or not. Clinical supervisors also need to be competent to supervise the area of practice that the supervisee is providing to clients.

Responsibility of clinical supervisors

Taking on the role of a clinical supervisor can be a rewarding experience. It can complement one's practice, facilitate the professional growth of others, and promote safe, effective client care. It is also a significant responsibility. Clinical supervisors are responsible for the supervision they provide. The scope of clinical supervision required will vary depending on various factors, including:

- The experience and competence of the supervisee. Newer practitioners will require more frequent engagement.
- Whether the supervisee is a student or a registrant. Students beginning practice require broad oversight over all aspects of their work. This responsibility is shared by the clinical supervisor and the student's education program. Registrants who have graduated from

their psychotherapy education program may receive more focused clinical supervision on particular areas of challenge or growth.

- The practice arrangement. Where there is a shared business or practice arrangement, the clinical supervisor may also need to provide some degree of administrative supervision.

The clinical supervision agreement

Clinical supervision is characterized by a formal relationship between clinical supervisor and supervisee. It is expected that registrants providing and receiving clinical supervision have a written agreement in place. Details of supervision agreements will depend on particular circumstances, including the therapeutic approach or model of supervision used. The agreement is to be signed and maintained in the records of all parties.

The agreement should include the following:

1. Optional: Relevant background information on clinical supervisor and supervisee (training, designations, professional approach, etc.).
2. Goals or purpose of clinical supervision.
3. Responsibilities of clinical supervisor and supervisee(s).
4. Clarification regarding who has ultimate responsibility for clients (e.g., is the supervisee treating their own clients, the supervisor's clients, clients of an agency or clinic?)
5. Supervision format (individual, dyadic, or group); modalities of treatment to be supervised (psychodynamic, cognitive behavioural, systemic, etc.); method of reviewing supervisee's clinical work (self-report, videotape, live observation, thematic, etc.).
6. Meeting arrangements (physical location or online platform, frequency, duration, cancellations, emergencies, fees if any).
7. Expectations regarding the sharing of client information and informing clients about clinical supervision.
8. Provisions regarding the confidentiality of information shared between clinical supervisor and supervisee.
9. Processes for:
 - providing evaluation and feedback
 - emergency or off-schedule contact between supervisor and supervisee
 - resolving conflicts
 - renewing or terminating the agreement.

Record of supervision provided

Clinical supervisors keep a detailed record of clinical supervision provided. In particular, records include the names of supervisees, dates of attendance, number of hours provided, fees paid if any, issues discussed, and any directions given. Group clinical supervision records may be maintained in a group file while keeping individual files for any supervisees seen individually.

Professionalism as a clinical supervisor

Clinical supervisors act professionally toward supervisees. Similar to the therapist-client relationship, there is a power imbalance between clinical supervisor and supervisee. Many of CRPO's practice standards apply by analogy to providing clinical supervision. For example:

- Clinical supervisors avoid conflicting roles with supervisees, such as dual personal-professional relationships or supervising and providing therapy to the same person.
- Sexual misconduct, undue influence, and abuse toward supervisees are unacceptable.
- Clinical supervisors maintain confidentiality, subject to agreed-upon limits, of information provided by supervisees.
- Clinical supervisors make mandatory reports if supervisees engage in unsafe practice. "Unsafe practice" does not refer to any mistake or error. It is an acceptable part of a supervisee's learning process to share and learn from mistakes. Rather, "unsafe practice" refers to professional misconduct or incompetence where clients are placed at risk.

Additionally, clinical supervisors need to have a heightened awareness of their own abilities and use of self. Clinical supervisors have an ethical responsibility to seek consultation or supervision-of-supervision when needed regarding transference or content that is not their specialty.

Supervising unregulated individuals

RPs supervise a variety of individuals, for example office and communications staff. It is the RP's responsibility to oversee anything done on their behalf. Some RPs may *clinically* supervise an unregulated practitioner, such as an addiction counsellor or child and youth worker. In such cases registrants must ensure the unregulated practitioner is not misrepresented as a psychotherapist and does not engage in the controlled act of psychotherapy.

See also:

- Standard 4.2 Practising with Clinical Supervision
- Standard 2.1 Seeking Consultation, Clinical Supervision and Referral
- Registration Regulation
- Professional Misconduct Regulation, provision 11

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

4.2 Practising with Clinical Supervision

The Standard

4.2 Registrants practise with clinical supervision when they are required to do so.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example:

- Entering and adhering to a clinical supervision agreement.
- Keeping a record of clinical supervision received.
- Informing clients of the supervisory arrangement, including if appropriate, the identity and contact information of the clinical supervisor and the client's right to contact the supervisor.
- Ensuring clients are informed that a clinical supervisor has access to their identifying information if this is the case.
- Receiving clinical supervision with reasonable frequency as determined with the clinical supervisor.
- Participating in clinical supervision in a professional, curious, and engaged manner.

Commentary

Registrants required to practise with clinical supervision participate meaningfully to promote the purpose and effectiveness of clinical supervision. Meaningful participation includes such things as communicating a case history, presenting issues and assessments, and raising complex clinical or ethical issues encountered during treatment.

Frequency of clinical supervision

Clinical supervisors and supervisees have a shared responsibility of applying professional judgment to determine the appropriate frequency of clinical supervision. Factors may include:

- The level of experience and competency areas of the supervisee (that is, a newer practitioner will require more frequent clinical supervision)
- The nature of the therapy (modality, clientele, presenting issues)
- Other supports available (peer group, consultation, administrative supervision)

Setting regular meetings in advance is an important practice for making clinical supervision a habit and ensuring issues are addressed promptly. For example, a relatively new practitioner such as an RP(Qualifying) registrant, should receive approximately one hour of clinical supervision per week while a more experienced practitioner such as an RP working toward independent practice should receive approximately one hour every two weeks. Additional, shorter meetings can be held as needed.

When required clinical supervision hours have been completed, registrants continue to meet with their supervisor on a regular basis, until such time as they have met all of the requirements for 'independent practice', i.e., practice without clinical supervision.

Supervision records

It is the responsibility of supervisees to maintain a record of supervision received. The record should include:

- name and contact information of the clinical supervisor;
- a copy of the supervision agreement;
- dates and number of hours of clinical supervision received;
- format (individual, dyadic, or group); and
- Issues discussed at meetings or in correspondence with the clinical supervisor.

Informed consent and confidentiality

Registrants inform clients if they are required to practise with clinical supervision. Registrants should also inform the client that they may contact the clinical supervisor directly to ask questions or express concerns about services provided by the supervisee. Where information identifying the client will be shared with the clinical supervisor, the supervisee must obtain the informed consent of the client. This would be the case, for example, where the clinical supervisor is reviewing the clinical records of a newer therapist.

See also:

- Standard 4.1 Providing Clinical Supervision
- Standard 2.1 Consultation, Clinical Supervision and Referral
- Professional Misconduct Regulation, provision 44

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Evaluation of Supervisees during Registration

Policy Brief – v. August 22, 2022 for Council

Executive Summary

This document reviews the evaluation of supervisees in the CRPO registration process. It sets out relevant CRPO registration requirements and summarizes results of a stakeholder survey and environmental scan. Following discussion of this research, this document recommends maintaining CRPO’s current approach to evaluating supervisees, developing additional resources, and communicating with stakeholders.

Introduction

Registration with CRPO requires completion of a master’s level psychotherapy education program that is recognized by CRPO or substantially equivalent to a recognized program.¹ Applicants may register as a Qualifying registrant once they have completed or substantially completed their education program.² CRPO interprets “substantially completed” to mean having finished the coursework component, being in one’s last semester, or otherwise having completed 90% of the program.³

To transfer to the full RP category, Qualifying registrants need to write a high-stakes competency-based examination.⁴ A Qualifying registrant must graduate their education program before they may write the exam.⁵ If a Qualifying registrant were to fail or withdraw from their education program prior to graduating, their CRPO registration would expire.⁶

To transfer to the full RP category, Qualifying registrants are also required to have “successfully completed clinical experience in psychotherapy that includes at least 450 hours of direct patient contact and at least 100 hours of clinical supervision...”⁷ In some cases, CRPO receives information calling into question whether a Qualifying registrant has successfully completed their clinical experience hours. For example, clinical supervisors, employers, or education programs sometimes report information to CRPO about problems encountered during completion of a student’s or Qualifying registrant’s clinical experience. In these situations, CRPO carefully reviews the situation to determine what action to take, e.g., accept the reported hours, refuse the reported hours, or refer the matter to the Professional Conduct department for an investigation.

If no specific concerns are raised about clinical experience, a signed confirmation⁸ is sufficient to demonstrate that the Qualifying registrant successfully completed the clinical experience.

¹ O. Reg. 67/15: REGISTRATION, s. 6(1), para. 1, online: <https://www.ontario.ca/laws/regulation/150067> (“Registration Regulation”).

² Registration Regulation, s. 10(c).

³ See <https://www.crho.ca/applying-to-crho/>.

⁴ Registration Regulation, s. 6(1), para. 2.

⁵ Registration Regulation, s. 21(2).

⁶ Registration Regulation, s. 11(b).

⁷ Registration Regulation, s. 6(1), para. 3.

⁸ See <https://www.crho.ca/wp-content/uploads/2018/08/DCC-Confirmation-Form-1.0.pdf>; <https://www.crho.ca/wp-content/uploads/2018/03/Clinical-Supervision-Attestation-Form-3.0.pdf>.

This approach raises several questions, including:

- Can an applicant become a Qualifying registrant without having had their clinical skills evaluated?
- Can a Qualifying registrant become a full RP without having had their clinical skills evaluated?
- Can applicants and Qualifying registrants avoid scrutiny of their shortcomings by changing clinical supervisors?
- Can clinical supervisors take advantage of their position of power by inappropriately threatening to withhold confirmation of clinical experience?

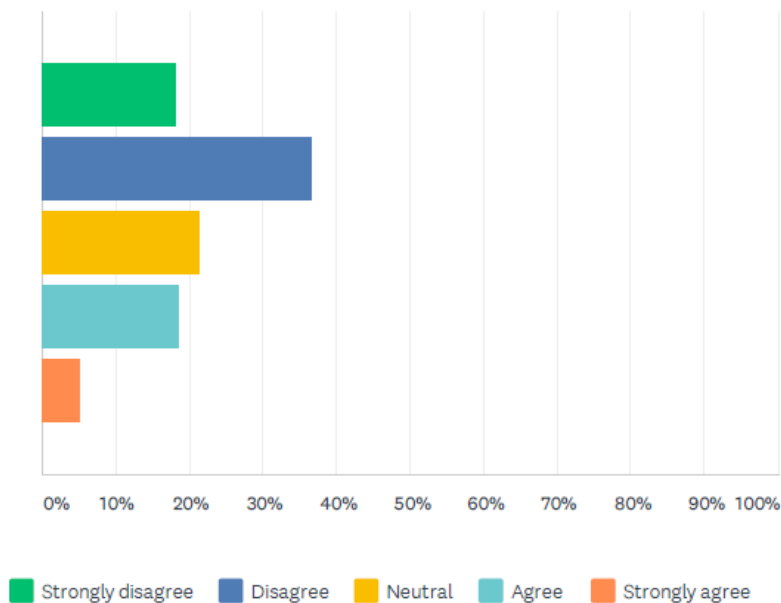
Research overview

Clinical supervision survey

In May-June 2021, CRPO conducted a clinical supervision stakeholder survey, which received 780 responses. Approximately 87% of respondents reported being RPs.

There was slight disagreement with the statement: “Clinical supervisors need to do more than provide a Clinical Supervisor Attestation to substantiate that a registrant has successfully completed clinical supervision hours” (see Figure 1).

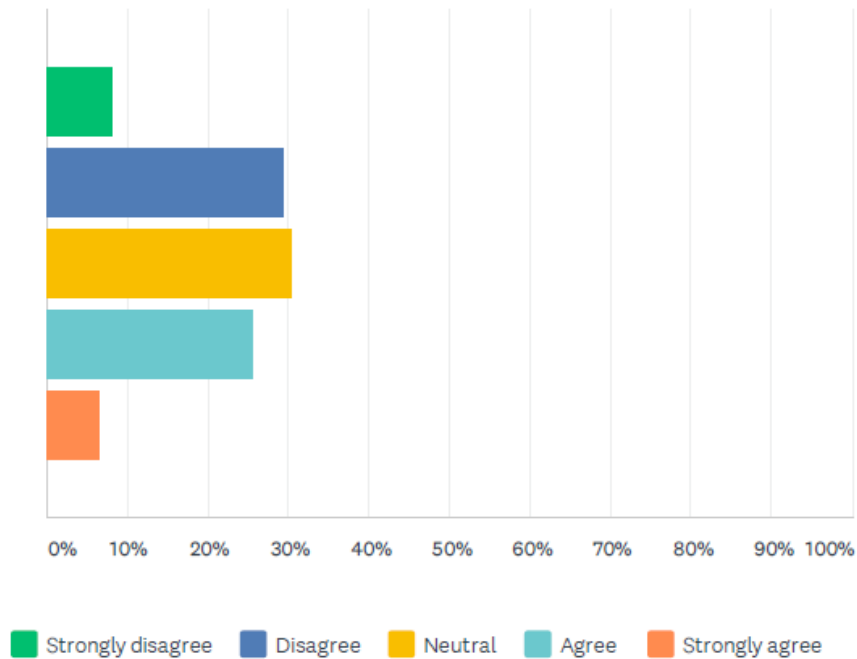
Figure 1



Respondents with more years of experience were more likely to disagree with the above statement, perhaps pointing to concerns about supervisor workload (see comment theme #4 below).

Responses were fairly balanced responding to the statement, “CRPO needs to do more to ensure that clinical supervisors evaluate their supervisees’ competence” (see Figure 2).

Figure 2



Top survey comment themes included:

1. Most respondents felt that the current attestation form is sufficient. Any concerns with supervisees should be addressed during supervision or reported to CRPO.
2. Some respondents felt that some form of evaluation or checklist to demonstrate competency of supervisee would be beneficial.
3. Others felt that supervisees should be evaluated during their education programs, not by their supervisors in professional practice.
4. Some respondents were concerned that adding an evaluation component would increase supervisors' workload and may discourage practitioners from providing supervision.
5. A small number of respondents commented that evaluating supervisees' competency could lead to imbalanced power dynamics, discrimination, additional fees, etc. It could give supervisors too much power in dictating the supervisees' professional future.

Environmental Scan

Among Ontario colleges whose registrants practise psychotherapy, only CRPO and the College of Psychologists of Ontario (CPO) require documentation to confirm psychotherapy clinical experience. CPO requires supervisors of candidates to provide detailed work appraisal forms

that reference competencies and performance.⁹ The scope of practice of CPO's registrants overlaps significantly with CRPO's; however, the scope for CPO registrants is broader and may include non-psychotherapy aspects of psychology practice.

Among non-Ontario psychotherapy or counselling colleges, the majority require documentation to confirm clinical experience hours or evaluate the supervisee.¹⁰ Among professional associations surveyed, most do not require evaluation of clinical experience for membership. A minority example is the Ontario Art Therapy Association, whose application includes an employer verification form that asks about the applicant's competency.¹¹ Beyond membership, some associations offer certification, including as a supervisor, with more stringent requirements.¹²

Discussion of research findings

All those registered via the regular route have completed or substantially completed a recognized or substantially equivalent education program. These education programs have been found by independent subject matter experts and the Registration Committee to develop required entry-to-practice competencies. The competencies were approved by CRPO Council in 2012.¹³

There is no specific minimum number of direct client contact (DCC) or clinical supervision hours an applicant must have completed before they may be registered as a Qualifying registrant. This has led to the concern that applicants may register in the Qualifying category without having had any clinical experience. There is limited validity to this concern.

It is true that a student nearing the end of their education program may register with CRPO around the time they are beginning a practicum and gaining their first DCC and clinical supervision hours. However, they are not only receiving clinical supervision, but are also being evaluated by their education program. The student could not write the registration exam until they graduate their education program, and their CRPO registration would expire if they did not successfully complete the education program. With oversight from their education program, clinical supervisor, and CRPO, there is limited risk posed by Qualifying registrants still completing their education program.

⁹ <https://cpo.on.ca/wp-content/uploads/Work-Appraisal-Form-Primary-Supervisor-Fillable.pdf> (accessed February 14, 2022); <https://cpo.on.ca/wp-content/uploads/Work-Appraisal-Form-Alternate-Supervisor-Fillable.pdf> (accessed February 14, 2022).

¹⁰ See e.g., <https://nscct.ca/wp-content/uploads/2021/05/Candidacy-Supervision-Report-F-11.0.pdf> (accessed February 14, 2022); <https://cctnb.ca/wp-content/uploads/2018/05/Form-3-Professional-Reference-Form.pdf> (accessed February 14, 2022).

¹¹ <https://oata.ca/wp-content/uploads/2020/09/New-Application-for-Registration-ONTARIO-ART-THERAPY-ASSOCIATION.pdf> (accessed February 14, 2022).

¹² See e.g., Canadian Counselling and Psychotherapy Association (<https://www.ccpa-accp.ca/membership/supervisor-certification/>); The Canadian Association for Marriage and Family Therapy (<https://camft.ca/>).

¹³ CRPO, *Entry-to-Practice Competency Profile for Registered Psychotherapists* (2012), online: <https://www.crpo.ca/wp-content/uploads/2017/08/RP-Competency-Profile.pdf> (accessed February 11, 2022).

Some stakeholders have questioned why students can be registered as Qualifying RPs before they graduate their education program. Allowing this registration timeframe prevents a delay after graduation where an applicant remains unregistered and unable to practise. It also improves accountability: Students seeing clients are responsible to the College for their conduct.

Every Qualifying registrant will have had their clinical skills evaluated by the time they graduate. All CRPO recognized programs have this component. Non-recognized, substantially equivalent programs also offer DCC and clinical supervision hours. A sample study by CRPO staff showed that registrants from non-recognized programs completed an average of 324 DCC hours by the time they graduated. The range of DCC hours completed before graduation was from 164 to 526 hours. Registrants had also completed an average of 72 individual/dyadic and 47 group clinical supervision hours.

An applicant from a non-recognized program would be flagged and referred to the Registration Committee if their program did not offer an evaluated clinical experience component, and their application would likely be refused. It is conceivable that if the graduate were to secure a reputable, supervised internship/externship, they may be able to close competency gaps and be registered with CRPO.

CRPO's *Professional Practice Standards for Registered Psychotherapists*, standard 4.1: Providing Clinical Supervision, suggests that supervision agreements include processes for providing evaluation or feedback. This suggests that clinical supervisors may be routinely providing evaluation and feedback to their supervisees. The standards are currently undergoing review. It is being proposed that they remind clinical supervisors of the need to file a mandatory report to CRPO if a supervisee's actions pose a significant risk of harm to clients or the public. This would address the concern that harmful supervisee conduct goes unaddressed.

There are risks and costs associated with requiring additional formal evaluation than supervisees already receive. Additional procedural requirements could discourage clinical supervisors from offering their services. Reviewing substantive evaluations would require additional CRPO resources, indirectly placing costs on registrants and clients. Evaluation could also increase disputes between clinical supervisors and supervisees, which CRPO would need to investigate on a case-by-case basis. These costs and risks may not be justified by the uncertain benefit of an additional layer of evaluation.

On the other hand, there are risks with accepting confirmation of clinical experience hours without any due diligence as to whether those hours were completed successfully. It is possible that some clinical supervisors will not take the initiative of reporting concerns to CRPO about risks encountered during the supervision process. It is recommended that CRPO ask on its clinical experience confirmation forms for confirmation that the hours have been successfully completed, i.e., that the supervisee demonstrated safe, competent, and ethical practice. This prompt would require little additional effort on the part of clinical supervisors. It serves as due diligence to ensure that newer practitioners are developing adequately in the profession.

To review, the following safeguards are already in place regarding evaluation of supervisees:

- All registrants complete a recognized or equivalent master's level psychotherapy education program.

- Recognized or equivalent education programs must offer supervised clinical experience placements.
- All Qualifying registrants must pass a high-stakes, competency-based exam before transferring to the full RP category and must continue practising with clinical supervision until they are eligible for independent practice.
- The Professional Practice Standards encourage supervision agreements to contain provisions about providing evaluation and feedback.
- Clinical supervisors are required to report to CRPO about unsafe practice by another RP. It is professional misconduct not to make a mandatory report when required.
- Professional associations offer voluntary certification for those who wish to pursue it.

Recommendations

Based on the above research and discussion, the following are recommended:

1. Add to current clinical experience attestation forms confirmation that hours were successfully completed, prompting clinical supervisors to report any serious concerns to CRPO.
2. Through stakeholder communication and resource development (e.g., manual, templates), encourage clinical supervisors to include evaluation and feedback as part of clinical supervision.

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 21, 2022 |
| Agenda Item # | 4.c.i. |
| Issue: | Diversity, Equity and Inclusion Working Group DRAFT Terms of Reference |
| References: | Regulatory Objectives Committee competency matrix Committee composition matrix |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

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

Background:

At its December 2021 meeting, Council directed the Executive Committee, in their role as governance stewards, to work with the Registrar to establish a Diversity, Equity and Inclusion Working Group (DEIWG). This working group will be a forum for CRPO to effectively engage with and be informed by registrants with lived experience of barriers that exist for racialized or members of other marginalized communities seeking to enter the profession, working in mental health and for clients receiving care.

Working with consultant Darcy Belisle, the Registrar recruited a small group of RPs to participate in an initial 'proto group' exercise (see attached biographies) over the course of April through August. This group, which drew from a number of the groups of people who typically experience barriers to access, was asked to discuss the proposed role of the DEIWG, to consider how best to structure a group to be effective and to draft terms of reference for the Executive Committee to consider.

The group met four times and undertook robust deliberations to develop the terms of reference (attached) based on CRPO's existing template.

The proto group considered the terms of reference with the aim of developing a framework through which the DEI working group could best inform and support CRPO's efforts. The draft terms that the Council is being asked to approve includes principles that will assist potential group members in understanding the role that the working group is being asked to play. The first principle (recognizing the need to work through colonized structures, including the Regulated Health Professions Act, in order to advance decolonizing the regulation of psychotherapy) is particularly relevant as it recognizes that the College is a creature of statute while articulating the expectation that the working group is being comprised with a view to overcoming systemic racism, discrimination and oppression.

Key Considerations:

A DEIWG is needed to advise the Registrar to support both the strategic work of meeting regulatory objectives as well as core regulatory functions. In particular, work to meet the standards related to DEI set by the College Performance Measurement Framework should be started in the coming months.

Approval of the terms of reference and direction to undertake recruitment will allow the Registrar to work with D Belisle, the proto group members and the Nominations and Elections Committee to recruit potential members in time to have a slate of appointees ready for Executive recommendation for Council approval in December.

Next Steps:

The Council is being asked to approve draft Diversity Equity and Inclusion Working Group terms of reference and to direct the Registrar to commence the recruitment of RPs to be appointed to this working group in December.

Proposed motion:

That Council approve the terms of reference for the Diversity Equity and Inclusion Working Group as presented (or amended).

| | |
|--|---|
| Type of document: Terms of reference | Approved by: DEIWG Proto Group Executive Committee |
| Date approved: August 2022 | Review dates: |

Diversity, Equity and Inclusion Working Group Terms of Reference

| | |
|---|--|
| Name and Type | - Diversity Equity and Inclusion - Working Group |
| Purpose | To provide advice and recommendations to Council and Committees on matters that relate to diversity, equity and inclusion affecting client members of the public, Registered Psychotherapists, and related practices, protocols and procedures. |
| Goal | To enhance protection of the public through improved experiences of inclusion of diverse client members of the public, Registered Psychotherapists, and the staff and leadership of the CRPO. |
| Specific Areas of Responsibility | <ol style="list-style-type: none"> 1. Acting as an advisory body to the Registrar on issues related to diversity, equity, and inclusion. 2. Applying knowledge about diversity, equity, inclusion and its impacts to policy, resource and institutional practice development, particularly regarding inter-committee initiatives where connections may be necessary or appropriate. 3. Acting as a resource to CRPO committees by: <ol style="list-style-type: none"> a. advising on the development of specific professional diversity, equity and inclusion policies and institutional practices of the CRPO. b. reviewing and making recommendations on equity, diversity and inclusion policies and institutional practices, as well as polices and institutional practices that impact equity, diversity and inclusion. |
| Principles | <p>The DEI Working Group will be guided by key principles that inform this Terms of Reference, the advice it provides to Council, and all of its members' actions. These principles are:</p> <ul style="list-style-type: none"> • Recognize the need to work through colonized structures, including the <i>Regulated Health Professions Act</i>, in order to advance decolonizing the regulation of psychotherapy • Support and strive to enhance trust in the profession and in the CRPO as the regulator • Include and advocate for diverse and intersectional identities, psychotherapy practices, and lived experiences in support of the public, within the CRPO, and within the profession of psychotherapy |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Enhance access to services in support of client members of public and Registered Psychotherapists • Operate as a DEI Working Group with effective, mutually respectful, compassionate, and inclusive practices, including communication, advice, and meetings |
| <p>Working Group Composition</p> | <p>Membership will be a minimum of twelve (12) and maximum of fifteen (15) members from the community representing a broad range of systemically and historically marginalized community groups as well as peoples who hold intersectional identities, which include but are not limited to:</p> <p>Identity and Lived Experience</p> <ul style="list-style-type: none"> • First Nation, Inuit and Métis peoples¹ • Black community members • Racialized community members • Newcomers to Canada (immigrants, refugees) • Persons with disabilities, including neurodivergent persons • 2SLGBTQIA+ community members • Seniors • Gender-diverse peoples (including but not limited to women, trans, and non-binary people) • RPs with experience living in the near and far North and/or rural regions of Ontario <p>Diverse Psychotherapeutic Practice and Experience</p> <p>Membership must also represent a range of psychotherapeutic practice modalities. The rationale of creating diverse membership relating to practice area is to enhance the opportunity for a greater understanding of the diverse experiences that flow with these practice areas. This diversity also includes training and education experience outside of Ontario and Canada.</p> <p>Experience with Governance and Organizational Change</p> <p>In accordance with government standards, members should have experience or a willingness to gain skills in governance (ideally DEI-focused councils, committees, working groups, advisory boards, etc.) and organizational change work, (including but not limited to working with councils within a legislated regulatory body, providing</p> |

¹ Indigenous peoples from other parts of North America and the world are also welcome and encouraged to participate, but priority will be given to First Nation, Inuit and Métis peoples given the need to recognize and honour Indigenous experiences with the profession of psychotherapy in Ontario and Canada.

| | |
|---------------------------------|--|
| | recommendations and advice in a structured and organized manner, attending regular meetings, etc.). |
| Term | <p>By-laws require members to hold a one-year term. Prior to the term's lapse and to avoid delaying a new term, the Co-Chairs and Working Group members will, with the support of CRPO Registrar and staff, recruit new members to be in place at and for the beginning of the new term.</p> <p>As per governance requirements, members will review the Terms of Reference once annually.</p> |
| Recruitment | With the support of CRPO Registrar and staff, the DEI Working Group will distribute a call for expressions of interest/intent to the RP community. Consideration should be given to reaching broad communities. Members of the DEI Working Group will review the expressions of interest/intent, and, being guided by the principles, goals as well as other elements of this Terms of Reference, determine who will be recommended to Council for appointment to the DEI Working Group. |
| Competencies | DEI Working Group members are required to meet or be working toward meeting the minimum Council Competencies and Committee Competencies . |
| Decision-Making Process | <p>Wherever possible, decisions will be made by consensus.</p> <p>Where necessary, decisions will be passed by a two-thirds majority vote, specifically, a vote passed by a majority of at least two thirds of the total membership.</p> |
| Delegated Authority | As an ad hoc, non-statutory working group, the DEI Working Group provides advice and recommendations, and does not have formal authority. |
| Reporting | The DEI Working Group advises the Registrar. The Working Group will report to Council and committees at some, though not necessarily all scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues. |
| Appointment of Co-Chairs | The DEI Working Group will select Co-Chairs from among its members and in their selection will consider the principles of inclusion and balance along elements of identity including but not limited gender, race, ability, sexuality, age. |
| Quorum | The quorum is 50% of the total membership. Where there is an odd number of members, quorum will be met by rounding up. For example, where there are 13 members, quorum is met at 7 attendees. |

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

² This section refers only to conflicts of interest that occur as a result of a member of a CRPO Working Group who also participates as a Council member or a member of the governance body (e.g. a working group, caucus, advisory group, etc.) of a professional psychotherapy association in Ontario.

For further clarity, By-law 16 of the [By-laws of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#) prohibits the conflict of interest described in this footnote and in the Conflict of Interest section of these Terms of Reference.

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | September 21, 2022 |
| Agenda Item # | 4.d. |
| Issue: | By-law amendments: elections and nominations |
| Attachment(s): | Appendix: Public consultation responses |
| References: | CRPO Elections CRPO By-laws |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

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

Background:

- As an alternative to elections, health regulators have developed and made use of [competency profiles](#) to determine how and where registrants may serve on various committees.
- Ministry of Health has begun consultations with Health Professional Regulators of Ontario (HPRO) colleges regarding Governance Reform and Regulatory Modernization to inform legislative development. One of the core governance considerations regarding “Professional members selection” is the end to elections, which would be replaced by appointments made through a proposed Nominations and Selections Committee. This committee would be expected to rely on competency profiles to ensure that college Councils would have the needed mix of skills, experience, and diversity of perspectives.
- February 23, 2022: Nominations and Elections Committee considered by-law revisions related to the election and nomination timelines and, the number of nominators required in light of the Ministry’s governance reform initiative. Notwithstanding the fact that the Ministry might amend the legislation to remove elections, the committee determined that a by-law review was warranted. The Executive Committee and Council agreed with the proposed by-law changes and on March 30, 2022, Council approved circulating the changes for 60-days.

Key Considerations:

- In 2019, CRPO developed a [suite of Council and Committee Competencies](#) to provide clear descriptions of the skills, competencies and attributes required to discharge Council duties effectively.
- The competency framework allows the CRPO to be effective and efficient by directing that qualified people are elected, appointed, and recruited and that appropriate training and professional development is provided to ensure continued competence across all regulatory and governance functions.
- CRPO elections have a [low voter turnout](#) and low participation and engagement. Less than 14% of eligible voters voted in the 2018 elections. In the 2019 District 6 by-election, a total of ten (10) votes were cast). In 2020, 2021 and 2022, no elections were held because the number of eligible candidates nominated for a position was equal to the number of members of Council to be elected – simply put, all nominations received since 2020 were acclaimed to their positions as no other candidates put their name forward for consideration.
- In September 2021, Council approved by-law changes that stemmed from the [College Performance Measurement Framework](#) (CPMF) requiring all candidates running for election to Council to complete orientation before being considered eligible for election (10.095) and, to complete and submit a Council Competency Questionnaire (10.11).
- Beginning in 2022, all nominees were required to complete the [pre-candidacy modules](#), respond to a brief quiz, and complete the competency self-evaluation upon submission of their nomination package. This requirement provides a more meaningful picture of a candidate's competencies and knowledge than five signatures from other registered psychotherapists.
- Obtaining five signatures from RPs in Ontario may act as a barrier for practitioners in northern and/or remote parts of the province, for racialized RPs, and for immigrants with limited access to resources and opportunities to connect with other members of the profession.

Next Steps:

Proposed motion:

That Council approve the proposed by-law changes as presented (or amended):

10.07 – Notice of Election and Nominations

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

10.08 – Nomination Deadline

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

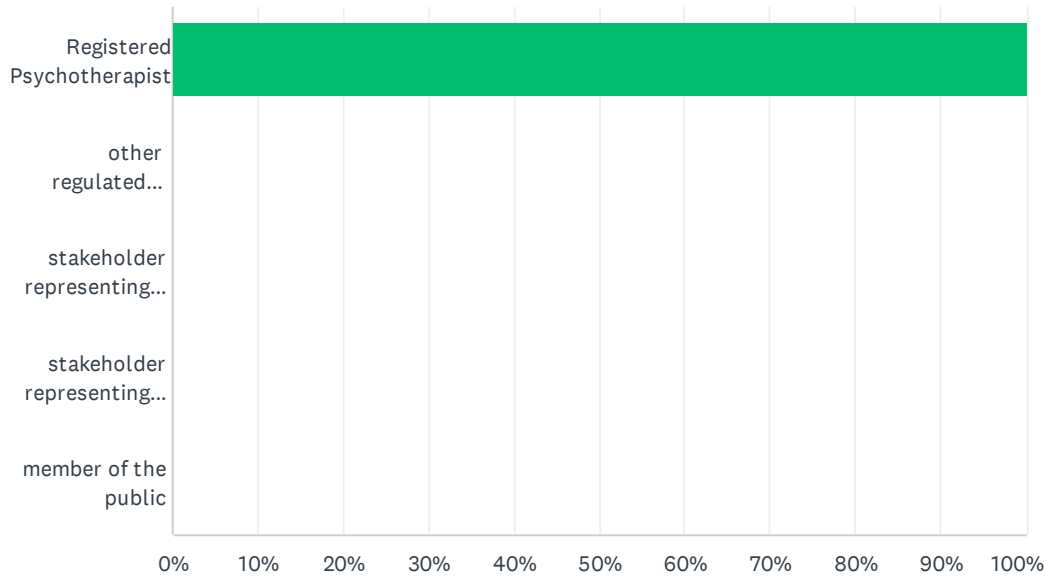
10.16 – Voting Process

No later than fifteen (15) days before the date of an election the Registrar shall send

every Member eligible to vote in the election a list of the eligible candidates, the biography and personal statement of every eligible candidate who has submitted one by the deadline established by the Registrar and in the form acceptable to the Nominations and Elections Committee, a ballot (or equivalent if voting is done electronically) and an explanation of the voting process.

Q1 Are you a:

Answered: 2 Skipped: 0

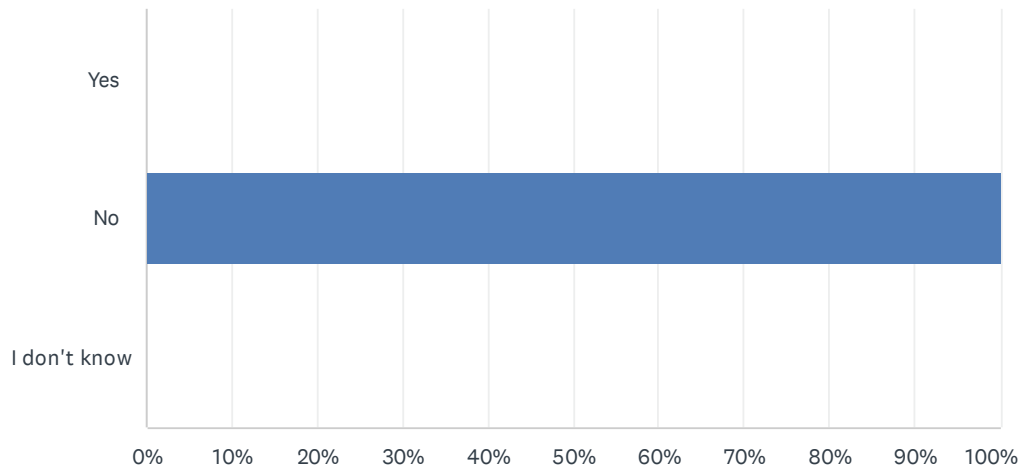


| ANSWER CHOICES | RESPONSES | |
|---|-----------|---|
| Registered Psychotherapist | 100.00% | 2 |
| other regulated professional | 0.00% | 0 |
| stakeholder representing a professional organization | 0.00% | 0 |
| stakeholder representing a service-providing organization | 0.00% | 0 |
| member of the public | 0.00% | 0 |
| Total Respondents: 2 | | |

| # | OTHER (PLEASE SPECIFY): | DATE |
|---|-------------------------|------|
| | There are no responses. | |

Q2 Do you support the proposed by-law changes?

Answered: 2 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 0.00% 0 |
| No | 100.00% 2 |
| I don't know | 0.00% 0 |
| TOTAL | 2 |

Q3 Please provide your comments here (optional):

Answered: 2 Skipped: 0

| # | RESPONSES | DATE |
|---|---|-------------------|
| 1 | I am not in support of these two changes. I believe a candidate should have support of other members and have trusted connections within the profession. I believe people need a full 30 days to review and consider their candidate options. Removing the requirement to obtain signatures of support from 5 registrants. Providing eligible voters with a list of candidates and details on how to vote 15 days before the election (instead of the current 30 days). | 5/20/2022 9:29 AM |
| 2 | The idea that people could be nominated without any support from registrants is not ideal and the shortening of timelines means there is less room for vetting those who are being nominated to CRPO's council. This is very worrisome. | 5/17/2022 4:18 PM |

Registrar's Report to Council

September 21, 2022

Respectfully submitted by Deborah Adams

Public Interest Rationale

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

Project Updates

Professional Practice Standards review

Staff have been meeting with subject matter experts as part of the project. It is expected that Council will receive a more detailed update at an upcoming meeting.

Quality Assurance Program enhancement project

This project continues to be on track, with a pilot of the new assessment planned for November.

Trauma-informed review

Staff are finalizing an agreement to work with a legal clinic to complete a review of the College's approach to complaints to ensure that all processes are trauma-informed. A verbal update on this work will be provided at the meeting.

Staffing Update

Sonya Teece, who has worked with CRPO as a contract decision writer and as a key support to the Practice Advisory service joined the staff team as the Quality Assurance Manager on September 1, 2022.

At time of writing, we are recruiting for two additional staff for the conduct team and one for the QA team.

Regulatory Developments

The Ministry of Health is proposing a new regulation related to registration requirements for all health regulatory colleges. At time of writing, staff were providing ministry representatives with feedback on the proposed requirements related to Canadian experience, proof of language proficiency and registration timelines. An update will be provided as this legislation works its way through the approval process.

Practice Advisory Service

| | | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 |
|-----------|---------|-----------|-----------|-----------|-----------|
| Q1 | Apr-Jun | 325 | 669 | 614 | 760 |
| Q2 | Jul-Sep | 352 | 505 | 505 | 295* |
| Q3 | Oct-Dec | 432 | 612 | 576 | |

| | | | | | |
|-----------|---------|-----|-----|-----|--|
| Q4 | Jan-Mar | 541 | 626 | 765 | |
|-----------|---------|-----|-----|-----|--|

*as of August 12

Common topics include:

- Cross border practice
 - RPs working remotely with clients outside Ontario
 - Practitioners outside Ontario working remotely with clients in Ontario
- Working within competence and scope of practice
- Fees
 - Non-payment of fees
 - Variable fees based on service provided or practitioner experience
- Electronic practice
- Advertising
 - Use of testimonials
- Duty to report
- Confidentiality

Registration

| | June | July | August |
|--|-------------|-------------|---------------|
| Applications started | 229 | 168 | 185 |
| Total applications submitted | 229 | 120 | 152 |
| Applications from recognized programs submitted | 208 | 101 | 121 |
| Applications from non-recognized programs submitted | 19 | 19 | 30 |
| Labour mobility applications | 1 | 0 | 1 |

Total registrants as of September 6, 2022:

- RP 7,515
- Qualifying 3,142
- Inactive 178

Compliance Monitoring

Files currently being monitored are as follows:

| Registration Committee: | |
|--|----|
| Clinical supervision/monitoring | 29 |
| Personal/Group Therapy/Drug Screening | 1 |
| Restrictions on practice / Degree Monitoring | 5 |
| Currency upgrading | 12 |
| Education | 6 |
| Practice Assessment | 1 |
| Not Completed: result of resignation/revocation | 3 |
| On Hold: other reasons (e.g. Inactive, on leave or Interim Order suspension) | 2 |
| Terms, Conditions and Limitations | 32 |

| | |
|---|----|
| Undertaking | 0 |
| Learning Plan (Educational Upgrade) | 2 |
| ICRC: | |
| Clinical supervision/monitoring: | 14 |
| Personal/Group Therapy/Drug Screening | 4 |
| Ethics or education courses | 14 |
| 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 | 17 |
| Written advice | 1 |
| Terms, Conditions and Limitations | 0 |
| Interim Order | 5 |
| Interim Suspension | 1 |
| QA: | |
| Clinical supervision/monitoring | 0 |
| Reflective Paper/Report | 0 |
| Review Standards | 0 |
| Submit revised advertising material | 0 |
| Discipline: | |
| Education | 1 |
| Clinical Supervision | 0 |
| Costs | 1 |
| Suspension | 0 |
| Fitness to Practise: | |
| Monitoring | 0 |

STAKEHOLDER ENGAGEMENT

Stakeholder Meetings

- *April 5 and June 7:* regular check in meeting with the Ontario Association of Mental Health Professionals President, President-elect and Executive Director.
- *May 31 and June 28:* regular check in meetings with the Partnership of Registered Psychotherapist Associations representative.
- *June 1:* we hosted an association stakeholder (virtual) meeting attended by 11 association representatives.
- *June 16:* I presented to the Council of the College of Homeopaths of Ontario on CRPO's Council evaluation framework and the approach the College is taking to using competencies to support professional development.
- *June 29:* regular check in meeting with the Ontario Society of Registered Psychotherapists, association representatives.

Health Profession Regulators of Ontario (HPRO)

- HPRO Anti-BIPOC Racism Project HPRO has sought support from the Government of Canada's Community Support, Multiculturalism, and Anti-Racism Initiatives Program. A verbal update on this initiative will be provided at the meeting.
- HPRO colleges sent a joint letter to the regulatory registry about the Ministry's proposals affecting registration. The letter highlights some concerns that HPRO determined needed to be communicated more formally.

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.
- *May 19:* The registration team attended Chapter Seven (Labour Mobility) of the Canadian Free Trade Agreement (CFTA), offered by the Employment and Social Development Canada and the Canadian Counselling and Psychotherapy Association
- *June 3:* One member of the senior management team attended Indigenous Inclusion in the Legal World, presented by the Canadian Centre for Diversity and Inclusion
- *June 6-9:* One member of the senior management team attended Coaching - Developing Skills for Powerful Conversations, offered by the University of Ottawa Professional Development Institute

- *June 7:* One member of staff attended *Moving towards building a Reconciliation action plan: Indigenous inclusion with employers* panel presented by the Canadian Centre for Diversity and Inclusion
- *June 14:* One member of the registration team attended Hot Topics in Testing, presented by CNAR
- *June 16:* One member of the registration team attended History of race and racism in Canada, presented by the Canadian Centre for Diversity and Inclusion
- *June 16 & 23:* Two staff members attended the Council on Licensure, Enforcement and Regulation (CLEAR) virtual symposium. Workshops included: the Regulatory Role in Inclusion, Diversity, Equity, and Access and Compassion in Regulation
- *June 23:* One member of the senior management team and one governance staff person participated in online training, The Adaptive Regulator Responding to Social, Political & Professional Change, offered by CLEAR
- *June 25:* 5 members of staff (senior management, QA team) attended a half day Crisis Intake Training.
- *June 25 – 28:* One member of the registration team participated in a 4-half day workshop: Policies and Procedures for Compliance and Consistency
- *June 27:* One member of the operations team attended Neurodiversity: Strategies for Creating a Neurodiverse Organization, presented by the Canadian Centre for Diversity and Inclusion
- *June 29:* One member of the registration team attended Adverse Impacts, presented by SML Law
- *June 29:* One member of the registration team attended Fixing “Good Character” Registration Requirements, presented by SML Law
- *June 29:* Resources for Working with Internationally Educated Applicants, World Education Services
- *June 30:* Two members of the conduct team participated in a half-day reasons writing workshop.
- *July:* One member of senior management team reviewed an SML webinar: A COVID-19 Issues in Professional Regulation.
- *July 13:* One member of the registration team attended Intersectionality in the Workplace, presented by the Canadian Centre for Diversity and Inclusion
- *July 26:* One member of the registration team attended How workplaces can respond to tragic news and events: A panel, presented by the Canadian Centre for Diversity and Inclusion

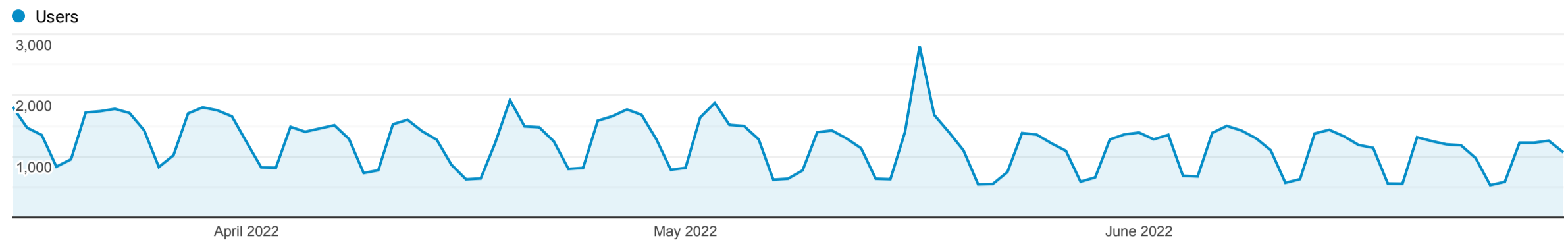
- *August 9:* One member of the registration team attended Starting the Conversation – Mental Health, presented by Canadian Centre for Diversity and Inclusion
- *August 15:* One member of the registration team attended Corporate Social Responsibility Through a Diversity and Inclusion Lens, presented by the Canadian Centre for Diversity and Inclusion

Audience Overview

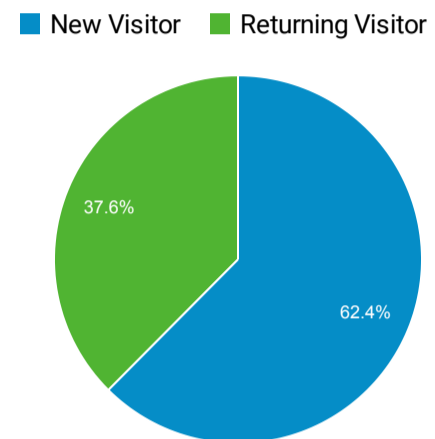
Mar 16, 2022 - Jun 30, 2022

All Users
100.00% Users

Overview



| | | | |
|-----------------------------|--------------------------------|--|--|
| Users 78,406 | New Users 69,618 | Sessions 221,232 | Number of Sessions per User 2.82 |
| Pageviews 347,115 | Pages / Session 1.57 | Avg. Session Duration 00:01:04 | Bounce Rate 80.69% |



| Language | Users | % Users |
|-----------|--------|---------|
| 1. en-us | 36,526 | 46.19% |
| 2. en-ca | 32,258 | 40.79% |
| 3. en-gb | 4,898 | 6.19% |
| 4. en | 2,172 | 2.75% |
| 5. zh-cn | 658 | 0.83% |
| 6. fr-ca | 475 | 0.60% |
| 7. fr-fr | 438 | 0.55% |
| 8. en-au | 235 | 0.30% |
| 9. en-in | 184 | 0.23% |
| 10. zh-tw | 112 | 0.14% |

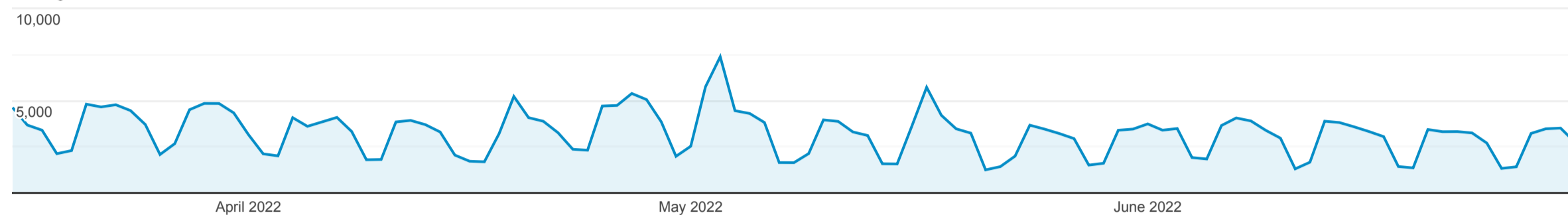
Pages

Mar 16, 2022 - Jun 30, 2022

All Users
100.00% Pageviews

Explorer

Pageviews



| Page | Pageviews | Unique Pageviews | Avg. Time on Page | Entrances | Bounce Rate | % Exit | Page Value |
|--|--|--|--|--|--|--|--|
| | 347,115 <small>% of Total: 100.00% (347,115)</small> | 304,697 <small>% of Total: 100.00% (304,697)</small> | 00:01:51 <small>Avg for View: 00:01:51 (0.00%)</small> | 220,945 <small>% of Total: 100.00% (220,945)</small> | 80.69% <small>Avg for View: 80.69% (0.00%)</small> | 63.65% <small>Avg for View: 63.65% (0.00%)</small> | \$0.00 <small>% of Total: 0.00% (\$0.00)</small> |
| 1. / | 74,051 <small>(21.33%)</small> | 68,397 <small>(22.45%)</small> | 00:01:21 | 66,039 <small>(29.89%)</small> | 78.62% | 74.79% | \$0.00 <small>(0.00%)</small> |
| 2. /find-a-registered-psychotherapist/ | 26,049 <small>(7.50%)</small> | 23,245 <small>(7.63%)</small> | 00:03:17 | 17,130 <small>(7.75%)</small> | 88.96% | 82.30% | \$0.00 <small>(0.00%)</small> |
| 3. /applying-to-crpo/ | 24,361 <small>(7.02%)</small> | 19,069 <small>(6.26%)</small> | 00:01:50 | 14,504 <small>(6.56%)</small> | 68.34% | 52.20% | \$0.00 <small>(0.00%)</small> |
| 4. /recognized-accepted-programs/ | 22,535 <small>(6.49%)</small> | 20,628 <small>(6.77%)</small> | 00:02:53 | 15,621 <small>(7.07%)</small> | 92.18% | 77.29% | \$0.00 <small>(0.00%)</small> |
| 5. /new-members-registered-psychotherapist-qualifying/ | 8,374 <small>(2.41%)</small> | 7,521 <small>(2.47%)</small> | 00:02:23 | 5,612 <small>(2.54%)</small> | 90.11% | 70.65% | \$0.00 <small>(0.00%)</small> |
| 6. /education-programs/ | 8,217 <small>(2.37%)</small> | 7,153 <small>(2.35%)</small> | 00:01:01 | 5,287 <small>(2.39%)</small> | 71.30% | 54.72% | \$0.00 <small>(0.00%)</small> |
| 7. /practice-matters/ | 8,142 <small>(2.35%)</small> | 7,303 <small>(2.40%)</small> | 00:03:22 | 6,013 <small>(2.72%)</small> | 89.82% | 76.71% | \$0.00 <small>(0.00%)</small> |
| 8. /registration-exam/ | 6,770 <small>(1.95%)</small> | 5,370 <small>(1.76%)</small> | 00:02:53 | 3,925 <small>(1.78%)</small> | 82.43% | 63.78% | \$0.00 <small>(0.00%)</small> |
| 9. /supervision/ | 6,415 <small>(1.85%)</small> | 5,817 <small>(1.91%)</small> | 00:02:38 | 4,379 <small>(1.98%)</small> | 90.07% | 72.91% | \$0.00 <small>(0.00%)</small> |
| 10. /standards-regulations/ | 5,069 <small>(1.46%)</small> | 4,249 <small>(1.39%)</small> | 00:01:04 | 2,675 <small>(1.21%)</small> | 75.91% | 50.58% | \$0.00 <small>(0.00%)</small> |

Rows 1 - 10 of 8189

COUNCIL MINUTES

Thursday, June 23, 2022
9:30 a.m. to 12:00 p.m.
ZOOM videoconference

Council Members:

Heidi Ahonen, RP, Professional Member
Steven Boychyn, Public Member

Shelley Briscoe-Dimock, RP (President)

Kathleen (Kali) Hewitt-Blackie, RP,
Professional Member

Avni Jain, RP, Professional Member

David Keast, Public Member

Kenneth Lomp, RP (Vice-President),
Professional Member

Michael Machan, RP, Professional Member

Miranda Monastero, RP, Professional
Member

Judy Mord, RP, Professional Member

Henry Pateman, Public Member

Keri Selkirk, Public Member

Radhika Sundar, RP, Professional Member

Jeffrey Vincent, Public Member

Staff Members:

Deborah Adams, Registrar & CEO

Jo Anne Falkenburger, Director of Operations
& HR

Amy Fournier, Executive Coordinator
(Recorder)

Mark Piore, Director, Professional Conduct &
Deputy Registrar

Regrets:

Sherine Fahmy, Public Member

1. Welcome and Opening Remarks

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

2. Approval of Draft Agenda

The Chair introduced the draft agenda.

MOTION C-23JUN2022 – 01

That the agenda of the June 23, 2022, meeting of Council be approved as presented.

Moved: K. Selkirk

Seconded: J. Vincent

CARRIED

3. Conflict of Interest Declarations

None declared.

4. Non-Council Member Appointment: Indigenous Pathways Panel

S. Briscoe-Dimock introduced the item. Council ratified the Executive Committee’s recommendation to appoint Glenn Walsh, RP (Qualifying) to be a non-Council member of the Registration Committee for the Indigenous Pathways Registration Panel for a term of one year.

MOTION C-23JUN2022 – 02

That Council appoint Glenn Walsh, RP (Qualifying) as a non-Council member of the Registration Committee for the Indigenous Pathways Registration Panel for a term of one year.

Moved: D. Keast

Seconded: K. Lomp

CARRIED

5. Election of Officers

D. Adams introduced the item and provided information regarding the election of officers’ procedures, which are detailed in a Schedule 1 to the CRPO by-laws. The election of Executive Officers was conducted in accordance with the by-laws with the following results:

| Kenneth Lomp, RP | President |
|---|--------------------------------|
| Michael Machan, RP | Vice-President |
| Kathleen (Kali) Hewitt-Blackie, RP | Member at large (professional) |
| David Keast | Member at large (public) |
| Keri Selkirk | Member at large (public) |

K. Lomp was acclaimed for the position of President. An election was held to fill the position of Vice-President, using the integrated Zoom voting function. M. Machan was the successful candidate in this election, with K. Hewitt-Blackie assuming the role of Member-at-large (professional). K. Selkirk was acclaimed as Member-at-large (Public). Since only one nomination was received for the two available positions of Member-at-large (Public), nominations were sought from the floor to fill the remaining vacancy. Two nominations - D. Keast and J. Vincent - were received from the floor, and an election was held. D. Keast and J. Vincent were invited to speak in advance of the recorded vote. D. Keast was the successful candidate for the position of Member-at-large (Public).

D. Adams offered congratulations to all on their election or acclamation to the Executive Committee and thank you to those who put their name forward for consideration. The next Executive Committee will take office on September 22, 2022.

6. Council Evaluation Project

C. Pettit, CEO of Pollinate Networks, provided an update on the ongoing development and next steps for the Council evaluation project. In particular, she focused on the use of the various tools as part of a comprehensive evaluation that is intended to provide both specific feedback and general trends to guide improvement.

7. 2022 Fee Increase Deferral

S. Briscoe-Dimock introduced the item. Background information was provided regarding the by-laws, which state that a fee increase will be implemented every two years. A fee increase was not

implemented in June of 2020 in consideration of the financial constraints resulting from the restrictions and the uncertainty of the early days of the COVID-19 pandemic.

At the May Executive Committee meeting, staff provided a review of the College's financial position and proposed that the fee increase planned for June 2022 be deferred considering that some RPs will have experienced ongoing financial impacts related to the pandemic. The Executive Committee recommended that Council approve this deferral.

Council approved the deferral of the planned June 2022 fee increase, noting that the College is in good financial health and is in a position to absorb the loss of revenue that the deferral represents. Bi-annual increases will recommence as per the by-laws in 2024. The deferral will be communicated with stakeholders via the communique.

MOTION C-23JUN2022 – 03

That Council approve the deferral of the planned June 2022 fee increase given the recent economic strain resulting from the pandemic.

Moved: K. Hewitt-Blackie

Seconded: D. Keast

CARRIED

8. 2022-2023 Budget Revisions

J. Falkenburger, Director of Operations and Human Resources, introduced the proposed budget increases. The proposed revisions stem from the rapid growth in registrant numbers and will address staffing, Council training, communications, quality assurance and registrant management systems.

MOTION C-23JUN2022 – 04

That Council approve the Salaries, Benefits, HR; Council & Committee Training; Communication/Promotional; Registrant Management Systems and QA Program /Practice Advisory budget line item increases in the amounts presented.

Moved: K. Selkirk

Seconded: H. Ahonen

CARRIED

9. Consent Agenda

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

- Draft minutes of May 26, 2022

MOTION C-23JUN2022 – M05

That Council approve the consent agenda as presented.

Moved: J. Vincent
Seconded: J. Mord
CARRIED

10. Council Question Period

No questions were raised; however, staff and Council members took the time to acknowledge the end of S. Briscoe-Dimock's term as President/Chair.

11. Adjournment

MOTION C-23JUN2022 – M06

That the meeting be adjourned at 11:10 a.m.
















Moved: K. Lomp
Seconded: S. Boychyn
CARRIED

DRAFT

Conflict of interest disclosure form June 23, 2022

Signatures

E-Mail | Summary Report

| | Name↓↑ | Vote↓↑ | Signature↓↑ | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| <input checked="" type="checkbox"/> |  Ahonen, Heidi | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Boychyn, Steven | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Briscoe-Dimock, Shelley | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Fahmy, Sherine | | <input checked="" type="checkbox"/> Unsigned | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Hewitt-Blackie, Kali | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Jain, Avni | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Keast, David | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Lomp, Kenneth | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Machan, Michael | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Monastero, Miranda | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Mord, Judy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Pateman, Henry | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Selkirk, Keri | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Sundar, Radhika | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |  Vincent, Jeffrey | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Total: 14 0 0 14 1

Discipline Committee Report to Council

September 21, 2022

Committee Members

- Heidi Ahonen, 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
- Avni Jain, RP

Committee meetings: n/a

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:

Since the last Council meeting, we have received one new referral to Discipline: CRPO v JOY.

Hearings:

One hearing occurred since the last Council meeting: CRPO v MONTGOMERIE.

At this time, the following four matters have been scheduled:

CRPO v FIELD
CRPO v RUSSELL

CRPO v HYNES
CRPO v HWANG

The following four matters are awaiting scheduling:

CRPO v HARAMIC
CRPO v JOY

CRPO v WENT (1)
CRPO v WENT (2)

Pre-hearing Conference & Motions:

Since the last Council meeting, three pre-hearing conferences occurred on May 11, July 6 and August 9. No other matters have yet been scheduled.

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

Executive Committee Report to Council

September 21, 2022

Committee Members

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

Committee meetings:

- June 2, 2022
- June 23, 2022
- July 7, 2022
- August 25, 2022

The Executive Committee considered the following matters at the June 2, June 23, July 7 and August 25, meetings:

2022-2023 Budget Revisions

The Executive Committee reviewed the proposed increases to the Salaries, Council Training, Communications, Registrant Management System, and QA Program and recommended that the revisions be presented to Council at the June 23, 2022, Council meeting. The revised budget was subsequently approved at the June Council meeting.

Audited Financial Statements

Welch LLP presented the Executive Committee with the audited financial statements on June 23, 2022. It was noted that the audit process was smooth with no deficiencies, no significant changes, and no disagreements. The Executive Committee was walked through the statements and invited to ask questions and seek clarification. The audited financial statements are being presented to Council at this meeting for information as part of the Annual Report. See agenda item 8.

Council Evaluation: Next Steps

The Executive requested more frequent reporting from Pollinate to share any evaluation feedback with panel and committee chairs in a timelier way. Chairs will receive quarterly 5-minute meeting evaluation results, with the intention being to provide more information on trends and identifying areas where the chair may require support. The Committee also discussed the evaluation statement regarding time – the statement was revised slightly to clarify the intent.

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 reviewed the memo/briefing note to accompany the strategic planning meeting materials and were provided with a breakdown of the workshop.

Diversity, Equity, and Inclusion Working Group Terms of Reference

The Executive Committee was presented with the draft DEIWG terms of reference. See agenda item 6.

By-law Amendments re: election and nomination timelines

The Executive Committee reviewed the two pieces of feedback that were received via the public consultation regarding the proposed by-law changes related to the election timelines. See agenda item 7.

Advertising Standard Review

The Executive Committee was asked to discuss and provide feedback regarding the College's advertising standard, particularly in relation to "best of" awards given to local businesses by community newspapers.

Q1 Financial Statements

J. Falkenburger, Director of Operations & Human Resources, presented the Q1 financial statements to the Executive Committee. Executive was satisfied with the report and the financial stability represented.

General Updates

The Executive Committee received brief verbal updates regarding the following:

- Trauma-informed review
- Pan-Canadian Alliance – next steps
- Registrant Management System
- Council & Committee meeting dates 2023
- Policy Review – update on the status of the ongoing policy review

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

Examination Committee Report to Council

September 21, 2022

Committee Members

- Heidi Ahonen, RP (Chair)
- Andrew Benedetto, RP (until May 31, 2022)
- Steven Boychyn
- Felipe Cepeda, RP (Non-Council Committee Appointment)
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk

Committee meetings:

- July 5, 2022

Panel meetings:

- May 12, 2022
- May 19, 2022
- July 28, 2022
- September 1, 2022

At the July 5, 2022 plenary half day meeting, the Examination Committee considered the following matters:

COMPASS Presentation

L. Martin, President of COMPASS, presented information about the development, format, and content of the Registration Exam. L. Martin also addressed public safety, exam failures, information shared with registrants in exam results, and data collected in the post-exam survey. L. Martin answered questions from the Committee and observing Registration Committee Members.

Governance Review: EC Terms of Reference and Work Plan Review

The Committee discussed conflicts of interest and the effect those have on panel quorum. Staff will review the by-laws for a possible revision to quorum composition in the terms of reference.

Mass Extension

The Committee granted an extension for any registrants impacted by the COVID-19 pandemic who are unable to make their first or final exam attempt within the timelines specified in the Registration Regulation to the spring 2023 exam administration

Modified Peer and Practice Reviews

The Committee had a discussion reflecting on the use of the Modified Peer and Practice Review (PPR) for the purposes of educational upgrading following a second exam failure. The

Committee shared thoughts on presenting the Modified PPR as an option rather than a requirement for upgrading after a second examination failure. The Committee also discussed, and directed staff to investigate, adapting the Modified PPR into a resource tool for registrants and clinical supervisors to identify competency gaps.

Panel meetings

The May 12 meeting was one hour in length. The May 19 meeting was a half day in length. The July 28 meeting was a full day in length. All meetings took place via video conference. Below are the statistics for the meetings from May 12 through July 28. Results from the September 1 meeting will be included in the next report to Council.

| | | |
|---|-----------------------------|----|
| | Total files reviewed | 30 |
| | Appeals granted | 4 |
| | Appeals denied | 12 |
| Educational upgrading steps directed for second failure candidates | | 4 |
| Eligible for third exam attempt for second failure candidates | | 9 |
| Administrative extension granted for third exam attempt | | 1 |

Committee Membership Changes

Andrew Benedetto's term ended on May 31, 2022. The Chair would like to express appreciation for Andrew Benedetto's valuable contributions to the Committee.

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

Fitness to Practise Committee Report to Council

September 21-22, 2022

| Committee Members |
|--|
| <ul style="list-style-type: none">• Heidi Ahonen, 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 Patemen• Keri Selkirk• Radhika Sundar, RP• Jeffrey Vincent• Avni Jain, RP |

Committee meetings:

- n/a

Panel meetings:

n/a

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:

Since the last Council meeting, we have received no new referrals to the Fitness to Practise Committee.

Hearings:

Since the last Council meeting, we have held 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

No committee training occurred since the last Council meeting.

The Committee Recommends:

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

Respectfully submitted,

Carol Cowan-Levine
Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council

September 21, 2022

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

Plenary meetings:

- May 31, 2022

Panel meetings:

- June 9, 2022
- June 14, 2022
- June 21, 2022
- July 14, 2022
- July 26, 2022
- August 11, 2022
- August 23, 2022
- September 9, 2022

On May 31, 2022, the Committee attended a full-day plenary meeting. Staff provided an update on the supervision review project and sought input for next steps of policy-making. Staff also offered an update on the informal registrar advice process. This process has allowed the College to take a right-touch approach in expediting and resolving low-risk reports.

Staff shared a detailed analysis of complaint and report data from last year. Allegations and outcomes were coded so the Committee could review the types of issues ICRC is typically deciding on. The Committee discussed benefits of collecting race-based complaints data in the future. Finally, the Committee reviewed feedback received from complainants, registrants and the Health Professions Appeal and Review Board (HPARB).

Staff covered educational topics such as ICRC outcomes and interim measures. Examples of decisions and outcomes were examined. Finally, the Committee discussed legislation regarding use of the term “psychological” by registered psychotherapists.

A panel of the ICRC continues to meet twice monthly to review complaints and reports for decision and for possible appointment of investigator.

Respectfully submitted,

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

Registration Committee Report to Council

September 21, 2022

| Committee Members |
|--|
| <ul style="list-style-type: none"> • Heidi Ahonen, RP • Elda Almario, RP (Non-Council Committee Member) • Andrew Benedetto, RP (Chair until May 31, 2022) • Jamie Consoli, RP (Non-Council Committee Member; IRTG Appointment) • Avni Jain, RP (as of June 1, 2022) • David Keast • Michael Machan, RP (Chair as of June 1, 2022) • Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment) • Ahil Nageswaran, RP (Non-Council Committee Member) • Henry Pateman • Sasha Sky, RP (Non-Council Committee Member; IRTG Appointment) • Radhika Sundar, RP • Glenn Walsh, RP (Qualifying) (Non-Council Committee Member; IRTG Appointment; as of June 23, 2022) |

Committee meetings:

- June 17, 2022
- August 19, 2022

Panel meetings:

- June 10, 2022
- July 22, 2022
- August 12, 2022
- September 9, 2022

Program Recognition Updates

At the June 17 plenary meeting, the Committee granted academic recognition to Athabasca University's Master of Counselling (Counselling Psychology) program.

At the August 19 plenary meeting, the Committee granted academic recognition to the Canadian International Institute of Art Therapy's Art Psychotherapy Diploma program.

Panel Meetings

The May 13 meeting was a full day in length. All other meetings were a half day in length. All meetings took place via video conference. Below are the statistics for the meetings from May through August. Results from the September 9 meeting will be included in the next report to Council.

| | |
|--|----|
| Total applications reviewed | 45 |
| Approved | 1 |
| Terms, Conditions & Limitations (TCL) | 17 |
| Conditional approval | 1 |
| Requests for more information | 1 |
| Refused | 25 |

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

Since the May 26, 2022 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned one decision, in which HPARB confirmed the Committee's refusal.

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

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

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

Committee Membership Changes

Andrew Benedetto's appointment to the Registration Committee ended on May 31, 2022. Andrew was appointed to the Registration Committee in 2016 and served as Chair for a total of five years. The Chair would like to express appreciation for his valuable contributions to the Registration Committee and wish him the best in his future endeavours.

The Chair would like to welcome Avni Jain, who was elected to Council and appointed to the Registration Committee on June 1, 2022.

The Chair would like to welcome Glenn Walsh, who was appointed to the Registration Committee on June 23, 2022. They will review applications submitted through the Indigenous Registration Pathway.

Formal Motions to Council

- n/a

The Committee Recommends:

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

Respectfully submitted,

Michael Machan, RP
Chair, Registration Committee

Quality Assurance Committee Report to Council
September 21, 2022

Committee Members

- 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:

- June 16, 2022

The QAC met once on June 16, 2022 since the last Council meeting on May 26, 2022.

Staff reports that the QA Enhancement Project is proceeding on schedule. Currently, approximately 50 cases are ready for use in the pilot assessment, which is scheduled for November 22 to 26, 2022. Workshops are underway to prepare additional cases to add to the question bank, and a series of PPR tool development workshops are scheduled throughout October and November. In addition, communications are underway to promote the assessment and recruit volunteers to participate in the pilot assessment.

The next QA Plenary meeting has been scheduled for September 29, 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

COUNCIL QUESTION PERIOD

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).

Questions During the Meeting



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

Questions While Reviewing the Meeting Materials



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 Regarding Consent Agenda Items



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.

Submitting a Question




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:
 - mandate of public protection
 - mission, vision, and values
 - strategic plan
 - 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 Aprio and on the website or answered in the meeting to support effective deliberations.
- Council members should consider their fiduciary duties when asking questions and avoid:
 - invoking personal or individual professional experiences since this has the potential to introduce the perception of bias
 - referencing matters that have been before Council and that should be held confidential (as dictated by [s 7 \(2\) the RHPA](#))
 - referencing committee deliberations or decisions (as dictated by [s 36 of the RHPA](#))
 - speaking specifically about organizations, associations, education programs or other stakeholders since both criticism and praise could be perceived as problematic



2021 College Performance Measurement Framework



Standards we met this year

| Domains | Standard | KPI | | | |
|-------------------------|---|-------------------------|---|----------------------------------|---|
| Governance | 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | a i) a ii) | b i) | c | |
| | 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. | a i) a ii) | b | | |
| | 2. Council decisions are made in the public interest. | a i) a ii) | a ii) | c i) c ii) c iii) c iv) | d |
| | 3.1 Council decisions are transparent. | a | b i) b ii) b iii) b iv) | | |
| | 3.2 Information provided by the College is accessible and timely | a i) a ii) | b | | |
| Resources | 4. The College is a responsible steward of its (financial and human) resources | a | b) i) b ii) | | |
| System partner | 5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. | | | | |
| | 6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations. | | | | |
| Regulatory Policies | 8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges. | a | b i) b ii) b iii) b iv) b v) b vi) | c | |
| Suitability to practice | 9.1 Applicants meet all College requirements before they are able to practice. | a | b | | |
| | 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically. | a | | | |
| | 9.3 Registration practices are transparent, objective, impartial, and fair. | a | | | |
| | 11. 11.1 The College enables and supports anyone who raises a concern about a registrant. | a i) a ii) a iii) | b | c | |
| | 12.1 The College addresses complaints in a right touch manner. | a | | | |



Standards we met partially

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

c. Ongoing training provided to Council and Committee members has been informed by:

- i. the outcome of relevant evaluation(s);
- ii. the needs identified by Council and Committee members;

⇒ develop individual competency assessment and education plans

iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion

⇒ implement Regulatory Risk Register

⇒ establish the DEI working group

⇒ access Citizen Advisory Group

2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest

e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations.

⇒ **implement Regulatory Risk Register**

3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.

- a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment.

- c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.

⇒ establish DEI working group

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

- c. Council is accountable for the success and sustainability of the organization it governs.
- i. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate.

⇒ complete RMS implementation

⇒ complete development and implementation of Cyber-Security Risk management plan

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

- a. The College demonstrates how it:
 - ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and
 - iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.

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

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

11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.

- a. a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information.

⇒ complete RMS implementation

⇒ complete trauma informed review of processes to inform policy revision

10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice

- a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).

⇒ develop education / communication plan as part of standards review that we are currently doing

10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation

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

⇒ complete QAP enhancement to move to right-touch, risk-based assessment, remediation and coaching model

10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.

- a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising

13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).

a. a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.

⇒ develop policy on information sharing with system partners regarding registration status changes

⇒ develop safety risk assessment to determine when information should be shared with police or emergency services



Standards we did not meet

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

14.2 Council directs action in response to College performance on its KPIs and risk reviews.

- ⇒ establish KPIs
- ⇒ implement Regulatory Risk Register



Areas of focus for 2022

- Complete development of Council Evaluation Framework
- Continue standards review
- Develop and begin to act on Diversity, Equity and Inclusion strategy
- Implement Regulatory Risk Register and use it to report to Council
- Continue Registrant Management System implementation
- Undertake trauma-informed review of core regulatory processes
- Complete Quality Assurance Program enhancement project