COUNCIL AGENDA

Date: Thursday, December 8, 2022
Time: 9:30 a.m. to 3:30 p.m.
Location: Zoom video conference
Chair: Kenneth Lomp, President

	Time	Item	Materials	Pg#	Action	Presenter
1. WELCOME & INTRODUCTIONS						
1.a.	9:30	**Welcome and Opening Remarks**			Information	K. Lomp
1.b.	9:32	**Approval of Agenda** *Council is asked to indicate if they wish for any consent agenda items to be moved to regular discussion items.*	1. Draft Agenda		Decision by motion	K. Lomp
1.c.	9:34	**Conflict of interest declarations** *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.*	1. COI disclosure form 2. COI Worksheet 3. COI process		Information	K. Lomp
2. DISCUSSION & DECISIONS						
2.a.	9:35	**Discipline Process Innovation** *Council will receive a presentation from David Wright, Chair of the Ontario Physicians and Surgeons Discipline Tribunal, followed by questions and discussion.* *Council is asked to consider whether it approves piloting the discipline model along with technical by-law amendments.*	1. Briefing Note			D. Wright, M. Pioro
2.b.	10:20	**Council and Committee composition 2022-23**	1. Briefing Note		Discussion, motion	K. Lomp

		Council is being asked to approve the slate of Council and committee member appointments.	2. Council and Committee slate 2022-23			
2.c.	10:35	**Diversity, Equity and Inclusion Working Group appointments** *Council is being asked to approve the composition of the DEI working group.*	1. Briefing note		Discussion, decision by motion	K. Lomp
			BREAK 10:45-11:00			
2.d.	11:00	**Non-Council member recruitment** *Council is being asked to approve the recruitment of five additional non-council member appointments to ICRC and Examination by consensus.*	1. Briefing Note		Discussion, decision by consensus	K. Lomp
2.e.	11:10	**Governance Reform Initiative Terms of Reference Review** *Council is being asked to approve the proposed changes to the Governance Reform Initiative terms of reference via consensus.*	1. Briefing Note 2. DRAFT revised GRI terms of reference		Discussion, decision by consensus	K. Lomp
2.f.	11:20	**Registrar CEO Succession planning policy** *Council is being asked to review and approve the draft Registrar CEO Succession planning policy.*	1. Briefing Note 2. DRAFT Registrar CEO Succession Planning Policy		Discussion, decision by motion	K. Lomp
2.g.	11:35	**Strategic Planning** *Council is being asked to review the planning session report and approve the draft revised strategic plan.*	1. DRAFT strategic plan report 2. DRAFT strategic plan		Discussion, decision by consensus	K. Lomp

**LUNCH 12:00-1:00**
**3. INFORMATION & UPDATES**
3.a.	1:00	**CRPO Standards Review Update** *Council will receive an update on the ongoing standards review and is asked to provide feedback on the standards update package.*	1. Briefing Note 2. Standards Update Package		Information, discussion	P. Bialik, M. Pioro
3.b.	1:45	**Council Evaluation Framework** *Council will receive an update regarding the final steps in the evaluation framework project.*	1. Briefing Note		Information	K. Lomp
**BREAK 2:00-2:15**
3.c.	2:15	**Cybersecurity Plan and Council Laptop Policy** *Council will receive an update regarding cybersecurity and the distribution of Council laptops.*	1. Briefing Note 2. DRAFT Council and Committee Laptop Operational Policy		Information	M. Pioro, J. Falkenburger
3.d.	2:40	**Quality Assurance Enhancement Project Update** *Council will receive a verbal update on the status of the QA enhancement project.*			Information	K. Lomp, D. Adams
3.e.	2:55	**Registrar's Report** *Council will have the opportunity to pose questions related to the Registrar's written report.*	1. Registrar's Report 2. Web analytics		Information	D. Adams
**4. CONSENT AGENDA**
4.a.	3:10	**Consent Agenda** *Consent agenda items are non-controversial or routine*	**Draft Minutes:**		Motion	K. Lomp

		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.	September 21, 2022 Committee Reports: 1. Discipline 2. Examination 3. Executive 4. Fitness to Practise 5. Inquiries, Complaints and Reports 6. Quality Assurance 7. Registration			
5.	3:15	**Council Question Period** *Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.*				K. Lomp
6.	**3:30**	**ADJOURNMENT**			**MOTION**	K. Lomp
		2023 Council Meetings: • January 25, 2023 • March 29 & 30, 2023 • May 18, 2023 • June 22, 2023 • September 14, 2023 • December 7, 2023				

Conflict of Interest Disclosure Form

Meeting Date: December 8, 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?

<u>Example</u>: 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.

<u>Example</u>: 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.

- <u>Post Meeting Conduct:</u> 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]

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[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:	December 8, 2022
Agenda Item #	2.a.
Issue:	Discipline Process Innovation
Attachments:	-
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	M. Pioro

Purpose & Public Interest Rationale:

The purpose of this item is to consider changes to the discipline process, in particular the appointment of trained adjudicators as the chair of discipline panels.

It is in the public interest for CRPO to pursue continuous improvement regarding a modern, efficient, fair, and reliable discipline process.

Background[1]:

Discipline Committee Overview

The Discipline Committee is a quasi-judicial administrative tribunal whose rules and processes are similar to those of courts. It holds formal hearings in which the civil rules of evidence apply, and often must decide complex legal questions. After each hearing, whether on finding, penalty, or motions, the panel must prepare reasons similar to the reasons for judgment of a court. The reasons are published on the CRPO website and CanLII.

The Committee Chair selects the members of each panel. Under the Health Professions Procedural Code, the panel may be composed of three to five Committee members, two of whom must be public members of Council and one of whom must be a professional member of Council. If the panel is composed of five members, there are no requirements for the final two members other than that they be members of the Committee.

Trends in Administrative Justice

In recent years, there has been a growing professionalization of administrative tribunals. In many tribunals, these developments have led to formal, merit-based recruitment processes, a robust education program, written position descriptions, and performance assessment of adjudicators, among other things. For many, being a tribunal member is now a career rather than a short-term or part-time position. Many individuals, once they develop strong adjudicative skills, sit on various tribunals at the same time or throughout their careers.

In 2015, the Ministry of Health and Long-Term Care retained Stephen Goudge, a former justice of the Ontario Court of Appeal, to make recommendations about the complaint

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[1] Based on briefing materials for the College of Physicians and Surgeons of Ontario Council.

and hearing processes at the College of Physicians and Surgeons of Ontario (CPSO). His report recommended, among other things, that legally trained persons, experienced in running hearings, be appointed to the Discipline Committee to chair hearing panels in non-standards cases. He noted that would eliminate the need for independent legal counsel at those hearings. Numerous professional disciplinary tribunals (e.g., for physicians in some provinces, for lawyers, for immigration consultants) use a similar model.

In 2021, CPSO Council agreed to restructure its Discipline Committee as an independent tribunal, the [Ontario Physicians and Surgeons Discipline Tribunal](#) (OPSDT). The OPSDT includes several experienced adjudicators who were selected in a competitive, merit-based recruitment. They chair discipline panels sitting alongside professional and public committee members.

Proposal

OPSDT is conducting a pilot project where its lawyer-adjudicators are also appointed to other colleges' discipline committees, and an independent committee chair assigns panels, manages cases, and provides mentorship. In other words, CRPO has the opportunity to work with the same adjudicators that serve on OPSDT and other health regulatory college discipline committees. There are several potential advantages to piloting this approach:

- Promoting fair and efficient hearings
- RP and public Council members can focus on the evidence and arguments rather than on the duty of chairing
- More intensive case management (e.g., setting efficient deadlines for next steps in hearing planning)
- Quality of reasons, reducing the time taken to draft and edit them; reasons become shorter and less formal as appropriate
- Reduced legal costs, as independent legal counsel would not be needed in hearings chaired by experienced adjudicators
- Effective training, as all committee members will be able to work alongside experienced adjudicators
- Continuity, by establishing a pool of experienced, professional adjudicators to serve on CRPO's Discipline Committee.

There are also potential concerns with this approach. It is suggested that the following concerns will be prevented or mitigated:

- Panels would no longer be composed of a majority of RPs. Some stakeholders may say that registrants should have more votes than others on a panel even though this is not required by the legislation. Ideally, an adjudicative panel brings together various perspectives, all of which collectively contribute to a better decision. The RP perspective will be well provided by the registrants on the panel.
- A second concern is that the experienced adjudicator may have too much influence over the other panel members because of their training. On legal issues, the chair's views may be given strong weight by the other panel members. However, that is likely the case now in relation to the advice given by independent legal counsel. There are many issues, including credibility determinations and the length of penalty, in relation to which legal or adjudicative training would give little advantage. Every panel member has a say and responsibility to arrive at a decision. Adjudicator chairs are trained to consult every panel member before coming to a decision, and not to dominate discussion.

David Wright, Chair of the OPSDT, will present to Council about the recent experience of the new discipline tribunal for physicians and surgeons.

Key Considerations:

Council is asked whether it approves, in principle, piloting the discipline model where a roster of experienced lawyer-adjudicators chair CRPO's discipline panels.

Council is also asked to consider the following technical by-law amendments, clarifying that non-Council Discipline Committee members need not be RPs. A parallel amendment is proposed for the Fitness to Practise Committee.

Proposed Motion:

Council amends the by-laws as indicated herein by strikethrough (meaning deletion) and highlighting (meaning insertion):

13.04 – Discipline Committee
The Discipline Committee shall be composed of every member of Council and one (1) or more ~~Members~~ individuals who are not members of Council if Council so wishes.

13.05 – Fitness to Practise Committee
The Fitness to Practise Committee shall be composed of every member of Council and one (1) or more ~~Members~~ individuals who are not members of Council if Council so wishes.

Next Steps:

If Council supports these proposals, CRPO will participate in a pilot project with OPSDT. A roster of lawyer-adjudicators will be presented for approval as Discipline Committee members. A policy will establish that they are to receive the same remuneration as they do from the OPSDT.

In the longer term, the Discipline Committee may consider updating its Rules of Procedure to better reflect the new model, other recent trends, and to promote consistency with other colleges. CRPO could also consider structuring its Discipline Committee as a tribunal, though this change is not necessary to participate in the pilot project.

Briefing Note for Council

Meeting Date:	December 8, 2022
Agenda Item #	2.b.
Issue:	Council and Committee slate 2022-23
Attachment(s):	Appendix A: Proposed committee composition chart
References:	[CRPO By-laws](#) [Committee Appointments policy](#) [Council Competency Matrix](#) [Committee Competency Matrix](#) [Committee Composition Matrix](#)
For:	Information ☒ Discussion ☒ Decision ☒
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

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

Having a substantive pool of non-Council committee appointments can support effective and efficient completion of committee business, particularly in ensuring required panel composition. Having a selection of well-oriented, skilled registrants means that there is less likelihood of conflict of interest and panel issues can be resolved in a timelier manner.

Non-council appointments are mindfully selected registrants who contribute to panel and committee discussions and decisions. Using the competency framework as part of the selection of appointees supports Council in ensuring an adequate mix of skills, knowledge and attributes as well as geographic and modality diversity.

Accordingly, each year, the Executive Committee reviews CRPO Council's current committee composition and recommends reappointment or appointment changes to Council. Allowing for change in the composition of committees on a regular basis can build capacity within the organization, however maintaining some consistency in committee composition can be beneficial for continuity of the committee as well as allowing members to develop depth of knowledge and skill in a particular area of the college.

Background:

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

CRPO by-laws also state that Council may appoint non-Council members at its discretion, for a term of approximately one year.

Over the last several years, consistent committee membership has allowed Council to focus on governance reform, to address workload increases associated with the rapid growth of registrants and to continue to meet College Performance Measurement Framework requirements.

Although committee composition has remained somewhat consistent, there has been a steady flow of public appointments (two new public appointments were made in 2021-22 and three reappointments were made in 2022) and one new professional member was acclaimed in June 2022. Since June 2019, new Council and non-Council members have completed the Council and committee orientation process. As of January 2020, staff has revised the orientation process to include a Zoom meeting introduction/Council 101, modules that are completed independently, a fillable work sheet and a check-in with the President. Committees then conduct committee-specific orientation.

Key Considerations:

Given the current efforts to implement governance-led improvements – including increasing onboarding and training requirements for new members, the broader use of competence and composition matrices to direct appointments and the addition of new Committee members through non-Council appointments – the Executive Committee considered a longer term view of how best to determine appropriate committee changes.

Deliberations in determining committee appointments, included consideration of the following the need for competence development and maintenance as well as for succession planning.

The Executive noted that continued development of competence in more experienced Council members was identified as a priority at the strategic planning session.

The Client Relations Committee is in need of a chair, as Sue Lymburner has chosen not to seek reappointment after serving more than five terms as a non-Council member. This will also leave a vacancy on the Professional Practice Working Group (PPWG).

Of the College's current non-Council members with terms expiring in 2022, thirteen have been offered reappointment and eleven have accepted.

Recommendations:

The Executive Committee is recommending that

- Council committee appointments remain the same for the next term (see Appendix A)
- that the non-Council committee members who have indicated an interest in being re-appointed remain on the same committees apart from Felipe Cepeda, who is being recommended for an appointment to the Quality Assurance Committee (rather than the Examination Committee)
- that Judy Mord be appointed chair of the Client Relations Committee
- that the remaining committee chairs be re-appointed, specifically:
    o Registration Committee – Michael Machan

- Examination Committee – Heidi Ahonen
- Quality Assurance Committee – Ken Lomp
- ICRC – Shelley Briscoe-Dimock
- Nominations and Elections – Sherine Fahmy
- Discipline Committee and Fitness to Practice Committee – Carol Cowan Levine

Proposed Motion:

[Be it moved] that Council approve the 2022-2023 committee composition as presented in Appendix A.

Council Members 2022-2023	Executive	Client Relations	Discipline	Examination
Professional 1. Heidi Ahonen 2. Shelley Briscoe-Dimock 3. Kathleen (Kali) Hewitt-Blackie 4. Avni Jain 5. Kenneth Lomp (President) 6. Michael Machan (VP) 7. Miranda Monastero 8. Judy Mord 9. Radhika Sundar **Public** 10. Steven Boychyn 11. Sherine Fahmy 12. David Keast 13. Henry Pateman 14. Keri Selkirk 15. Jeffrey Vincent	**Professional** Kathleen (Kali) Hewitt-Blackie Kenneth Lomp © Michael Machan **Public** David Keast Keri Selkirk	**Professional** Shelley Briscoe-Dimock Judy Mord © Radhika Sundar **Public** Steven Boychyn Keri Selkirk	**Professional** Heidi Ahonen Shelley Briscoe-Dimock Kathleen (Kali) Hewitt-Blackie Avni Jain Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar **Public** Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent **Non-Council** Carol Cowan-Levine ©	**Professional** Heidi Ahonen © Kathleen (Kali) Hewitt-Blackie Michael Machan Miranda Monastero **Public** Steven Boychyn Keri Selkirk **Non-Council** Vacant
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
Professional Heidi Ahonen Avni Jain Michael Machan © Radhika Sundar **Public** David Keast Henry Pateman **Non-Council** Elda Almario Jamie Consoli Muriel McMahon Ahil Nageswaran Sasha Sky Glenn Walsh	**Professional** Heidi Ahonen Shelley Briscoe-Dimock Kathleen (Kali) Hewitt-Blackie Avni Jain Kenneth Lomp Michael Machan Miranda Monastero Judy Mord Radhika Sundar **Public** Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent **Non-Council** Carol Cowan-Levine ©	**Professional** Shelley Briscoe-Dimock © Kathleen (Kali) Hewitt-Blackie Kenneth Lomp Miranda Monastero Judy Mord **Public** Steven Boychyn Sherine Fahmy David Keast Keri Selkirk Jeffrey Vincent **Non-Council** Abimbola (Abi) Ajibolade David Bruce Nicolas El-Kada Kafui Sawyer	**Professional** Avni Jain Michael Machan Judy Mord Radhika Sundar **Public** Sherine Fahmy © David Keast Henry Pateman	**Professional** Heidi Ahonen Kathleen (Kali) Hewitt-Blackie Avni Jain Kenneth Lomp © Miranda Monastero **Public** Sherine Fahmy David Keast Jeffrey Vincent **Non-Council** Felipe Cepeda Kayleen Edwards Brenda Sedgwick

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Professional Practice Working Group				
Professional Shelley Briscoe-Dimock Kenneth Lomp Judy Mord **Public** David Keast Keri Selkirk				

Council Member	CRC	Discipline	Exam	Executive	FTP	ICRC	N&E	QA	Reg	Total
PROFESSIONAL										
Heidi Ahonen		X	©		X			X	X	5
Shelley Briscoe-Dimock	X	X			X	©				4
Kali Hewitt-Blackie		X	X	X	X	X		X		6
Avni Jain		X			X		X	X	X	5
Kenneth Lomp		X		©	X	X		©		5
Michael Machan		X	X	X	X		X		©	6
Miranda Monastero		X	X		X	X		X		5
Judy Mord	©	X			X	X	X			5
Radhika Sundar	X	X			X		X		X	5
Total Professional:	**3**	**9**	**4**	**3**	**9**	**5**	**3**	**5**	**4**	
PUBLIC										
Steven Boychyn	X	X	X		X	X				5
Sherine Fahmy		X			X	X	©	X		5
David Keast		X		X	X	X	X	X	X	7
Keri Selkirk	X	X	X	X	X	X				6
Henry Pateman		X			X		X		X	4
Jeffrey Vincent		X			X	X		X		4
Total Public:	**2**	**6**	**2**	**2**	**6**	**5**	**3**	**3**	**2**	
NON-COUNCIL										
Abimbola Ajibolade						X				1
Kayleen Edwards								X		1
Nicolas El-Kada						X				1
Muriel McMahon									O	1
Brenda Sedgwick								X		1
Ahil Nageswaran									X	1
Elda Almario									X	1
Felipe Cepeda								X		1
Kafui Sawyer						X				1
Sasha Sky									O	1
David Bruce						X				1
Carol Cowan-Levine		©			©					2
Jamie Consoli									O	1
Glenn Walsh									O	1
Total Non-Council:	**1**	**1**	**0**	**0**	**1**	**4**	**0**	**3**	**6**	

© Committee chair   O IRTG panel appointment

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Briefing Note for Council

Meeting Date:	December 8, 2002
Agenda Item #	2.c.
Issue:	Diversity, Equity and Inclusion Working Group appointments
Appendix:	DEIWG Terms of Reference
References:	Regulatory Objectives Committee competency matrix Committee composition matrix
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

CRPO's policies, guidelines, standards and Code of Ethics should promote diversity, equity, and inclusion (DEI). Having non-Council working group appointments for RPs who are members of equity deserving communities will support CRPO in ensuring that these values are reflected in the regulatory work done by CRPO and the care provided by RPs to the public.

Background:

At its September meeting, Council approved the terms of reference for the Diversity, Equity and Inclusion Working Group (DEIWG). The proto group, working with members of the Nominations and Elections Committee, used the terms of reference to recruit RPs to the working group.

Sixty-three RPs responded to the call for interest and 41 made submissions or participated in an interview. Following the completion of the interviews and reviews of alternative submissions, the proto group and members of the N & E Committee met and reviewed the results. A thorough process was undertaken - considering the terms of reference, the competencies, and the practice setting - to determine which 15 individuals would be offered an appointment.

Staff confirmed that the 15 people selected are willing to accept an appointment. At its November meeting, the Executive Committee approved the proposed slate of appointments to the working group for recommendation to the Council in December.

Next Steps:

Council is being asked to approve by motion, the following appointments to the DEIWG for a term of one year.

Proposed Motion:

[Be it moved] that Council approve the following appointments to the DEIWG for a term of approximately one year:

1. Ronnie Ali, RP
2. Rose Marie Anthony, RP
3. Jessica Cashmore, RP (Qualifying)
4. Laurinda Cheng, RP
5. Jaime Consoli, RP

6. Darlene Denis-Friske, RP
7. Joyeuse Nereah Felix, RP (Qualifying)
8. Enrique Garcia, RP
9. Linah Hashimi, RP
10. Hina Islam, RP (Qualifying)
11. Laura McNeilly, RP
12. Erefaa Ogbuaku Jnr, RP (Qualifying)
13. Gabrielle Ondrade, RP (Qualifying)
14. Malini Ondrovcik, RP
15. Carla Ribeiro, RP

Type of document: Terms of reference	**Approved by**: DEIWG Proto Group Executive Committee Council
Date approved: September 21, 2022	**Review dates**: September 2023

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	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:
	
	    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	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: • Recognize the need to work through colonized structures, including the *Regulated Health Professions Act*, 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 • 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
Working Group Composition	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: **Identity and Lived Experience** • First Nation, Inuit and Métis peoples[1] • 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 **Diverse Psychotherapeutic Practice and Experience** 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. **Experience with Governance and Organizational Change** 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

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[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	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. As per governance requirements, members will review the Terms of Reference once annually.
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	Wherever possible, decisions will be made by consensus. 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.
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 *Psychotherapy Act,* 2007 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.

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[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:	December 8, 2022
Agenda Item #	2.d.
Issue:	Non-Council Member Recruitment
Attachment(s):	-
References:	Non-Council Member Appointments policy
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

Having a substantive pool of non-Council committee appointments can support effective and efficient completion of committee business, particularly in ensuring required panel composition. Having a selection of well-oriented, skilled registrants means that there is less likelihood of conflict of interest and panel issues can be resolved in a timelier manner.

Non-council appointments are mindfully selected registrants who contribute to panel and committee discussions and decisions. Using the competency framework as part of the selection of appointees supports Council in ensuring an adequate mix of skills, knowledge and attributes as well as geographic and modality diversity.

Background:

CRPO by-laws state that Council may appoint non-Council members at its discretion, for a term of approximately one year.

There are currently 16 non-Council committee members, 13 of them have terms that are expiring this month. Evaluation by committee chairs and senior staff resulted in each of them being offered the opportunity to be recommended for reappointment. Eleven of these members have indicated that they would like to return. Of the individuals not returning one is on ICRC.

Key Considerations:

With the continued efforts to ensure that CRPO's work is grounded in the principles of diversity, equity and inclusion staff recommends that any call for additional non-elected professionals should emphasize the need for diversity of perspective and should encourage members of equity deserving communities to apply.

As registrant numbers continue to grow, the ICRC is seeing a steady and expected growth in the number of complaints and reports it reviews. These reviews need to be done in a timely

manner and so require regular panel meetings with adequate numbers of professional and public members.

Staff sought direction from Executive and the Committee is recommending that Council approve the recruitment of:

- 4 non-Council member appointments to be appointed to the Inquiries, Complaints and Reports Committee panels to ensure quorum for decision-making
- 1 non-Council member appointment to be appointed to the Examinations Committee to ensure that at least one member is an internationally trained professional.

Next Steps:

The Council is being asked to approve, by consensus, the proposed recruitment of a total of 5 additional non-Council Committee appointees. In the interest of timeliness, Council is also being asked to direct that the Executive Committee use the authority of Council to make the appointments as quickly as possible in order to allow staff to begin onboarding.

Briefing Note for Council

Meeting Date:	December 8, 2022
Agenda Item #	2.e.
Issue:	Governance Reform Initiative Terms of Reference Review
Attachment(s):	DRAFT revised Governance Reform Initiative Terms of Reference
References:	Committee Competency Matrix Committee Composition Matrix
Action:	Information [x] Discussion [x] Decision [x]
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Effective governance is a pre-requisite for effective regulatory outcomes. It creates robust accountability and oversight of CRPO's strategic direction for the committees and working groups in fulfilling the mandate of public protection. Comprehensive terms of reference documents outline and guide the ways in which a committee or group will work together to accomplish established goals. The terms of reference create a shared set of expectations, build accountabilities for members as well as for the group as a whole and tie the work that is to be done to the larger mandate of the organization.

Background:

The governance review by Darrell Pink made a number of specific recommendations around needed governance reform. These recommendations included an annual review by the committee members of:
- each committee's terms of reference to ensure that the terms remain relevant
  - committee competencies and composition matrices should be used in this review to ensure that the committee is appropriately skilled and diverse and / or pursuing professional development to obtain the needed skill mix
- the most recent workplan summary to ensure that tasks on the committee's plan are current and achievable

The Executive Committee was tasked in November 2019 by Council with stewarding the governance reform initiative. Because of the broad reaching nature of governance work, Executive currently operates under both a committee terms of reference and terms of reference for the governance reform initiative.

In undertaking the review of the current Governance Reform Initiative terms of reference, the Executive Committee considered the fact that expected government-led reforms – which would likely see the removal of Executive Committees in favour of smaller Councils acting as Boards – have not yet moved forward. They determined that the Executive Committee will likely need to

continue to steward CRPO's own governance reform initiatives for the foreseeable future. As such, they updated the terms of reference to reflect ongoing responsibility.

Next steps:

The Council is being asked to approve by consensus the revised Governance Reform Initiative terms of reference as presented.

Type of document: terms of reference	Approved by: Executive Committee / Council
Date approved: November 2019	Next Review date: November 2021

Governance Reform Initiative
Terms of Reference

Name and type	Governance Reform Initiative of the Executive Committee
Purpose	Through the governance reform initiative (GRI), the Executive Committee makes recommendations to Council regarding governance reform, having considered the College's and other available models of governance with a view to recommending arrangements that are aligned with right touch regulation, the modernization of the regulatory framework and best practices. The GRI's mandate may be expanded with Council's approval to address implementation of recommendations.
Specific Areas of Responsibility	The GRI will: provide recommendations to Council on potential changes to the Council's governance and decision-making arrangements. The review should consider such evidence as: ○ the views of Council members ○ the views of senior staff ○ the strengths and weaknesses of the options ○ benchmarked information e.g. from other regulators ○ findings of research of regulatory and governance best-practices - if requested by Council, propose recommended terms of reference for a standing Governance Committee
Composition	The GRI is composed of the sitting Executive Committee. The GRI may recommend the appointment of additional members as needed. The GRI may request the Registrar retain subject matter experts to assist with their work.
Task Group Timeframe	The GRI will meet as needed, based on the workload assigned to it, either by the Council or the Registrar.
Decision-Making Process	Wherever possible, decisions will be made by consensus.
Delegated Authority	The GRI shall make recommendations to Council on governance reform matters.
Reporting	The GRI will provide ongoing reports to the Council at some though not necessarily all scheduled meetings.
Appointment of Chair	The GRI shall select a Chair from among its members.

	If the Chair is unable or unwilling to preside at a meeting, the Chair must designate an acting Chair from among the GRI members to preside at the meeting, and, if the Chair cannot delegate their chairing duties, the GRI shall then select an acting Chair to preside at the meeting from among its members.
Quorum	The quorum is three (3) members Despite anything in the By-laws, the GRI is properly constituted despite any vacancy if there are enough members to form a quorum of the Task Group.
Meetings	The GRI shall adopt a meeting schedule, which may include meetings held by teleconference of video conference These meetings may also be outside the CRPO and include consultation with stakeholders.
Staff Support	The GRI will receive the resources and administrative support from staff to fulfill their mandate. The Registrar acts professional resource and in a non-voting capacity. Other staff members provide support to the GRI.
Communication with Council	The GRI Chair will report to Council as needed, depending on the work undertaken by the GRI.
Task Group Records	The Chair of the GRI shall ensure that accurate minutes of all GRI meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All GRI members must carry out their responsibilities so it serves and protects the interest of the public. They must not engage in any activities or where they have a direct or indirect personal or financial interest. All GRI members must uphold and further the intent of the *Psychotherapy Act, 2007* to regulate the profession and practice of psychotherapy in Ontario in the public interest.
Inquiries	Inquiries relating to the work of the GRI should be forwarded to the Registrar or staff member providing support to the Task 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.

Briefing Note for Council

Meeting Date:	December 8, 2022
Agenda Item #	2.f.
Issue:	Registrar CEO Succession planning policy
Attachment(s):	DRAFT Registrar CEO Succession planning policy
References:	CRPO By-laws
For:	Information [x] Discussion [x] Decision [x]
Staff Contact:	J. Falkenburger

Purpose & Public Interest Rationale:

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

Council is accountable for the success and sustainability of the organization it governs. A comprehensive policy and procedures for succession planning for Senior Leadership supports Council in ensuring it has the appropriate oversight.

Background:

The College Performance Measurement Framework (CPMF) requires that all health regulatory colleges can demonstrate that Council regularly reviews, and updates written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future.

CRPO has operational processes in place for staff to follow in the event that a new Registrar and CEO needs to be retained. Staff have used these processes to draft a policy both for the recruitment and appointment of a Registrar and CEO as a planned measure, and the appointment of an Acting Registrar in the event of an unplanned absence or departure.

Next steps:

Council is being asked to review the attached DRAFT Registrar CEO Succession planning policy with a review to approving and adopting the current draft of an amended version at the meeting.

Proposed motion:

That Council approve the proposed Registrar CEO Succession planning policy as presented (or amended).

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

DRAFT Registrar and CEO Succession Planning

Policy Statement

It is the policy of the College of Registered Psychotherapists of Ontario (CRPO) Council to ensure the CRPO has the ongoing senior leadership capacity to continue to meet its regulatory mandate.

Purpose

The purpose of this policy is to ensure that the organization's obligations can continue in the face of a loss of senior leadership, specifically the Registrar & CEO.

Relevant Legislation

Schedule 2, RHPA HEALTH PROFESSIONS PROCEDURAL CODE
CRPO By-law 8. THE REGISTRAR

Context
The CRPO's succession plan defines the process in the following two (2) scenarios:
1.   Emergency Succession Planning: the appointment of an Acting Registrar
2.   Planned Succession: The appointment of a Registrar

Procedures

1. An **Emergency Succession Plan** will focus on a maximum of three months following the departure of the Registrar and is designed to ensure the ongoing coverage of duties previously undertaken by the Registrar, to oversee the appointment of an interim Registrar, where appropriate, and to communicate with registrants about the staffing change and the steps that are being taken to ensure delivery of services.

   The appointment of an Acting Registrar, Bylaw 8.03
   If a vacancy occurs in the office of the Registrar, the Executive Committee or Council shall appoint an Acting Registrar until a Registrar is appointed, and during extended absences, the Registrar may appoint, in writing, a senior staff member to serve as the Acting Registrar during the Registrar's absence.

   In the event of a short-term, long-term, or permanent prolonged absence of the Registrar, the Deputy Registrar is the most likely person to be appointed as Acting Registrar. The Acting Registrar shall have the same responsibilities and authority for decision-making and action as the Registrar & CEO.

   In circumstances where there is no Deputy Registrar, or if they are unable at any point to act in the capacity of Acting Registrar, the Executive Committee (or Council) may temporarily appoint another CRPO employee to that role.

Specific steps include:
   i)   The identification of the key duties of the Registrar and who might be responsible for these on an interim basis;
   ii)   The process by which the Council, staff and the profession is informed;
   iii) The hiring of an interim Registrar, when necessary, their responsibilities, authority and compensation, and the process necessary to begin a search for a new Registrar where the absence is permanent; and
   iv)   The identification of existing staff members who might be appointed Interim Registrar, or staff members who would assume responsibility for certain of the Registrar's responsibilities.

2. A **Planned Succession Process** will provide an orderly sequence from the departure of the Registrar to the employment of the replacement. On receipt of the Registrar's resignation (the standard Registrar and CEO contract notes a six (6) week notice period; the Employment Standards Act requires a minimum of two (2) weeks' notice) or if the Council terminates the employment of the Registrar, then the Council of the College will determine whether an overlap of Registrars is permitted or required and if the search for a replacement will be done internally by a Selection Committee or through a search firm.

The appointment of a Registrar, By-law 8.01
The Registrar shall be appointed by Council and, despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of Council under this article

If a search firm is to be engaged, specific steps include:

   i)   Staff investigates potential search firms and their costs and provides this information to the Executive Committee. A budget and timeline are established which is approved by Council (or by the Executive Committee, acting on their behalf) and the firm is contracted to complete the task. A Selection Committee[1] will be created, including senior staff, to review the short list of candidates screened by the search firm.

   ii)   With the assistance of the search firm the Selection Committee conducts interviews with the three (3) to four (4) short listed candidates.
         • Ask the predetermined questions and additional questions building on the candidate's responses;
         • Be prepared to respond to questions on salary range, benefits and other terms of employment;
         • Select one (1) candidate who will be presented to the Council for their consideration and to make the final decision; and
         • Develop a summary report for the Council with a snapshot and strengths of each finalist candidate.

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[1] This can be the Executive Committee plus senior staff.

iii) The Chair of the Selection Committee contacts the finalist candidates to inform them of their status.
   • Checks the references of the finalist candidates if appropriate

iv) The Chair of the Selection Committee provides Council Members with the resume, questionnaire responses, Selection Committee notes and reference feedback. The finalist candidate presents to Council.

   After the presentation and discussion, the Council selects its choice for the next Registrar. The President notifies the candidate of the decision and makes a formal job offer to the successful candidate.

If the search is to be conducted by a Selection Committee, specific steps include:

i) Staff investigate the cost of advertising in newspapers, non-profit publications and nonprofit oriented online sites and make a list of all reasonable places to advertise and the cost. A succession planning budget and timeline is established which the Council approves. This includes a final determination as to which advertising locations will be used.

ii) The Executive Committee reviews the job description to determine if any changes or updates need to be made. A letter announcing the position is sent to other regulatory colleges, professional associations, political leaders, etc. The position is posted on the CRPO website. All Council Members use their networks to identify potential candidates.

iii) Council determines who the members of the Selection Committee will be. It may include Council Members, non-Council Members and outside individuals connected to the College, for example, Legal Counsel.

iv) Staff prepares the advertisement detailing the key attributes of the position for the Selection Committee's approval and determines the closing date for applications.

v) On receipt of the resumes and after the cut-off date for applications to the position, the Selection Committee reviews all and selects the candidates who will receive consideration. Depending on the number of candidates this could be in the range of 10 to 15 applicants. A set of interview questions must be developed for these candidates to respond to in writing. The questionnaires allow comparison of the candidates using a standard basis for comparison.

vi) Staff sends the selected candidates the list of questions and ensures they are given a response length not to exceed four (4) to five (5) pages total and a due date for response. The Annual Report and other background information about the College should be included in the package. Designated Selection Committee Members must be available to answer questions via phone or e-mail.

vii) Staff prepares a package on each candidate, which has their resume, questionnaire responses, cover letter and references.

viii) The Selection Committee Members receive all responses and the candidate's complete package of information in order to review each candidate prior to the Committee meeting. The objective of this meeting is to identify the three (3) or four (4) candidates to be interviewed and to develop interview questions. Discuss the merits and concerns for each candidate and select the candidates for interview. Develop interview questions for the live interviews through referencing the key attributes desired.

ix) Staff schedules the interviews in one and a half hour blocks permitting 30 minutes between interviews for discussion and reflection by the Selection Committee.

x) Draft response letters to unsuccessful candidates thanking them for their interest and have staff distribute them. Conduct the interviews with the candidates. Ask the predetermined questions and additional questions building on the candidate's responses. Be prepared to respond to questions on salary range, benefits and other terms of employment. Select one (1) or two (2) candidates that will be presented to the Council for their consideration and to make the final decision. Develop a summary report for the Council with a snapshot and strengths of each finalist candidate.

xi) The Chair of the Selection Committee contacts the finalist candidates to inform them of their status. Check the references of the finalist candidates. Meet with the Executive Committee and assist them in formulating the questions they will ask of the finalist candidates.

xii) The Chair of the Selection Committee provides Executive Committee Members with resumes, questionnaire responses, Selection Committee notes and reference feedback. Each finalist candidate is interviewed separately, and the President or other designated member is the lead questioner. After the presentations and discussion, the Executive Committee selects its recommendation for the next Registrar. The President notifies both candidates of the decision and makes a formal job offer to the successful candidate.

xiii) The Chair of the Selection Committee provides Council Members with the resume, questionnaire responses, Selection Committee notes and reference feedback. The finalist candidate presents to Council.

After the presentation and discussion, the Council selects its choice for the next Registrar. The President notifies the candidate of the decision and makes a formal job offer to the successful candidate.

DRAFT Strategic Planning Report

On September 22, 2022, the Council and senior management team of the College of Registered Psychotherapists of Ontario (CRPO) met in person for the College's second strategic planning session. The session began with an experiential learning exercise (Terra Nova) followed by an afternoon planning meeting. The day was facilitated by Brady Wilson, of JUICE Inc.

Coming to work together in-person for the first time in 30 months, the group entered into the day with the aim of reviewing and confirming or revising the vision and plan that was set in 2019. This work was supported by considerable data related to regulatory and operational risks as well as to public protection outcomes for the CRPO as a regulator and performance as an organization.

In preparation for the planning session, Council was asked to review and reflect on:

- Situational Analysis on the State of Governance[1]
- Regulatory Objectives
- CRPO 2021 College Performance Measurement Report
- Collee Performance Measurement Framework (CPMF) 2021 Status Summary Report
- CRPO Governance Reform Consultation Response
- Fostering Excellence, Trustworthiness and Accessibility: CRPO Strategic Plan 2020-2023
- Council and committee level work plans

Taken together, the resources provide a useful picture of what is being asked or required of Ontario's health regulators, what CRPO has achieved since the last planning session and what work remains. A series of questions related to each of the resources was provided in advance of the day to assist Council in considering how the College team (Council, committee members and staff) can be strategic in doing the work that is in front of CRPO in order to best achieve the mandate of public protection.

At the session, the discussion was used to look specifically at what it means to be strategic in the context of:

- the required regulatory response to system pressures (noting that they have been heightened by the pandemic)
- a clear call to action in ensuring that the College is working to dismantle barriers to access for members of equity-deserving communities who are seeking the protection afforded by or registration with the regulator
- opportunities that will come from continued steps towards modernizing the governance of *Regulated Health Professions Act* colleges in Ontario

This report is a summary of the results of the facilitated discussion and the key 'take aways' that resulted.

CRPO Which quarter are we in?

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[1] **Reference: Situational Analysis on the State of Governance**
This report resulted from a review authorized by the Council in 2019. It set a baseline for Council's governance reform and was used to shape the 2020-2023 strategic plan. It was provided as a reference so that members who joined Council after its release are aware of it as a starting point, and to allow all members consider progress to date and work that is still required.

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Using the idea of the progression through the quarters of a fiscal year toward the achievement of organizational goals, Council was asked to consider how far CRPO has advanced in it's work toward achieving the goals set by the 2020-2023 plan.

Responses included:

- Depends on the goals/area of work that we are talking about
- Strongly in the third quarter but trending toward the fourth for the most part
    o "we are in the first few minutes of q4"
- We have made great strides in moving from the transitional Council work and approach to where we are now
- Consensus is that CRPO has a "culture of intelligent collaboration"

Where did the Terra Nova exercise get off track?

- At the reflective exercise, when we had to report back on what we need to do differently
- When we realized we needed to have a conversation about the 'other' in our roles as rulers, entrepreneurs, builders and bankers

What can we take from that?

- When everyone is focused on their own tasks/assignments and under stress to complete that work, we risk operating without taking in the bigger picture and communicating effectively with the rest of the group.
- We should always ask "when new information was given to one group, how does the other group know?"
- Communication with other groups (i.e., stakeholders outside Council) needs to be thought through to make sue that we are clear and how we talk about regulating allows everyone to access our thinking and understand our decisions
    o input from the Diversity, Equity and Inclusion Working Group (DEIWG) should be guiding us
    o we can change our language to be more inclusive
- Change is constant
- We need to stay "on the ground" and strive to be "practical and concrete" in how we talk about our public protection work

Appendix 1: Regulatory Objectives

Council originally approved these objectives as a way to articulate how it regulates the profession in a way that upholds and protects the public interest. The objectives are intended as a guide for all of the activities that Council chooses to undertake.

These objectives are best understood as "a series of considerations that we must keep in the front of our mind when carrying out our statutory functions, rather than goals that we can pursue independently of our functions."[2]

Considering the changes to the health care system and to the regulatory landscape since 2020:

A. Is there an approach that we can take as an organization that will help to translate our regulatory objectives into specific actions that will contribute to public protection?

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[2] UK Legal Services Board

2

Council members agreed that the plan is there, is relevant and is evident to Council, committee members and staff. It was noted that the pandemic derailed some of the intended initiatives and so part of the task at hand is to determine which initiatives to return to, which to revise and which to not carry forward.

1. **Are all the regulatory objectives still relevant?**

In discussing the objective to "promote access to mental health services" Council agreed that this is a broad statement and CRPO's work toward this end is narrower and more specific than the objective suggests.

Noting that Council must 'stay in their lane' the group discussed the need to consider how the regulatory role connects to promoting access to services in a way that is concrete and achievable.

Council determined that the College needs to be clear about defining that entire objective and / or CRPO's role related to access to services. Language changes raised for consideration included:
   o Is it better to say CRPO regulates to support the system in being more accessible?
   o Is 'promote' the correct word to articulate how the College serves and protects the public by ensuring safe and effective services?

Council agreed that, once the concept of 'promoting access' is appropriately focused, the regulatory objectives are still relevant.

The consensus was that CRPO's commitment to a trauma-informed approach needs to be incorporated into the objectives. Council agreed that this fits under both "regulating in a way that is principled" and under "confidence in professional regulation" and that the objectives should be revised to incorporate this.

2. **Are there any additional objectives that should be adopted?**

> **Commented [DA1]:** Note to draft: discussion on aspirational objective of competencies for specific practice groups (not modality specific but for client population) Consensus is that standards would be the first line of defence in this matter

Council discussed how the regulatory objectives should be carried through to practical work plans. Considerations included:
   o Are the objectives being effectively communicated to the beneficiaries?
   o What is the perspective of the general public on professional regulation as it affects their care? What do they need?
   o Where does the public look for information?

3. **Do the questions that test initiatives against the objectives need to be revised?**

Council agreed that the test questions are adequate and do not need to be revised. They did note the need to ensure that they are being referenced in policy and panel work.

Appendix 2: CRPO 2021 College Performance Measurement Report

The College Performance Measurement Framework (CPMF), which is required annually of all regulatory colleges by the Ministry of Health, is intended to help the public understand how well colleges are doing their job. The framework is expected to help continually improve accountability, transparency and

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oversight. The CPMF establishes standards of 'excellence' across seven domains and sets metrics through a series of key performance indicators. The framework includes both general goals - allowing colleges to establish initiatives relevant to their profession – as well as specific outcomes related to areas such as diversity, equity and inclusion and risk-management.

CRPO has chosen to engage with the work of meeting the CMPF requirements as a driver of quality. Priority has been placed on demonstrating that the College meets all of the standards and work plans have been crafted accordingly.

After reviewing CRPO's 2021 CPMF submission and the CPMF 2021 Status Summary report (Appendix 2a):

B. Are there ways in which CRPO can be more strategic in meeting the standards set by the CPMF?

Council members expressed a desire and a need to understand how the CPMF ties to College-specific vision of 'excellence' as a way to better determine more exact and concrete ways to connect committee work to the framework.

Council discussed how the existing strategy covers the CPMF metrics for which colleges are accountable. The consensus was that it covers them well. CRPO is on target with all of the key metrics, in particular as they relate to taking a right touch, risk-based approach and incorporating the principles of diversity, equity and inclusion

4. Are the f 23/24 initiatives that have been identified the right ones for CRPO to focus on?

The Council agreed that the initiatives already identified for fiscal 2023/2024 were appropriate. It was noted that practical work plans should focus on ensuring that, when the government moves from the CPMF being a descriptive tool to being a benchmarked tool, CRPO will be best positioned to respond to all of the requirements.

Appendix 3: CRPO Governance Reform Consultation

This is CRPO's response to the Ministry of Health's proposed governance reform initiatives. It is provided here to ensure that Council is aware of the potential changes to how colleges are constituted and how they operate. If passed, these reforms will require CRPO to make significant changes to its approach to governance. It is anticipated that many, if not all of the reforms, will be enacted and so planning should incorporate the need for capacity building in relation to required competence, succession planning and protecting core regulatory functions.

Considering that some or all of the reforms proposed by the Ministry are likely to be mandated for Ontario's health regulatory colleges, and that – even if the reforms are not mandated exactly as proposed – these reforms are grounded in emerging best-practices for risk-based, right-touch governance:

C. Are there steps that CRPO can and should take to prepare for any future reform?

Council had a comprehensive discussion about specific steps with an emphasis on a grounded learning approach that would allow Council and committee members to be most effective in new or expanded roles. They expressed a commitment to using any role changes to feed into further competency

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development that would include elected professional and publicly appointed members, as well as the non-Council committee appointees.

Specific steps suggested during the discussion included:

- survey of current Council and committee members to determine where they would like to be when governance changes occur
- develop formal mentoring for Council members who have an interest in taking on a leadership position
    - Council acknowledged that a mentoring program had been discussed before, noting that it was a significant commitment
- provide additional formal chair training
- create increased opportunities for 'guest chairs' for panels
- establish an observership program to allow members to attend meetings of other committees
- consider assigning 'council buddies' for all new Council members
- ensure intentional cross pollination between Diversity, Equity and Inclusion Working Group and other committees

5. **Should CRPO consider adopting proactively any of the reforms that do not require legislative change (i.e., they are changes we can choose to make before or absent government action)?**

Council agreed that any of the competence development measures (described above) would benefit CRPO in achieving public protection and so should be implemented as part of the new strategic plan through inclusion in the practical work plans.

Appendix 4: Fostering Excellence, Trustworthiness and Accessibility: CRPO Strategic Plan 2020-2023

This is the College's current strategic plan. It is arranged around four priorities (trusted authority, effective infrastructure, clear communications, system partnerships). Council will be asked to consider if there are areas that can be reaffirmed and included in the new strategic plan.

Considering the changes to the health care system and to the regulatory landscape since 2020:

D. **Do these 4 high level strategic priority areas still capture the way we want to describe our priorities and our work?**

Council agreed that the areas are still useful and relevant. The group discussed

- under trusted authority, registrant-centred bullet point is needed
    - CRPO needs to increase communications / continue to inform registrants about public protection work, particularly with a focus on CRPO's commitment to fairness, due process and a trauma-informed approach.
    - It would be helpful to infuse language of College communications with more of a sense of inclusion (e.g., be 'warmer' in our tone) to assist registrants in developing trust.
    - CRPO needs to provide information about regulatory work in a way that would help registrants to understand and connect with the concept of a right-touch approach.
- information should be accessible to the public in the way they can understand
    - CRPO needs to take a more active approach to sharing information with the client public.

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6. Are there any additional priority areas needed in order to be strategic in the work we have in front of us?

Council discussed the merit of learning when to step back. The consensus was that continued focus on a risk-based, right touch approach will assist in this. Specific tools (such as the risk register) will provide a way for Council and committee members to solidify their practice of identifying and responding to the 'right' risks.

Appendix 5: Council and committee level work plans

There are three tabs to this appendix:

    I.   Council master level work plan
   II.   Committee level work plans
  III.   Fiscal 23/24 work

The *Council level work plan* is mapped to the four priority areas of the 2020 strategy report and is intended to provide a high-level overview of the work that Council intended to undertake.

The *Committee level work plans* reflect a (non-exhaustive) summary of the work and progress by both staff and committees since the plan was initiated in 2020.

Specific initiatives that have been started or that are required to meet the standards set by the CPMF have been included in the *Fiscal 23/24 work* tab in the appended Council and Committee Level Work Plans.

High level review of these work plans will be done at the planning session. Council will be asked to direct staff and committees to undertake detailed work plan development between September and November (to inform budget development for fiscal 2023/2024) once priorities have been established.

In advance of detailed work plan development, Council is asked to consider:

E. Are there ways that we can leverage Council, committee and staff competence and capacity to be more effective (intelligent collaboration coordinated activity, focus of competencies)

Council discussed the importance of sharing information between CRPO's committees and between CRPO's Council and the councils of other regulators. Opportunities to do this include more review of the annual CPMF reports and visits to other college council meetings.

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Summary

The planning session concluded with a number of decisions having been made. These included:

- CRPO's regulatory objectives remain relevant but can be improved.
    - o the Executive Committee was directed to work with staff to:
      -provide a more accurate way of articulating CRPO's role withing the mental health system
      -incorporate the importance of a trauma-informed approach in all of the College's work

- Council would benefit from more engagement with the CPMF (both requirements and progress) as a way of tying the metrics for 'excellence' to the college-specific vision of regulating psychotherapists.
    - o staff was directed to included opportunities to incorporate CPMF reporting at Council and in committee plenaries to ensure that the metrics are being best used to drive quality

- Council is committee to ongoing governance improvement and is interested in exploring enhanced onboarding and succession planning for leadership positions.
    - o the Executive Committee was directed to review the current offerings and approach and to consider:
      -arranging 'council buddies' for all newly elected or appointed members
      -committing resources to a formal mentoring program for members interested in leadership positions
      -providing more opportunities for exposure to leadership roles (guest chairing, committee observership, etc.)
      -including non-Council appointees in succession planning

- Communication with stakeholders needs to be more strategic and focused on supporting understanding of the right touch, risk-based approach.
    - o staff was directed to consider College communications and to propose improvements wherever possible, including incorporating learning from the trauma-informed review and direction from the DEI WG

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TRUSTED AUTHORITY

Build CRPO's presence as a trusted authority for issues related to safe, ethical and competant psychotherapy care.

CLEAR COMMUNICATIONS

Further develop communications to support clear, transparent and dynamic interaction with stakeholders.

EFFECTIVE INFASTRUCTURE

Strengthen operations and governance infastructure.

SYSTEMS PARTNERSHIP

Collaborate with other system partners to contribute to better access to mental health services.

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Fostering Excellence, Trustworthiness and Accessibility:
CRPO Strategic Plan 2023 – 2026

CRPO STRATEGIC PRIORITIES

Supporting safe, high quality, accessible psychotherapy for Ontarians.

TRUSTED AUTHORITY	CLEAR COMMUNICATIONS	EFFECTIVE INFRASTRUCTURE	SYSTEM PARTNERSHIPS
Build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care.	Further develop communications to support clear, transparent and dynamic interaction with stakeholders.	Strengthen operational and governance infrastructure.	Collaborate with system partners to contribute to supporting the mental health system in being more accessible.

Priority: Build CRPO's presence as a trusted authority for psychotherapy

Goal: CRPO will be recognized as a leader in ensuring the value of psychotherapy, its role in the mental health system, and what constitutes safety, competence and quality in psychotherapeutic practice and excellence in regulatory oversight. CRPO will be the first source for all issues related to Registered Psychotherapists among health professions, the public, government, the media and other stakeholders, and will be recognized as an exemplar of fostering professional competency and standards of practice.

Objectives:

- Continue to strengthen the practice of psychotherapy through clearly defined standards, continuing competence requirements and support for excellence in practice

- Create public outreach to build understanding about psychotherapy and make CRPO more visible and accessible

- Cooperate with other stakeholders to build knowledge about and access to psychotherapy as a regulated profession

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Priority: Further develop communications to support clear, transparent and dynamic interaction with stakeholders

Goal: CRPO will be in active dialogue and communication with the public, registrants, government and other stakeholders. A focus on ensuring communications with the public and registrants will support their experience of CRPO as open, transparent and accessible. The public will know where to locate information about Regulated Psychotherapists and how to access CRPO to respond to questions and address concerns about care. Registrants will report clarity about the role and purpose of CRPO, will feel their modality of work is respected and valued, and will recognize CRPO as a supportive resource for good practice. CRPO and registrants will both recognize their shared goal of maintaining excellent practice to build public trust.

Objectives:

- Develop effective, proactive communication initiatives based on assessment of public need for information

- Strengthen communications with registrants, with a focus on the College's commitment to fairness, due process and a trauma informed approach, to ensure clarity and transparency and to build trust and a better understanding of regulatory requirements

- Actively participate in efforts to create useful dialogue with stakeholders across Ontario's mental health sector

Priority: Strengthen operational and governance infrastructure

Goal: CRPO will have governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other stakeholders, while meeting all legislative accountability requirements.

Objectives:

- Continue to cultivate excellence, accountability and responsiveness among Council and committee members through professional development and policy guidance

- Foster diversity and inclusion among staff, Council and registered psychotherapists

- Implement effective governance and risk-management frameworks across all operational and regulatory functions

- Measure progress through strategic planning, risk assessment and key performance indicators

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Priority: Collaborate with other system partners to contribute to better access to mental health services

Goal: Through collaboration with other system partners, we will build collective best practices, and advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services.

Objectives:

- Build on existing relationships among the Colleges whose members have the authority to perform the controlled act of psychotherapy, the Health Professions Regulators of Ontario network and other Canadian psychotherapy regulators to:
  - define and foster leadership in regulatory excellence
  - create collective solutions to allow alignment in addressing concerns with mental health service provision
- Engage with the Ministry of Health to provide useful and timely information and advice about Registered Psychotherapy and the mental health system
- Formalize work of recognizing, reporting on and adapting to changes in the practice environment to support health system improvement

Regulatory Objectives:

Regulatory objectives are specific and measurable efforts needed to achieve the goal of public protection dictated by the RHPA. Establishing and communicating regulatory objectives allows a regulator to demonstrate how the work they do is in the public interest. Stated objectives also support accountability within a right-touch approach: if an initiative cannot be measured against one of the objectives, it likely should not be undertaken.

1. **Serve and protect the interest of the public** The College of Registered Psychotherapists of Ontario's (CRPO) mandate is public protection. This obligation to Ontarians begins with ensuring the safety of individuals receiving care from a Registered Psychotherapist but, in keeping with the client and family-centred[1] approach to care, it extends to the protection of the well-being of family members of those accessing services.

   By establishing rigorous entry-to-practice competency requirements and requiring active, ongoing participation in quality assurance and professional development activities, CRPO plays a proactive role in ensuring that RP's have the needed knowledge, skills

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[1] https://ontario.cmha.ca/wp-content/uploads/2006/11/caring_together_2006.pdf

and clinical judgement to practice safely. By providing barrier-free access to the complaints and reports process for clients, their families and other professionals, CRPO ensures that it can respond in an appropriate and timely manner to concerns about the competence or conduct of an RP.

2. **Promote confidence in professional regulation**

The authority and mandate of CRPO is drawn from the *Regulated Health Professions Act,* 1991, the *Psychotherapy Act,* 2007 as well as the regulations under it and the ensuing standards, guidelines and policies set by CRPO. Working within this framework to ensure that the College complies with its mandate and the law, Council acts in a manner that embodies and promotes excellence in professional regulation.

By acting in a way that promotes confidence in professional regulation, CRPO upholds the reputation, integrity and independence of the profession. In holding RPs accountable to standards and a code of ethics, CRPO also fosters public trust in the profession.

3. **Regulate in a transparent, principled, proportionate, unbiased, proactive manner**

Above all else, CRPO will carry out all its core work in a manner that complies with good regulation principles and instills both public and registrant confidence in regulation. CRPO's Council has adopted a right touch/risk-based approach to regulation. This framework is geared toward ensuring both efficacy and efficiency by ensuring that the level of regulation is proportionate to the level of risk to the public.

By promoting standards of competence and conduct, by acting where these standards are breached, and through quality assuring professional development, CRPO supports professionalism and protects the public interest. CRPO does not seek to address all aspects of risk, rather it works proactively to evaluate and mitigate the potential for harm, using regulatory measures that support positive behaviour change and the exercise of professional judgement among RPs.

4. **Promote equity, diversity and inclusion in the provision of psychotherapy services**

Discrimination that persists in the provision of health care and social services in Ontario creates barriers to access to mental health care. In particular, these biases can negatively affect individuals from racialized communities, those with low-income, the elderly, members of the LGBQT community and those with mental illness.

By engaging with the public, registrants and other stakeholders, CRPO works toward freedom from discrimination through the promotion of diversity and inclusivity in psychotherapy education and practice. Holding RPs to standards that respect the diversity and dignity of all persons ensures that they can competently and respectfully serve individuals and families from across the diverse spectrum of age, race, culture, background, sexual orientation and gender identity.

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5. <u>Regulate to support</u> ~~Promote access to~~ <u>the</u> mental health <u>system</u> ~~services within the system~~ <u>in being more accessible</u>

There is an increasing acknowledgement of the difficulties that many Ontarians face in accessing needed mental health services. CRPO is aware that barriers to access to care with RPs exist across the province for a variety of reasons. When considered in relation to ability to receive needed mental health services, the importance of the psychotherapeutic relationship and the benefits of continuity of care, these barriers constitute a risk of harm to the public.

By effectively regulating RPs, CRPO ensures that qualified individuals are authorized and available to practice, that they maintain their competence and that any issues with competence or conduct are addressed promptly and appropriately. This allows stakeholders in the health care system to be confident in the quality of care provided by RPs and supports leveraging the growing number of RPs within the system broadly, resulting in improved access to appropriate continuity of care with providers and in the setting of choice.

Testing initiatives against objectives

As a practical tool, using a series of questions – in conjunction with regulatory objectives - is one way of determining to what degree any initiative measures up against the public interest mandate.

    A. Does it relate to the College's statutory objects?
    B. Does it further one of the regulatory objectives?
      I.   Is it being done transparently?
      II.   Who is the primary beneficiary of the initiative?
      III.   Would this better fit into another's mandate (for example, a professional association)?
      IV.   Who would be unhappy with the initiative? Why? V.   How would it look in news or social media?
      VI.   How would our accountability bodies (for example, the Fairness Commissioner) respond?

Briefing Note for Council

Meeting Date:	December 8, 2022
Agenda Item #	3.a.
Issue:	Standards Review update
Attachments:	Council Review – Standards Update Package
Action:	Information [x] Discussion [x] Decision [ ]
Staff Contact:	P. Bialik, M. Pioro

Purpose & Public Interest Rationale:

The College's professional practice standards and any accompanying practice guidelines should be based in the best available evidence, reflect current best practices, be aligned with changing public expectations, and where appropriate, aligned with other Colleges.

Regular review of the standards of practice and practice guidelines allows CRPO to determine whether they are appropriate, require revisions, or if new direction or guidance is needed.

Background:

CRPO's practice standard review is ongoing. The following standards have been reviewed by staff and QAC, updated, and sent for targeted stakeholder consultation:

- Standard 1.7: Dual Relationships
- Standard 1.9: Referrals
- Standard 2.1: Seeking Consultation, Clinical Supervision and Referral
- Standard 3.1: Confidentiality
- Standard 3.4: Electronic Practice
- Standard 3.5: Unnecessary Treatment
- Standard 5.1: Clinical Records
- Standard 5.2: Requests for Reports
- Standard 5.3: Issuing Accurate Documents
- Standard 5.4: Appointment Records
- Standard 5.5: Financial Records
- Standard 5.6: Record Security and Integrity

Feedback from subject matter experts and professional associations has been received, assessed, and integrated where appropriate.

Please review the attached package (Council Review – Standards Update Package) prior to the meeting.

Next Steps:

Staff will collect feedback from Council discussion. The second and final batch of standards will be presented at a future meeting. All standards will then be circulated for public consultation and may be reviewed by the DEI Working Group. The results of these consultations will be reviewed by QAC, and updated versions will be presented for Council approval, approximately in summer 2023.

Draft Revised Professional Practice Standards Review Package

Standard 1.7: Dual Relationships

Summary of Changes

- Reformatted the standard for clarity (applicable to all standards below).
- Simplified the title
- Encouraged use of clinical judgment
- New tool at bottom of standard with reflection questions ("Assessing the Risk of a Dual Relationship")
- New section for small and remote communities with a list of safeguards to consider
- Highlight that there are some activities that will never be compatible with psychotherapy. For situations where dual practice is occurring, safeguards should be in place.
- Acknowledged power imbalance between a registrant and members of the public, while recognizing that dual relationships are often unavoidable in small communities
- Added section about dual relationships with respect to social media

Draft Revised Content:

Standard 1.7: Dual Relationships

1.7.1 Registrants avoid dual relationships with current clients, except in extenuating circumstances, such as practising in a small community.

1.7.2 Registrants should avoid dual relationships with former clients.

1.7.3 Registrants apply and document the use of ethical and clinical judgment before engaging in dual relationships with current or former clients.

1.7.4 Registrants maintain professional boundaries, both online and in person, to avoid the creation of dual relationships.

Demonstrating the Standard

A registrant demonstrates meeting the standard, for example, by:
- Setting clear boundaries at the beginning of all therapeutic and professional relationships and documenting relevant discussions.
- Avoiding behaviours that may lead to the creation of dual relationships (e.g., non-therapeutic self-disclosure, gift giving, meeting outside the clinical setting).

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- When it is impractical or impossible to avoid the creation of a dual relationship, implementing and documenting appropriate safeguards.
- Keeping their personal profiles on social media private and using only their professional social media platforms for activities relating to psychotherapy.
- Developing a policy around social media use and communicating boundaries around use of technology with clients at the outset of therapy.
- Avoiding personal online relationships with clients, as well as with clients' family members and intimate partners.

Key Definitions

Dual relationship: An additional role between a registrant and their psychotherapy client. Additional roles include personal, financial,[1] or a separate professional role (e.g., realtor, parenting coordinator, mediator, massage therapist).

Clinical setting: Traditionally, this has meant an office; however, many practitioners practise virtually from home, or see clients in other spaces (for example for walking therapy) with appropriate boundaries in place.

Small community: A small community is one in which it is impractical or impossible not to have a dual relationship with a client. Communities may be geographic, academic, professional, social, or cultural.

Commentary
Dual relationships can confuse both the registrant and the client. For example, the therapist or client may not know which relationship is happening at a particular time. If the registrant's additional role carries authority over the client (e.g., as an employer), the client may feel the need to acquiesce to the registrant. Dual relationships may also affect the registrant's professional judgment (e.g., the registrant might say things to a client who is also a friend that they would not otherwise say to a client). Due to the power imbalance between therapist and client, these risks exist even when the client requests or agrees with the dual relationship.

Psychotherapy training programs
Students in some psychotherapy training programs undertake personal psychotherapy as part of their program. Teachers in the program may engage with students in therapy, although it should be avoided whenever possible. An important safeguard would be to ensure that a registrant providing such therapy does not also evaluate those students' academic or other performance in the program. Additionally, educators in this position must ensure client confidentiality is respected and that their behaviour does not influence colleagues or identify a client without consent.

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[1] Apart from fees for psychotherapy service.

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<u>Small communities</u>
Where a registrant provides psychotherapy as part of a small community, registrants employ clinical and ethical judgment, and implement various safeguards (see <u>Assessing the risk of a dual relationship</u>, below).

<u>Former clients</u>

Note: Sexual contact with former clients is covered elsewhere.[2] This standard relates to non-sexual relationships with former clients.

In many cases, relationships with former clients are inappropriate, inadvisable, and potentially damaging to the parties concerned. Despite this proscription, the experience of some regulatory colleges is that an outright prohibition of such relationships is unworkable, especially where a relationship may develop many years later, and the original client-therapist relationship was relatively brief.

The following are factors to consider before entering into a relationship with a former client:
- the likelihood of harm to the former client;
- any power imbalance remaining over the former client;
- the nature, length, and intensity of the former client-therapist relationship;
- the issues presented by the client in therapy;
- the likelihood the individual will seek therapy from the registrant again in the future;
- the length of time since the client-therapist relationship ended; and
- the vulnerability of the client.

Ultimately, it is the responsibility of the registrant to assess the power and privilege they hold in relationships and determine the appropriateness of a dual role based on individualized factors.

<u>Social media</u>
Dual relationships can occur on social media and other electronic messaging platforms. Actions such as "liking," "friending," or "following" can constitute a boundary crossing and – whether the action is undertaken by the registrant or the client – could lead to a dual relationship.

<u>Assessing the Risk of a Dual Relationship</u>

Registrants can evaluate the risk of potential dual relationships by reflecting critically on the following questions:

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[2] https://www.crpo.ca/wp-content/uploads/2018/07/Policy-Sexual-contact-with-former-clients-beyond-a-5-year-post-term-period-June-282018-1.pdf; https://www.crpo.ca/wp-content/uploads/2018/07/Policy-Sexual-contact-with-former-clients-beyond-a-5-year-post-term-period-June-282018-1.pdf.

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1. How much power do I hold over this individual?
2. For how long have I had a relationship with this individual?
3. What are the needs, symptoms, and vulnerabilities of this individual that may increase their risk of harm in the case of a dual relationship?
4. To what extent is the dual relationship or boundary crossing I am considering not aligned with the Professional Practice Standards and the Code of Ethics?
5. Is the dual relationship avoidable?
6. What are the alternate treatment options for the individual, and what is the risk of declining to provide therapy?

After carefully working through answers to these questions, registrants should consider whether a dual relationship is warranted or justifiable. When in doubt, registrants should consult colleagues or supervisors who understand their work, including their client population served, modalities practiced, and CRPO's Professional Practice Standards and Code of Ethics.

If a registrant ultimately decides to engage in a dual relationship or boundary crossing, they should:

- be familiar with and regularly review the Code of Ethics and Professional Practice Standards;
- engage in self-reflection;
- seek appropriate consultation or clinical supervision;
- document in detail the timeline and rationale for the dual relationship, and how it will be managed;
- ensure any conflict of interest concerns are addressed;
- involve the client in discussion about the dual relationship, including the distinction between the therapeutic relationship and the other relationship;
- be aware of real or perceived biases; and
- ensure that the best interests of the client guide the decision-making.

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Standard 1.9: Referrals

Summary of Changes

- The previous version was revised to address conflicts of interest, prohibit commission fees, and require a response to incoming referrals.
- Additional guidance on self-referral and maintaining a referral contact list has been added into Demonstrating the Standard.
- The Commentary section has been expanded to clarify that registrants receiving referrals who are unable to accept clients are not obligated to make further referrals.

Draft Revised Content

Standard 1.9: Referral

1.9.1: Registrants take all of the following steps prior to making a referral:

   a) Adequately inform the client about any referral they propose to make.

   b) Obtain the client's informed consent to refer.

   c) Take reasonable steps to assure themselves of the competence and character of the professional to whom the client is being referred.

1.9.2 When registrants refer clients to an individual or business the registrant has a personal or professional relationship with, they do all of the following:

   a) Fully disclose the extent of the relationship.

   b) Provide alternatives.

   c) Assures the client their decision will not affect their care from the referring registrant.

1.9.3 Registrants avoid self-referral unless all of the following have been fulfilled:

   a) The benefit to the registrant is disclosed to the client.

   b) Alternative options are provided.

   c) The client is reassured that the existing relationship will not be affected by the client's decision.

1.9.4: Registrants do not accept commission fees or otherwise benefit materially from providing referrals to other professionals.

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1.9.5: Registrants, including individuals acting on their behalf, respond to incoming referrals within a reasonable timeframe by providing a response either confirming or denying capacity and competency to take on an additional client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Informing clients of the reason a referral is being proposed.
- Taking steps to ensure that the other professional is qualified and competent.
- Periodically ensuring regular referral contacts remain active, in good standing with their college of registration (if any), and able to take on new clients.
- Disclosing to the client any actual or perceived conflict of interest in proposing a referral or self-referral.
- When proposing self-referral, providing at least three appropriate referral options including the registrant themself, and reassuring the client that the existing relationship will not be affected.
- Documenting any disclosure relating to referral or self-referral.

Commentary

Registrants refer clients to other professionals in various circumstances: due to temporary unavailability of the registrant; a full client load; supplementing the care of a client; or where the registrant is unable to provide the kind of care required. Registrants are professionally obligated to refer a client to another professional when the registrant lacks the knowledge, skill, or judgment to offer needed services (see Standard 2.1 Consultation, Clinical Supervision and Referral).

When referring clients to other professionals, registrants inform clients of the reasons for and implications of referral and obtain the client's informed consent before making the referral. Registrants should also take reasonable steps to ensure that the other professional is appropriately trained or certified; that they adhere to accepted standards of their profession; and that any information provided by the registrant about the other professional is accurate. Whenever possible, it is advisable to provide the names of more than one professional when making a referral.

Should a registrant be unable to accept a referral, due to reasons of competency or availability, they are not obligated to suggest alternatives or make further referrals. The originally referring registrant is responsible for making reasonable efforts to provide additional referrals.

Registrants should not provide a referral without adequate knowledge of a client's needs.

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<u>Self-referral</u>

Self-referral occurs when an RP working in one professional setting refers clients to themselves in another professional setting. For instance, a registrant working in an agency or Employee Assistance Program may refer a client to their own private practice.

Registrants are not prohibited from making self-referrals, so long as the following safeguards are followed: the conflict is disclosed to the client (e.g. the registrant stands to gain by making the self-referral); options are provided (e.g. whenever possible, a list is offered of three similar service providers including the registrant); and the client is reassured that if they choose to obtain the service elsewhere, the existing relationship and service will not be affected.

Technically, a referral to a related person or corporation places the registrant in a conflict of interest. However, there will be situations where this is appropriate. As long as the registrant adheres to the safeguards outlined above, and they document the conversation occurring around the referral or self-referral, they will not be creating a prohibited conflict of interest.

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Standard 2.1: Seeking Consultation, Clinical Supervision and Referral

Summary of Changes

- The previous version was revised to:
    - separate seeking clinical supervision for a specific case, versus seeking clinical supervision to expand one's area of practice;
    - note different reasons for seeking clinical supervision; and
    - require registrants to notify clinical supervisors when cases outside their areas of competency arise.
- Guidance on case consultation documentation was added into Demonstrating the Standard.
- Key Definitions were added for "clinical supervision," "consultation," "practice area," "qualified professional," and "verifiable education."

Draft Revised Content

Standard 2.1: Seeking Consultation, Clinical Supervision and Referral

2.1.1: Registrants understand their professional capabilities and limitations in regard to client populations served, issues treated, and modalities used.

2.1.2: Registrants only provide services that are within their knowledge, skill, and judgment, i.e., competence, to provide.

2.1.3 Registrants complete appropriate, verifiable education, and receive clinical supervision or consultation, before changing or expanding their practice area.

2.1.4 When registrants are treating a client within their practice area and encounter an issue beyond their competence, registrants receive clinical supervision or consult a more experienced colleague.

2.1.5 When consultation and clinical supervision do not provide adequate safeguards, registrants refer the client to another professional who is qualified to provide the required care.

2.1.6: Registrants receive clinical supervision when it is required for safe and effective treatment, beneficial for professional development or expanding competency, or when it is required by CRPO.

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2.1.7: Registrants practising with clinical supervision promptly notify their clinical supervisor when a client presents an issue outside the registrant's area of competence.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Considering whether they have the knowledge, skill, and judgment, i.e., competence, to work with a particular client, and doing so only when the registrant possesses the necessary competence.
- Documenting conversations during case consultations.
- When pursuing relevant study, consulting with a colleague, or seeking clinical supervision are inadequate to provide necessary safeguards, referring the client to a qualified professional.

Key Definitions

Clinical Supervision: 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:

- promote the professional growth of the supervisee,
- enhance the supervisee's safe and effective use of the self in the therapeutic relationship,
- foster discussion of the direction of therapy and the therapeutic relationship, and
- safeguard the well-being of patients

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Clinical supervision can be individual, dyadic or group.

Type	Composition
Individual	Clinical supervisor and one supervisee.
Dyadic	Clinical supervisor and two supervisees.
Group	Clinical supervisor and three-eight supervisees. In 'regular' group clinical supervision, the clinical supervisor leads the group. In structured peer group supervision, at least one member qualifies as a clinical supervisor but is an equal participant (not the leader).

Consultation: Obtaining direction or advice regarding the way forward with a particular client or clinical issue.

Practice area: Refers to the client populations, issues treated, and modalities ordinarily used in one's practice.

Qualified professional: Assuming the referral is for further psychotherapy, a qualified professional in Ontario is a member of one of the six colleges able to practice the controlled act of psychotherapy.

Verifiable: The registrant is able to provide, as needed, records indicating they successfully completed the education or training, and that the education or training allowed them to change or expand their practice area.

Commentary

Registrants are expected to practise within their areas of competence. Indeed, an important aspect of professional accountability is a requirement to continually assess one's knowledge, skill, and judgment, i.e., competence – including one's ability to work with particular clients and clinical issues within particular modalities.

As regulated professionals, registrants are expected to understand their professional capabilities and limitations. They should provide only those services that are within their areas of competence, based on training and experience. When a registrant encounters a client with an issue the registrant is not equipped to work with, the registrant must

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exercise professional judgment. Specifically, they must promptly determine whether to: seek clinical supervision or consult with a colleague who has the required knowledge, skill, and judgment while undertaking relevant study; or refer the client to another practitioner who is able to provide the required care.

When a registrant receiving clinical supervision is confronted with a case outside their area of expertise, they should promptly notify their supervisor and discuss whether it would be appropriate to continue with the client, pursue additional or enhanced supervision, or refer the client elsewhere.

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Standard 3.1: Confidentiality

Summary of Changes

- The previous version was revised to clarify the responsibilities of registrants for their administrative and support staff, and to include a reference to confidentiality legislation.

- Guidance on best practices for maintaining confidentiality, and a clarification of the College's ability to access information during an investigation without client consent, were added into Demonstrating the Standard as a safeguard.

- Key Definitions were moved from the Commentary section into a separate section.

- The Commentary section was simplified. Content was revised to better reflect confidentiality expectations in team care settings. Additional guidance was provided on requests to access records and exceptions to confidentiality.

Draft Revised Content

Standard 3.1: Confidentiality

3.1.1 Registrants do not collect, use, or disclose information about a client without the informed consent of the client or their authorized representative, except as permitted or required by law.

3.1.2 Registrants familiarize themselves and comply with relevant privacy laws.

3.1.3 Registrants employing administrative, reception, or other support staff train and supervise them on matters of confidentiality and privacy.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Explaining to the client the duty of confidentiality and the limits to confidentiality.

- Documenting informed consent in the client record regarding collection, use or disclosure of information, indicating the manner in which consent was given (verbally, by gesture, in writing).

- Only collecting, using, or disclosing information that is reasonably required in the circumstances.

- Applying privacy principles in research settings.

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- Notifying clients when disclosure of their information has been required by a court or tribunal.

- Establishing processes to protect personal health information (hard copy and electronic files) from access by unauthorized persons while it is being collected, used, maintained, disclosed, transferred, or disposed.

- Promptly notifying the client and if applicable, the Information and Privacy Commissioner (IPC) when the client's personal health information is stolen or lost, or when it used or disclosed without authority.

Key Definitions

Confidentiality: The duty to keep information secret subject to legal limits.

Personal health information: Any identifying information about a client in oral or recorded format (written or electronic) that relates to his or her physical or mental health, including his or her family history, health care providers and substitute decision makers. Identifying information is information that directly identifies an individual or that can be reasonably foreseen to identify an individual, either alone or with other information. Information that does not allow the client to be identified is not personal health information and is not subject to PHIPA.

Privacy: A person's interest in restricting the collection, use, and disclosure of their personal information.

Commentary

Confidentiality is considered a cornerstone of the profession of psychotherapy and is embedded in its core values. Individuals come to therapists with sensitive, personal information, and confidentiality is required to build trust in the therapeutic relationship.

Confidentiality is also an important legal concept that applies to all regulated health professionals, including Registered Psychotherapists. The *Personal Health Information Protection Act, 2004* (PHIPA) establishes rules relating to confidentiality and privacy of personal health information in Ontario. PHIPA requires that personal health information be kept confidential and secure.

It is a fundamental responsibility of registrants to maintain client confidentiality at all times, including when requests are made for client information by third parties such as lawyers or insurance companies.

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In compliance with PHIPA, registrants must ensure that the professional relationship with the client and the client's personal information are kept confidential, within legal limitations. Registrants must explain to clients the principle of client confidentiality and the legal limits to confidentiality (see "Limits to confidentiality" below). Registrants are also responsible for maintaining client information in a secure manner, so that unauthorized individuals do not gain access to records (see Section 5, Record-keeping and Documentation).

Disclosure of client information by RPs to other care providers

Due to the nature of the psychotherapeutic relationship, the sensitivity of information shared between client and therapist, and because of the particular weight placed on the duty of confidentiality by the psychotherapy profession, RPs must take care before disclosing client information to other care providers. While PHIPA allows providers in certain circumstances to assume a client has provided implied consent to disclose their personal health information to other providers,[3] RPs are strongly encouraged to obtain explicit consent. As part of the informed consent process in care team settings, such as in a hospital or agency, registrants should explain to clients what information will be shared with other providers in the team context, and who will have access to the record.

In all cases, professional discretion is employed, and only relevant and necessary personal health information may be disclosed. See Standard 3.3 – Communicating Client Care for more information.

Confidentiality and shared records

When an individual participates in group, family, or couple therapy and requests access to the record, registrants are only authorized to provide information relating to the individual who filed the request, unless other participants have provided their consent.

Limits to confidentiality

Normally, a registrant may only disclose personal health information with the consent of the client or their authorized representative. However, legally, there are a limited number of circumstances where disclosure of personal health information is required without consent. Notable limits to confidentiality include:

- where the registrant believes on reasonable grounds that disclosure is necessary to eliminate or reduce a significant risk of serious harm (includes physical or psychological harm) to the client or anyone else, e.g., suicide, homicide. Note: If the registrant believes a significant, imminent risk of serious bodily harm exists,

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[3] This is sometimes referred to as the "circle of care" principle, see Information and Privacy Commissioner of Ontario, *Circle of Care: Sharing Personal Health Information for Health-Care Purposes* (2015), online: https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf.

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there may be a professional and legal duty to warn the intended victim, to contact relevant authorities such as the police or crisis intervention services, or to inform a physician who is involved in the care of the client.*

- where a mandatory report is required (see Standard 1.3);

- where necessary for particular legal proceedings (e.g., when the registrant is subpoenaed);

- to facilitate an investigation or inspection authorized by warrant or by any provincial or federal law (e.g., a criminal investigation against the registrant, their staff, or a client). Registrants should seek legal advice when they are unsure whether a warrant or law permits them to disclose personal health information.

- for the purpose of contacting a relative, friend or potential substitute decision-maker of the individual, if the individual is injured, incapacitated, or ill and unable to give consent personally; and

- disclosing information to a college for the purpose of administration or enforcement of the *Regulated Health Professions Act, 1991* (e.g., when a complaint has been made about a registrant, assessment of the registrant's practice as part of the Quality Assurance Program).

When compelled to disclose client information for a legal proceeding, registrants should exercise prudence, and are advised to consult their legal advisor to determine the best way to respond.

*The law in Canada concerning the "duty to warn" is complex and evolving. Registrants are advised to consult their legal advisor when faced with a situation where this exception to the duty of confidentiality may apply.

Police or court requests for records

Registrants may be required (e.g., by order, summons, subpoena), to disclose client information. Registrants may have options when they receive such a notice. In some situations, they may be able to negotiate an alternative, or work with a lawyer to file a legal objection. Registrants should make reasonable efforts to inform the client of such efforts to require disclosure of their information.

A lawyer is in the best position to assist registrants in decisions pertaining to the legal system.

Standard 3.4: Electronic Practice

Summary of Changes

- Added reference to the need to comply with existing CRPO standards, whether one's practice is electronic or in person.
- Provided guidance on best practices for electronic communication, contingency planning, and the importance of local resource awareness.
- A definition was added for "electronic practice."
- The Commentary section was simplified. Additional information was provided regarding treating clients in other jurisdictions.

Draft Revised Content

Standard 3.4: Electronic Practice

3.4.1 Registrants adhere to all professional standards whether their practice is electronic, telephonic, in person, or a hybrid thereof.

3.4.2 Registrants obtain informed consent from clients regarding the use of electronic communication media in the provision of services.

3.4.3 Registrants take reasonable steps to ensure that the technology employed is secure, confidential, and appropriate given the needs of the client.

3.4.4 Registrants ensure that their professional liability insurance provides sufficient coverage for electronic services prior to treating clients.

3.4.5 Registrants comply with relevant professional licensing requirements in the jurisdictions where clients are located.

3.4.6 Registrants offering modalities requiring written communication (text or email based) include copies of correspondence and treatment-related communication in the clinical record.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Ensuring that clients provide consent to receiving professional services via a specific electronic communication technology.
- Working with clients to establish "back-up plans" in the case of a technological failure mid-session.

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- Providing therapy while physically located in a private and professional setting.

- Ensuring clients understand what safety and privacy protections have been put in place and how they differ from those in an in-person practice.

- Familiarizing oneself with crisis intervention services in the client's area in case of an emergency.

- Ensuring that clients understand any potential risks associated with the technology.

- Taking reasonable steps to ensure that the technology is secure, confidential, and appropriate.

- Refraining from using social media (including, but not limited to Facebook, Twitter, or Instagram) as a platform for providing therapy.

Key Definitions

Electronic practice: Providing assessment and treatment to a client by means of communications technology, e.g., telephone, text, email, video-calling.

Commentary

Technology provides various ways of communicating with clients and may enable registrants to work with clients who have limited mobility, who live in isolated areas, or to continue providing therapy during public health emergencies. It also poses new challenges.

Generally, rules that apply to the provision of professional services also apply to the provision of services by electronic means. For example, registrants must follow established professional practices, such as assessment, developing a plan of therapy, maintaining records, and communicating appropriately with other providers. Confidentiality must be maintained no matter what medium is used.

Communication technologies, consent and confidentiality

A registrant may provide professional services using electronic communication technology only when the registrant receives consent from the client for use of such technology. In addition:

- Before providing services via electronic communication technologies, a registrant enters into an agreement with the client concerned. This does not preclude using electronic communication technologies in developing the agreement.

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- Registrants should outline appropriate uses of technologies with clients (e.g., emailing or texting only for booking appointments, secure online platforms for the provision of therapy).

- Registrants do not provide psychotherapy to anonymous clients.

- Registrants should employ caution in providing advice, clinical assessment, or clinical information accessible to the general public on websites, blogs, forums, or other communication platforms.

Registrants must take reasonable steps to ensure that the electronic communication technology employed is secure, confidential, and appropriate in the circumstances. When a registrant intends to use an electronic medium, clients should be made aware of any potential risks, particularly an inability to ensure security and confidentiality that could arise from the use of the technology.

Professional liability insurance and e-practice

Registrants must ensure that services provided through electronic communication technologies are covered by their professional liability insurance. Insurance coverage varies and may not cover all clients or clients in all locations. Registrants should consult their insurance provider.

Clients in other jurisdictions

One unique aspect of electronic practice is the potential for clients to be located in a different province, territory, or country than the registrant. Some jurisdictions require those practising psychotherapy or counselling to have a license. Some may have a restricted title or activity (similar to the controlled act of psychotherapy in Ontario). Some jurisdictions do not regulate psychotherapy or counselling. Registrants should familiarize themselves with the limits on practising in particular jurisdictions where potential clients may be located.

In emergencies, registrants may need to know who to contact in other jurisdictions, e.g., client's emergency contact, emergency services, crisis lines, child welfare agencies.

See Also:

- [Virtual-health-care-visits.pdf (ipc.on.ca)](Virtual-health-care-visits.pdf)

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Standard 3.5: Unnecessary Treatment

Summary of Changes

- Reinforced client autonomy and participation in decision making.
- Addition of definitions.

Draft Revised Content

Standard 3.5: Unnecessary Treatment

3.5.1 Registrants provide or continue therapy only when there is a reasonable prospect of benefit to the client.

3.5.2 Registrants involve clients in determining whether therapy offers a reasonable prospect of benefit.

3.5.3 When it appears that therapy is no longer indicated or has ceased to be effective, registrants discuss the option of discontinuing therapy.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Developing, and periodically reassessing, goals for treatment through conversation and collaboration with the client.
- Documenting the rationale for offering a particular assessment or treatment, and any discussion with the client regarding the option to continue or discontinue treatment.

Key Definitions

Reasonable prospect of benefit: Some likelihood that the client's condition or well-being will stabilize or improve with treatment, as determined by clinical judgment.

Indicated: Suggested by symptoms or assessment, as appropriate.

Commentary

Effectiveness of therapy

It is important for registrants to ensure that any assessment or therapy offers a reasonable prospect of benefit to the client. Unnecessary therapy poses a risk of harm

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by raising false expectations and wasting the client's time and money. One of the goals of therapy is to foster independence and autonomy from therapy, clients with similar issues may respond differently to the same treatment. Registrants are required exercise judgment about whether treatment is unnecessary, informed by the condition of the client, the modalities used in treatment, and the input of the client.

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Standard 5.1: Clinical Records

Summary of Changes

- Restating and clarifying the purposes clinical records are kept.
- Noting the complete clinical record should be stored together.
- Adding content on who owns the health record, a common topic of concern among registrants.
- Adding flexibility to the requirement that records should be in English or French. Specifically, progress notes can be written in the language therapy is delivered.
- Changing hard copy clinical record requirement from signature on every page to name and/or signature on every entry, to reduce unnecessary requirements.
- Clarifying language around joint records, and adding information based on PHIPA Decision 158[4] regarding family therapy records.
- Common terms and explanations have been added in an easy-to-read table format.
- Reference to reasonable fee for client access to their clinical record.

Draft Revised Content:

Standard 5.1: Clinical Records

5.1.1 Registrants keep an accurate, complete, and legible clinical record for each client.

5.1.2 Registrants provide access to, and disclosure of client records in their custody, as permitted or required by law.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Including a complete client profile in the clinical record.
- Including in the clinical record a plan for therapy that is reflective of the modality used.
- Ensuring a record of client communications is included in the clinical record.
- Including a record of any therapeutic assessments, including methods used and outcomes.
- Including a record of conclusion or termination of the therapeutic relationship, reasons and explanatory notes, and a record of referrals or follow-up recommendations in the clinical record.

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[4] https://decisions.ipc.on.ca/ipc-cipvp/phipa/en/item/512476/index.do.

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- Retaining records of incident and mandatory reports as warranted.
- Ensuring the clinical record is accessible, updated in a timely manner, legible, and written in plain language, with key information in English or French.
- Ensuring that amendments show changes and original entries.

Commentary

The clinical record serves as an important reference document for several purposes:

- Assisting the registrant with recalling and planning therapy, and tracking progress;
- Providing information for other professionals who may provide services to the same client; and
- In an investigation or legal proceeding, as evidence of the client's condition and the registrant's actions.

Maintaining clinical records

Registrants maintain a clinical record for each client. The complete clinical record should be stored together to avoid incomplete or lost information.

The *Personal Health Information Protection Act, 2004* (PHIPA) uses the term health information custodian to describe the individual or organization responsible for managing health records. When practising alone, the registrant is the health information custodian. When an RP is working as an employee of an agency or hospital, they are expected to follow the record management policies of their employer in compliance with PHIPA. When the registrant is practising in a shared or group practice arrangement, it is important to clarify in writing at the outset who owns the records (the registrant, clinical supervisor, or group practice). In general, the health information custodian keeps the original record and provides copies when disclosing the record to others with authorization.

Language of records

Key information in the clinical record is maintained in English or French. Key information includes the client profile and anything else, such as a summary, that needs to be readily accessible to other healthcare providers in an emergency. Progress notes may be recorded in any language, for example the language in which therapy is taking place.

Joint records

When more than one person (e.g., a couple or family) attends therapy, records may be maintained in one file as long as the couple or family attends the sessions in the same

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combination. When the couple or family attend in different combinations, the registrant should generally keep separate files or sub-files for each individual. For example, if one member of a couple attends for an individual session, a file for the individual session should be maintained separately from the file for the couple.

Similarly, in a group therapy setting, the registrant may maintain separate files for each individual, or one file for the group. When a client in the group receives individual therapy with that registrant, the registrant maintains a separate file for that client's individual therapy.

Registrants should explain to joint clients how records are kept and how they may access those records. Clients may access the entire record if all participants consent or submit a joint request (e.g., both members of a couple request access to the couple therapy record). If only one participant requests access to a joint record, and the others have not consented, they are only entitled to the information about themselves, and any communal information (e.g., general themes) that is not attributable specifically to another participant.

Record format

Records may be maintained in hard copy or electronic format. When maintaining a hard copy record, each entry should include the client's name or unique identifier,[5] date, and name or signature of the registrant. Electronic records should similarly permit each entry to include the client's name or unique identifier, date, and the registrant's signature or initials, i.e., evidence that the registrant made the entry.

Contents of the clinical record

The following are relevant categories of information or documents contained in the clinical record.

Client profile	The client's full name, address, telephone numbers, date of birth, and unique identifier (if applicable). It also contains relevant information regarding the client's legally authorized representatives (if any, as described in the *Health Care Consent Act, 1996*), as well as the full name and contact information of any professional who referred the client, along with the reason for the referral. If the client was self-referred, this should be noted as well.

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[5] A code (e.g., a number) that allows the registrant to identify that client without using the client's name or other direct personal information. A unique identifier is one way to distinguish one client from other clients. Registrants must securely maintain a key linking each client to their unique identifier.

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Assessment	A record of any therapeutic assessment, including methods used, results, conclusions, problem formulation, or other professional opinion regarding client status.
Plan for therapy (or Therapy Plan)	The plan for therapy will depend on particular circumstances including the therapeutic approach or model used. The record should minimally indicate the plan or direction that the therapy is intended to take and log the client's initial and subsequent consent(s) as necessary. It will also include any reports on tests administered to the client. As the therapeutic relationship continues, changes in the therapy plan will also form part of the record.
Progress notes	Notations of client's statements, therapist's observations, impressions, and proposed plans in response.
Work product	Photographs, copies, or descriptions of objects made, e.g., artwork.
Consultations and referrals	The date and relevant details of every consultation the registrant receives from or provides to another healthcare provider, regarding the client. This would also include specific information related to any referral made by the registrant regarding the client.
Client contact	A notation of all in-session and out-of-session contacts with a client or their authorized representative. Examples of out-of-session contacts with clients include letters, emails, texts, and telephone calls. Copies of written communications, documents, or forms are also included.
Reports	A list and copy of all reports sent or received respecting the client.
Incident reports	For any major, unexpected negative outcome, a clear record of the incident as well as any action and follow-up.
Mandatory reports	Registrants keep a copy of all written reports they make in complying with their mandatory reporting obligations. When registrants have only made a verbal report, they prepare a written summary of the discussion and include it in their records.
Closing	A record of conclusion or termination of the therapeutic relationship, including reasons and an explanatory note such as a summary of outcomes attained, a record of referrals, or follow-up recommendations.

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The following are generally *not* considered part of the clinical record.

Rough notes	Rough notes do not need to be maintained in the clinical record, though they may be. If not retaining them, they should be used to complete the clinical record and then destroyed promptly, i.e., on the same day.
Developmental notes	Notes on the therapist's own process, which may be used in clinical supervision, and do not identify the client.

Amending records

Every entry into the clinical record indicates who made the entry and when. When an amendment to a record is needed, the amendment should indicate what change was made, when, by whom, and why, making sure that the original entry is still legible.

Accessibility of records

Clients have a general right to obtain a copy of their personal health information under PHIPA, but this right is subject to certain exceptions under sections 51-54. Regardless of how the information is structured or stored, client records must be easily accessible and legible. Registrants may charge a reasonable cost-recovery fee. For example, a fee of $30 for the first 20 pages and 25 cents for each additional page, has been held as reasonable.[6] The fee must not be a financial barrier to access.

Retention

Where the RP is the custodian of the clinical record, they retain the record for at least 10 years from the date of the last interaction with the client, or for 10 years from the client's 18th birthday, whichever is later. For example, if a child is age seven at the time of last interaction, the record would be kept until the client's 28th birthday.

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[6] Information and Privacy Commissioner of Ontario, *Frequently Asked Questions Personal Health Information Protection Act* (2015), online: https://www.ipc.on.ca/wp-content/uploads/2015/11/phipa-faq.pdf, page 41.

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Standard 5.2: Requests for Reports

Summary of Changes

- Added background on verifying the client's authorized representative, and use of reports in legal proceedings
- Commented on reasonable fee for preparing a report

Draft Revised Content:

Standard 5.2: Requests for Reports

5.2.1 Upon request, registrants provide, within a reasonable time, a report or certificate relating to treatment performed, unless there is reasonable cause not to do so.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Responding fully to a request for a report or certificate from a client or their authorized representative.
- Delivering the response within 30 days of receiving the request.
- When a delay is unavoidable, alerting the party initiating the request, sharing the reason for the delay, and providing a firm date by which the request will be met.

Commentary

One reason registrants maintain effective record-keeping systems is for issuing timely reports when requested by a client or their authorized representative. When a registrant has any doubt as to whether another person is acting on a client's behalf, they should verify with the client that they have agreed for the person to do so.

A proper response is one that is delivered in writing and responds fully to the request, insofar as the registrant is able to do so within their scope of competence. That is, registrants do not state facts that are outside their knowledge or opine on matters outside their expertise.

In many cases, the information or document requested is required for legal proceedings, employment, or insurance matters. When a registrant reasonably believes that a requested report would contain sensitive information, they should explain to the client the nature of the information that would be included. The registrant should document whether the client wishes to proceed with having the report prepared and released.

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Delays (or refusal) to satisfy the request could seriously disadvantage a client. Reasonable causes for delay might include the unavailability of a critical piece of information, illness of the registrant, or the need to inform other individuals, e.g., a family member who attended some of the sessions. In complex situations, the registrant may require time to obtain legal advice.

Registrants are generally permitted to charge reasonable fees for preparing requested reports as long as they have first given the client an estimate of the fee. For example, it would be appropriate for registrants to base the fee on their pro-rated hourly therapy fee. However, registrants cannot refuse to prepare a requested report or release a requested document simply because the client is unable to pay. Similarly, registrants cannot refuse to prepare a requested report or release a requested document simply because of a dispute with the client.

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Standard 5.3: Issuing Accurate Documents

Summary of Changes

- Revised for clarity

Draft Revised Content:

Standard 5.3: Issuing Accurate Documents

5.3 Registrants ensure that documents they sign or transmit in a professional capacity, or allow others to do so on their behalf, contain accurate and complete information.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Exercising care to ensure the accuracy of information presented in documents prepared for their signature and transmittal.
- Considering how the reader will interpret the information and using clear language that minimizes the likelihood of it being misconstrued.
- Refusing to sign or send documents containing misleading or false information or allowing others to do so on their behalf.
- Issuing invoices, bills and receipts that are accurate. This includes listing the correct provider, fee, date, and time of services provided.

Commentary

Registrants are trusted by clients and the public. To maintain this trust, any document from a registrant needs to be accurate and complete. Examples of documents include records, reports, letters, invoices, bills, and receipts.

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Standard 5.4: Appointment Records

Summary of Changes

- Background added about maintaining central calendars vs. separate appointment records.
- Retention period changed to match clinical records; may be required for registrant to respond to lawsuit or investigation.

Draft Revised Content:

Standard 5.4: Appointment Records

5.4.1 Registrants maintain an appointment and attendance record for each client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Documenting the date, time, and duration of each professional encounter with the client, as well as cancelled or missed appointments.
- Maintaining appointment records for at least ten years from the last interaction with the client or from the client's 18th birthday, whichever is later.

Commentary

Appointment records assist with time management, boundaries, and maintaining a history of client contact. They may be maintained centrally, e.g., in an office calendar or billing system, or separately in each client's clinical record.

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Standard 5.5: Financial Records

Summary of Changes

- Revised for clarity.
- Retention period changed to match clinical records; may be required for registrant to respond to lawsuit or investigation.

Draft Revised Content:

Standard 5.5: Financial Records

5.5.1 Registrants keep a financial record for every client for whom a fee is charged for therapeutic services.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Ensuring financial records include a clear identification of the person(s) providing the service, their title, and a clear identification of the client to whom the service was provided, including the client's full name and address, and unique identifier (if applicable).
- Identifying or describing the service provided, the cost of the service, and the date and method of payment received.
- Identifying fees charged for services provided by supervised personnel.
- Indicating the reason or reasons why a fee may have been reduced or waived.
- Ensuring that if fees were charged to a third party, the full name and address of that party is included in the record.
- Indicating any balance due or owing.
- Including (if applicable) information documenting the retention of an agency for the collection of any outstanding balance.

Commentary

Most registrants engage in financial transactions with clients or third-party payers such as insurance companies. Financial records contain the details of these transactions, including invoicing, payments, and supporting documents (e.g., insurance forms).

Financial records should be retained for at least ten years from the last interaction with the client or from the client's 18th birthday, whichever is later. They may be kept

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separately from clinical records but must be maintained with due regard for security and should be easily retrievable.

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Standard 5.6: Record Security and Integrity

Summary of Changes

- Simplified title
- Organized record-keeping safeguards into list by category

Draft Revised Content:

Standard 5.6: Record Security and Integrity

5.6.1 Registrants take steps that are reasonable in the circumstances to ensure that personal health information is protected against theft, loss and unauthorized use, disclosure, modification, or disposal.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Developing record-keeping policies when the registrant is a health information custodian or following the policies of the registrant's group practice or employer when they work for a health information custodian.
- Organizing records in a logical and systematic fashion to facilitate retrieval and use of the information.
- Maintaining records in such a way as to support an audit trail.

Commentary

Whether records are on paper or electronic, there are various safeguards and measures to maintain the security and integrity of personal health information, including:

Physical safeguards

- Securing paper records and electronic devices in locked spaces
- Ensuring screens displaying personal health information are not viewable by individuals without authorization
- Securely disposing paper files, e.g., micro-cut shredding

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Electronic safeguards

- Firewalls, encryption, virus protection, system security updates
- User ID and password protection
- Automated backups at reasonable intervals, recovery tests
- Record integrity and audit capability to capture:
  - Date, time, and author of each entry, including changes that preserve the original entry
  - Who has viewed the record, and when
  - Log of data exports and exchanges with other systems
- Alternate record-keeping method in case of system failure
- Secure deletion of client records once retention period has ended

Administrative safeguards

- Need-to-know access
- Confidentiality agreements with anyone who can view personal health information
- Privacy training
- Log to track when files are to be disposed

Registrants also make reasonable efforts to maintain the security of client records during transmission or disclosure (for example, by using mail or courier with tracking or encrypted electronic transmission).

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Briefing Note for Council

Meeting Date:	December 8, 2022
Agenda Item #	3.b.
Issue:	Council Evaluation Framework
Reference(s):	[Council Evaluation Components](#)
Action:	Information ☒ Discussion ☒ Decision ☐
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

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

Background

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

In September 2020, CRPO's Council adopted a framework that includes meeting evaluation tools, a Council effectiveness survey and an annual committee 'renewal' assessment (through the review of the terms of reference and work plan) and began preparing for an external evaluation that will take place in 2023. An annual Council effectiveness survey was developed and piloted in 2021 and then revised and used again in January 2022. It will now be used every year.

The final component planned for the framework was the Annual Member Competence Reflection / Chair and Staff Evaluation and the Chair Feedback Survey. These tools are intended to support the development of an individual education plan for each Council member.

The goal of this component is to provide a useful evaluation and individual competence development plan without requiring multiple evaluations of each council member. The results of the assessment will be used to affirm positive attributes, to encourage reflection on where professional development is indicated and to direct staff and Chairs in providing ongoing educational support to individual Council members and to the Council as a whole.

Surveys were distributed in October with excellent completion rate.

Self-Reflection Survey :	Council Member Evaluation Survey:	Chair Evaluation Survey:
15 /15 Complete	31 /31 Complete	41/42 Complete
Completion Rate: 100%	**Completion Rate: 100%**	**Completion Rate: 97.62%**

Next steps:

The Council's Vice President has been tasked with reviewing the reflection/assessment results with individual Council members. As such, Michael Machan, RP will be meeting with the Pollinate Consultants to confirm the approach to sharing results with Council and using them to plan education.

Meetings will be booked in the new year and staff will coordinate to ensure that everyone has a time set that is convenient for them.

The Executive Committee will also be reviewing aggregate results and will use these to direct staff on planning professional development offerings for the Council as a whole.

Lastly, Pollinate principal Giovanni Salas, will be observing a Council meeting and an Executive Committee meeting, as well as interviewing a number of individual Council members. The information gathered through these meeting observations and interviews will be used to inform a report that also considers the results of the Annual Council Effectives survey since its launch and the results of the Meeting Pulse Evaluation. The report will provide a review of CRPO's governance practices, will offer recommendations around opportunities for improvement and will satisfy the CPMF requirement that the College undergo an external evaluation every 3 years.

The Executive Committee will be provided with ongoing updates on this work and will report back to Council at their March 2023 meeting.

Briefing Note for Council

Meeting Date:	December 8, 2022
Agenda Item #	3.c.
Issue:	Cybersecurity Management Plan and Council and Committee Laptop Policy
Appendix:	DRAFT Council and Committee Laptop Operational Policy
Action:	Information [x] Discussion [x] Direction [ ]
Staff Contact:	J. Falkenburger, M. Pioro

Purpose & Public Interest Rationale:

The College must protect against and address unauthorized disclosure of information. A comprehensive cybersecurity risk management plan will – through the use of operational policies, practices, and processes - support staff and Council work to address and mitigate accidental or unauthorized disclosure of information.

Background:

CRPO staff have been working to develop a cyber-security risk management plan that considers the necessary creation, sharing and storage of information for the purposes of administering the RHPA, the *Psychotherapy Act* and related regulations.

Elements covered by this plan include:
- policies to address security, incident response, audit and review cycle, and insurance
- staff training (note training was provided to full staff and management in November 2021, and on five occasions, January-November in 2022)
- remote access set up and management
- email communications
- work from home workspaces
- hiring policies
- Council, committee and assessor technology access and support

Regarding technology, staff has moved forward with contracting with a third-party provider to provide all Council and committee members with a secure laptop to be used for all College business. The related operational policy (Council and Committee Laptop Policy) is being presented for information at this meeting.

Next steps:

Staff will present a general, verbal update on the progress and next steps with the overall plan. They will also provide specific information on the timing and process for distribution of laptops.

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

DRAFT Council and Committee Laptops

Policy Statement

All elected and publicly appointed Council members and all non-Council Committee appointees are required to use laptops provided on behalf the College of Registered Psychotherapists of Ontario for all College related work.

Purpose

The purpose of this policy is to protect against unauthorized disclosure of information required for the performance of Council and committee work.

Relevant Legislation

RHPA, s 36(1) Confidentiality
CRPO By-laws, 17. Confidentiality and Schedule 3 Code of Conduct

Procedures

Laptop Acceptance Agreement
All Council and committee members will be required to sign the Laptop Acceptance Agreement (Appendix A) before receiving a laptop and commencing their responsibilities.

In signing the agreement, Council and committee members agree to the following:

1. General Usage
- the laptop is to be used solely for College related purposes
- they will not modify equipment or install any personal software
- they will only store College material on the encrypted hard drive

2. Privacy
- there is no expectation of privacy regarding the use of equipment or software provided on behalf of the College
- all computer files found on College equipment belong to the College and are subject to disclosure to law enforcement or government officials, or to other third parties in accordance with the law, without prior notification or permission

3. Support
- third-party training and Help Desk support will be available to Council and committee members
- training will be provided when Council and committee members receive their laptops
- Help Desk support will be provided by the third-party leasing company

4. Replacement
- laptops will be replaced by CRPO every three (3) years

5. Loss and Damage
- Council and committee members assume personal responsibility for the physical security of the laptop
- if a laptop is lost or stolen, it is the Council or committee member's responsibility to:
    o notify the police immediately
    o inform the Help Desk as soon as is reasonably practicable

6. Viruses and Malicious Sites
- Council and committee members will:
    o exercise due caution in using the laptop with web-based and email applications
    o comply with maintenance and scheduled system updates
    o respond immediately to any virus warnings

7. Security
- passwords are not to be disclosed
- laptops are not to be used by anyone except for the Council or committee member
- laptops are not to be left unattended and logged on or unlocked

Appendix A
Laptop Acceptance Agreement

General Usage
Laptops provided on behalf the College of Registered Psychotherapists of Ontario are to be used solely for College related purposes. Council and committee members must not modify equipment issued by the College and must only store College material on the encrypted hard drive. It is understood that the College leases the laptop as well as the installed software and is providing them to members to use exclusively for the performance of College related duties. Personal software should not be installed on this laptop. All licensed software will be installed to the laptop when you receive it.

Privacy
While the College respects individual privacy, this is not extended to the use of College equipment and software. Council and committee members are granted the privilege of exclusive use of the local user account on their laptop, and their CRPO email account, but there should be no expectation of privacy regarding the use of equipment or software provided on behalf of the College. All computer files found on College equipment belong to the College and are subject to disclosure to law enforcement or government officials, or to other third parties in accordance with the law, without prior notification or your permission.

Laptop Support
Third-party training and Help Desk support will be available to Council and committee members. Training by BIT Incorporated will be provided when Council and committee members receive their laptops. Training will be arranged for new Council and committee members throughout the year. The Help Desk is provided by the third-party leasing company. Hours of operation are 8:30 a.m. to 5:00 p.m., Monday to Friday, eastern time. No cost is associated with assistance during these hours.

BIT Technical Support Number: 416-646-1690 or helpdesk@bit-incorp.com
BIT After-Hours Support Number: 416-646-1690 – Press 1.

Laptop Replacement
Laptops will be replaced every three (3) years. The third-party leasing company will track each laptop and will contact Council and committee members when their laptop is scheduled for a replacement. Arrangements will be made to do the switchover of laptops.

When a Council or committee member's term is ending, their laptop and carry bag will go back to the College and be cleaned of all data before going to the new member that comes onto Council or a committee. They will use this laptop until the three-year mark arrives, at which time a new laptop will be issued.

Loss and Damage
Laptops are especially vulnerable to physical damage, loss and theft – either for resale or for the information they contain. The impacts of breaches of security involving laptops include not just the replacement value of the hardware but also the value of any data on them, or accessible through them. Information is a vital asset. The College depends very heavily on its computer systems to provide complete and accurate business information when and where required. The impacts of

unauthorized access to, or modification of, critical or sensitive data will usually far outweigh the cost of the equipment itself.

The physical security of any laptop being used by you is your personal responsibility so you must take all reasonable precautions. Be sensible and stay alert to the risks.

- Keep your laptop within your possession and within sight whenever possible, especially in busy public places such as airports, railway stations, or restaurants.
- Lock the laptop away out of sight when you are not using it. Never leave a laptop visibly unattended in a vehicle. If necessary, lock it out of sight in the trunk.
- Carry and store the laptop in a padded laptop bag or strong briefcase to reduce the chance of accidental damage.
- The Help Desk is provided by the third-party leasing company. Hours of operation are 8:30 a.m. to 5:00 p.m., Monday to Friday. The Help Desk maintains records of the make, model, and serial number of your laptop. If it is lost or stolen, you can contact them for this information.
- It is your responsibility to notify the Police immediately and inform the Help Desk as soon as is reasonably practicable if it is lost or stolen. It is critical you notify the Help Desk as soon as possible to ensure the security of sensitive data.

Viruses and Malicious Sites

Viruses and malicious sites are a major threat to the organization and laptops are particularly vulnerable if their anti-virus software is not kept up to date. The third-party provider will schedule regular maintenance of laptops with little to no disruption to Council and committee members. The anti-virus software (Webroot) will indicate correct functioning with a "Green Checkbox".

- Avoid opening any unexplained email attachments from individuals known and unknown to you. Be conscious of the subject line and the name of the attachments prior to opening them.
- Virus scans normally happen automatically but the Help Desk can tell you how to initiate manual scans if you wish to be certain.
- Respond immediately to any virus warning message on your computer, or, if you suspect a virus (e.g., by unusual file activity), please contact the Help Desk.
- Laptops must have correctly configured firewall software installed and switched on. If you have any reason to believe that this is not the case, please contact the Help Desk.

Security

- You are personally accountable for all information accessed under your user ID, so keep your password secret.
- Laptops are provided for official use by the College. Do not loan your laptop or allow it to be used by others such as family and friends.
- Avoid leaving your laptop unattended and logged on. Always shut down, log off or activate a password-protected screensaver before walking away from the machine.
- The contents of a laptop screen are easily observed by someone sitting in proximity. Please ensure that no sensitive or critical information can be viewed by an unauthorized person when using the laptop in a location away from CRPO's office or your private space (e.g., a train, café, hotel lobby).

Please review and sign on next page.

Laptop Acceptance Form

I, _____:
    (Please print name)

- acknowledge that I have read the Policy on Laptops for Use by Council and Committee Members, and I agree to comply with the conditions and expectations set out in the policy.

- have received a College-leased laptop with a carry bag and agree that, at all times, I will take all reasonable and appropriate steps to ensure that it is physically safe and secure.

- understand that I will be required to return the laptop to CRPO at the end of my term on the CRPO Council or a committee.

Signature: Date:

Registrar's Report to Council
December 8, 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. Council will receive a comprehensive update at this meeting.

Quality Assurance Program enhancement project

This project continues to be on track, with a pilot of the new assessment being run the November 22 through 26. Peer coaches have been recruited and staff will be conducting interviews in the coming weeks.

Trauma-informed review

Work has begun on this project with the Barbra Schlifer Commemorative Clinic providing consulting services. Monthly update meetings will be held with staff and ongoing reports provided to the ICRC before a final report is rendered, sometime in the summer of 2023.

Staffing Update

Since the last Council meeting, three new Professional Conduct staff (including a Discipline Hearing Coordinator) and one new QA staff person have been hired. The total staff complement is now 31 full time and 2 part time.

Regulatory Developments

On October 31st , O. Reg. 508/22: Registration Requirements came into effect.

A change that will affect CRPO and be in place as of January 1, 2023 is the requirement that health regulatory colleges to comply with time limits to make registration decisions. Staff have reviewed the requirements and are confident that CRPO will be able to comply.

As of August 31, 2023, all health regulatory colleges will be required to have a new category of registration that can be used to facilitate quicker registration to help safeguard the health workforce supply in the event of future emergencies. The regulations would set out the circumstances in which an emergency class of registration would be used, the length of time an individual's registration in that class would be valid and how an individual in this class can seek registration in the general class.

HPRO has asked Richard Steinecke to provide a regulation template that any College who wishes will be able to adopt. Staff will work to review and bring this forward through the Registration Committee to Council.

The College of Psychologists of Ontario has written (see letter appended to this report) to request that CRPO comment on the regulation of Behaviour Analysts through their College, which will be know as the College of Psychologists and Behaviour Analysts of Ontario. Staff have responded with general feedback. In addition, we have proposed that there be a collaborative effort to establish shared policies and processes for information sharing with other colleges who may have dual registrants and overlapping scope with ABA practitioners.

https://www.ontariocanada.com/registry/view.do?postingId=41707&language=en

Practice Advisory Data

From October 1 to November 18, 2022, we received 456 inquiries.

		2019-20	2020-21	2021-22	2022-23
Q1	**Apr-Jun**	325	669	614	760
Q2	**Jul-Sep**	352	505	505	607
Q3	**Oct-Dec**	432	612	576	*456
Q4	**Jan-Mar**	541	626	765	

*as of November 18th

Common topics include:

- Confidentiality
    - Being requested to appear in court
    - Contacted by the client's lawyer for a letter or client files
    - Client's family members requesting client files
    - Breaking confidentiality or duty to report when there is a threat of harm
- Competence
    - Competency to write referral letters (i.e., for an emotional support animal)
    - Working within competency and scope of practice
- Fees
    - HSTs for services
    - Standard fees for an RP
- Advertising
    - Advice regarding advertising on social media or website
- Discontinuing Services and Relocation of Practice
    - Ethical responsibilities for discontinuing services or leaving a clinic/practice
- Cross border practice
    - RPs working remotely with clients outside Ontario
    - Practitioners outside Ontario working remotely with clients in Ontario
- Record keeping (financial/clinical records, records storage, and security)
    - Information to include on invoices/receipts

Registration

	Sept	Oct
Applications started	187	218
Total applications submitted	163	216
Applications from recognized programs submitted	138	203
Applications from non-recognized programs submitted	24	12
Labour mobility applications	1	1

Total registrants as of November 18, 2022:
- RP 7,589
- Qualifying 3,454
- Inactive 174

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	39
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	16
Education	8
Practice Assessment	0
Not Completed: result of resignation/revocation	3
On Hold: other reasons (e.g. on leave or Interim Order suspension)	0
Terms, Conditions and Limitations	44
Undertaking	0
Conditional Approval	1
Learning Plan (Educational Upgrade)	9
ICRC:	
Clinical supervision/monitoring:	13

Personal/Group Therapy/Drug Screening	3
Ethics or education courses	12
Practice Restrictions	4
Reflective Paper	5
Review Standards	0
Practice Assessment	0
Caution	9
Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place	4
On Hold: currently under appeal at HPARB	5
Not Completed: result of resignation/revocation	20
On Hold: other reasons (e.g. on leave or Interim Order)	0
In Breach	1
Undertaking	5
Caution (only)	0
Remedial agreement	3
SCERP	18
Terms, Conditions and Limitations	0
Interim Order	4
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	1
Costs	3
Suspension	1
Fitness to Practise:	
Monitoring (not practising)	0

STAKEHOLDER ENGAGEMENT

Stakeholder Meetings

- *September 16:* Registration staff presented to approximately 20 students from the Toronto Art Therapy Institute

- *September 26:* regular check in meeting with the Partnership of Registered Psychotherapist Associations (PRPA) association representative.

- *September 26:* regular check in meeting with the Ontario Society of Registered Psychotherapist (OSRP) association representatives.

- *September 27*: Staff presented current CRPO initiatives and departmental updates to the 35 attendees from the Canadian Association of Marriage and Family Therapy

- *September 27*: Staff presented current CRPO initiatives and departmental updates to the 17 attendees at the Ontario Association of Mental Health Professionals Conference

- *October 17*: Registration staff presented to 28 attendees at the SickKids, Spiritual & Religious Care Department

- *November 14*: Registration staff presented to students (number unknown) from Western University

- *November 17*: Registration staff presented to 12 students from the Toronto School of Theology

Health Profession Regulators of Ontario (HPRO)

- HPRO Anti-BIPOC Racism Project – this has transitioned into a steering committee for broader DEI work. I remain a member and will continue to participate in the work of adopting an equity impact assessment tool and other projects such as developing appropriate land acknowledgements for Council and committee to incorporate into their meetings.

- The HPRO CPMF working group has been reconvened. I participate in this group, which meets on a weekly basis to discuss best practices and report preparation.

- The new Assistant Deputy Minister attended an HPRO meeting in October to introduce herself and to speak about the ongoing focus on health human resources.

- Registrars have expressed an increased concern about difficulties with the appointments processes for public members. A subgroup has been formed and has been tasked with determining if there are any possible resolutions to the problems.

Office of the Fairness Commissioner

- The next Fair Registration Practices report is due in December. The report deadline was delayed due to the OFC revising the content and format of the report. The OFC has recently published a document entitled: *Legislative Obligations and Fair Registration Practices Guide for the Health Regulatory Colleges*. Staff will review our practices against this guide to ensure CRPO continues to meet any requirements.

Staff Training & Education

- *September 16*: One member of the registration team attended Alternatives to a Licensure Exam – Oregon State Bar Task Force, presented by the Council on Licensure, Enforcement and Regulation (CLEAR)

- *September 22*: One member of the registration team attended Emerging Issues in Indian Credential Evaluation, presented by World Education Services (WES)

- *September 22*: One member of the registration team attended The WES Gateway Program: Credential Assessments for Refugees and Other Displaced People, presented by World Education Services (WES)

- *October 3*: One member of the registration team listened to Addressing Mental Health Concerns in the Investigative Process, by CLEAR Regulation Matters podcast

- *October 7:* Two members of the professional conduct team attended the HPRO Reasons Writing workshop.

- *October 18:* One member of the senior management team attended Mental Health in the Workplace webinar presented by National Payroll Institute (NPI)

- *October 18:* One member of the governance team attended Mental Health: A DEI Priority presented by the Canadian Centre for Diversity and Inclusion (CCDI)

- *October 18:* Three QA staff members attended the Health Profession Regulators of Ontario (HPRO) Quality Assurance Working Group meeting

- *October 19:* Two members of the operations team attended 2022 Tax Updates webinar presented by Welch LLP

- *October 25*: One member of the registration team attended How and Why to Measure DEI

- *October 24-26*: Three members of senior management attended the Canadian Network of Agencies for Regulation (CNAR) Conference

- *October 27*: Ten members of the registration team attended Incorporating Equity, Diversity and Inclusion Principles into Fair Registration Practices, presented by the Office of the Fairness Commissioner

- *October 29:* One member of the operations team attended Year End Legislative Updates – Canadian Payroll Association one-day workshop presented by NPI

- *November 3*: One member of the registration team attended the Society of Ontario Adjudicators and Regulators (SOAR) 34th Annual Conference - Changing Tides: The Ebb and Flow of Administrative Justice

- *November 3:* One member of the operations team attended the Gifts and Awards webinar presented by NPI

- *November 9:* One member of senior management attended Assessing Ungovernability presented by SML Law

- *November 16*: Three members of the registration team attended In Conversation with Richard Steinecke: Trends in Professional Regulation, presented by CNAR

- *November 16:* Four members of the registration team attended Kindness in Regulation webinar provided by the Council on Licensure, Enforcement and Regulation (CLEAR)

- *November 16:* One member of the senior management team attended Trends in Professional Regulation webinar presented by Canadian Network of Agencies for Regulation (CNAR)

COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

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October 24, 2022

Dear Colleagues,

Re: ABA & Dual Registration

The College of Psychologists of Ontario has been working towards welcoming Behaviour Analysts into what will be the new College of Psychologists and Behaviour Analysts of Ontario being established under the yet to be proclaimed *Psychology and Applied Behaviour Analysis Act, 2021*. The *Act* creates the new health profession of Applied Behaviour Analysis with its own distinct scope of practice.

Once proclaimed, the *Act* will restrict the use of the title "Behaviour Analyst" to those professionals registered with the College. Under the *Act*, registration will be required both for non-regulated individuals as well as those already registered with another College. Many of you expressed concern in your submissions to the government about the burden that dual registration would place on the members of your College who practise Applied Behaviour Analysis.   As you are aware however, the legislation was written such that <u>any</u> individual who wishes to use the title "Behaviour Analyst" or hold themselves out as qualified to practice Applied Behaviour Analysis, will be required to register with the new College of Psychologists and Behaviour Analysts. This includes those already registered with another regulatory College.

The scope of practice or activities that a Behaviour Analyst performs are not Controlled Acts as defined in the *Regulated Health Professions Act, 1991*, and are in the public domain. Many professionals registered with your Colleges may use behavioural techniques in their practice which will remain in the public domain after the *Act* is proclaimed. These practitioners will be able to continue to use these techniques and only those who wish to identify themselves as Behaviour Analysts will be required to register with the College.

Dual registration occurs often in many sectors as professionals may hold certificates of registration with more than one regulator in order to practice multiple professions. As proclamation approaches, we would be pleased to engage in discussions to develop a collaborative process for applying regulatory tools fairly and consistently (e.g., ICRC and Discipline) when dealing with members in common.   This will ensure that these members are not subject to unnecessary regulatory burden while maintaining our public protection responsibility.

The College has circulated the draft regulations related to the regulation of Behaviour Analysts and we welcome and encourage your participation in the consultation process. The consultation documents can be viewed here.

I look forward to working with you and continuing this important discussion.

Sincerely,

Rick Morris, Ph.D., C.Psych.
Registrar & Executive Director

Pages

All Users
100.00% Pageviews

Jul 1, 2022 - Nov 22, 2022

Explorer

Pageviews

Page		Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
		456,311 % of Total: 100.00% (456,311)	**399,436** % of Total: 100.00% (399,436)	**00:01:53** Avg for View: 00:01:53 (0.00%)	**289,223** % of Total: 100.00% (289,223)	**80.59%** Avg for View: 80.59% (0.00%)	**63.38%** Avg for View: 63.38% (0.00%)	**$0.00** % of Total: 0.00% ($0.00)
1.	/	**89,469** (19.61%)	82,571 (20.67%)	00:01:21	79,448 (27.47%)	77.75%	73.44%	$0.00 (0.00%)
2.	/find-a-registered-psychotherapist/	**35,078** (7.69%)	31,394 (7.86%)	00:03:40	23,133 (8.00%)	89.06%	83.50%	$0.00 (0.00%)
3.	/recognized-accepted-programs/	**34,539** (7.57%)	32,170 (8.05%)	00:03:00	25,657 (8.87%)	93.45%	81.53%	$0.00 (0.00%)
4.	/applying-to-crpo/	**30,385** (6.66%)	23,593 (5.91%)	00:01:57	17,372 (6.01%)	68.21%	51.13%	$0.00 (0.00%)
5.	/new-members-registered-psychotherapist-qualifying/	**11,505** (2.52%)	10,289 (2.58%)	00:02:10	7,644 (2.64%)	90.54%	70.36%	$0.00 (0.00%)
6.	/registration-exam/	**11,493** (2.52%)	8,927 (2.23%)	00:02:47	6,683 (2.31%)	81.53%	63.06%	$0.00 (0.00%)
7.	/practice-matters/	**9,935** (2.18%)	8,834 (2.21%)	00:03:29	7,117 (2.46%)	89.24%	75.35%	$0.00 (0.00%)
8.	/education-programs/	**9,038** (1.98%)	7,711 (1.93%)	00:01:05	5,305 (1.83%)	59.76%	45.18%	$0.00 (0.00%)
9.	/supervision/	**8,811** (1.93%)	7,954 (1.99%)	00:02:34	5,997 (2.07%)	89.45%	72.05%	$0.00 (0.00%)
10.	/standards-regulations/	**6,926** (1.52%)	5,577 (1.40%)	00:00:58	3,349 (1.16%)	75.04%	47.21%	$0.00 (0.00%)

Rows 1 - 10 of 9665

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Audience Overview

| ○ | All Users
100.00% Users | | Jul 1, 2022 - Nov 22, 2022 |

Overview

● Users

4,000

2,000

August 2022 | September 2022 | October 2022 | November 2022
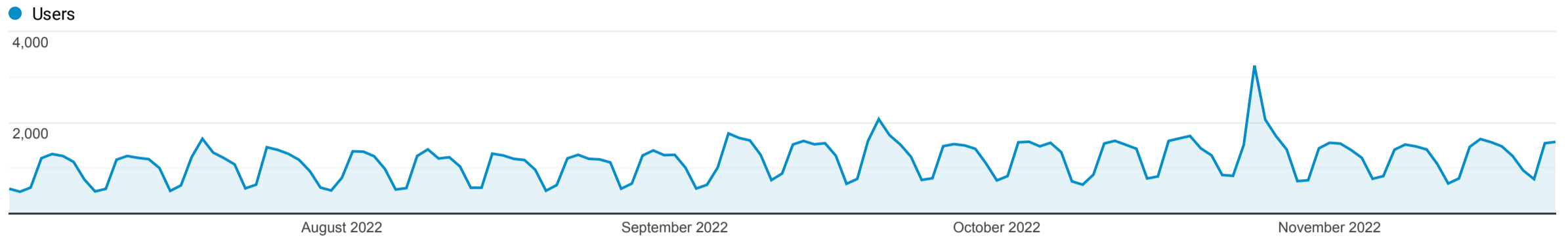
■ New Visitor ■ Returning Visitor

Users	New Users	Sessions	Number of Sessions per User
104,753	97,741	289,903	2.77

Pageviews	Pages / Session	Avg. Session Duration	Bounce Rate
456,311	1.57	00:01:05	80.59%

64.4%

35.6%
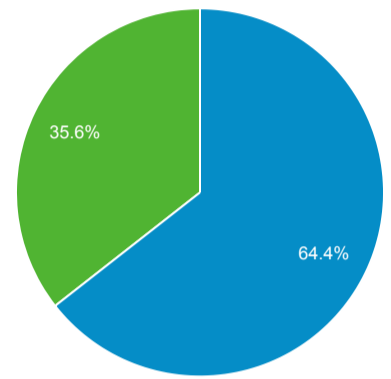
	Language	Users	% Users
1.	en-us	46,778	44.11%
2.	en-ca	45,053	42.48%
3.	en-gb	6,628	6.25%
4.	en	2,575	2.43%
5.	zh-cn	1,090	1.03%
6.	fr-ca	682	0.64%
7.	fr-fr	544	0.51%
8.	c	473	0.45%
9.	en-in	298	0.28%
10.	en-au	259	0.24%

Council Meeting

September 21, 2022 01:00 PM CRPO Board
Room / ZOOM
Chair: Kenneth Lomp, President

Council Meeting

1. **Welcome & Opening Remarks**

   Kenneth Lomp, President & Chair, called the meeting to order at 1:04 p.m. and welcomed all present. S. Briscoe-Dimock, outgoing President & Chair, took a moment to thank Council, staff and stakeholders before handing chairing duties over to K. Lomp. The Executive Committee, elected in June 2022, officially assumes office as of today's meeting date.

2. **Approval of Agenda**

   The Chair introduced the draft agenda.

   MOTION C-21SEP2022 – 01
   That the agenda of the September 21, 2022, meeting of Council be approved as presented.

   Moved: K. Hewitt-Blackie
   Seconded: J. Vincent
   CARRIED

3. **Conflict of Interest Declarations**

   None declared.

4. **DISCUSSION & DECISIONS (or DIRECTION)**

   The following items were presented for discussion and decision (or direction):

   a. **Council Evaluation**

   D. Adams, Registrar, introduced the item for information regarding next steps in the evaluation process. The self-reflection and chair evaluation will take place beginning in mid-October to pilot the tools. Going forward, these evaluations will occur in June to align with elections. The self-reflection is scenario based. The results of this reflection exercise, along with the staff and chair assessment will result in recommendations for individual Council members to build competencies and will inform the plan for overall Council education initiatives.

   b. **Clinical Supervision Review Update (information, discussion)**

   M. Pioro, Deputy Registrar and General Counsel, provided Council with a presentation on the ongoing Clinical Supervision review. M. Pioro described the scope of the review to date and thanked all staff and committees for their contributions to the review process. This item was presented for information only. Council members were invited to ask questions and provide feedback.

   c. **Diversity, Equity, and Inclusion Working Group**

   K. Lomp introduced the item.

   i. **Terms of Reference (motion)**

   D. Adams provided Council with background information regarding the Diversity, Equity and Inclusion proto group's work on the draft terms of reference. Council was invited to ask questions and provide feedback.

MOTION C-21SEP2022 – 02
That the Diversity, Equity and Inclusion Working Group terms of reference be approved as presented.

Moved: H. Ahonen
Seconded: J. Vincent
CARRIED

ii. **Recruitment Update**

D. Adams also provided Council with information regarding the approach of the DEI proto group regarding the recruitment for the working group. The College put out a call for expressions of interest on September 20, 2022, and has already begun to receive submissions. The DEI proto group will finalize the recruitment plan at a subsequent meeting, with interviews and alternative submissions taking place in mid-October.

d. **By-law Amendments re: election and nomination timelines (motion)**

K. Lomp introduced the item. The proposed changes include shortening the periods of each of the steps in the nominations and elections process, which were established before College elections used online voting platforms. The proposed changes also include removing the requirement that candidates obtain five supporting signatures from Registered Psychotherapists in Ontario, as this could act as a barrier for some.

MOTION C-21SEP2022 – 03
That Council approve the proposed by-law changes as presented:

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.

10.09 – Signed Nominations
The nomination shall be signed by the nominee as a signal of their consent to the nomination.

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.

Moved: K. Hewitt-Blackie
Seconded: J. Vincent
CARRIED

5. **INFORMATION & UPDATES**

The following updates were provided:

a. **2021 Annual Report**

K. Lomp noted that the 2021 Annual Report largely mirrors the work that the College has done pertaining to the College Performance Measurement Framework (CPMF). The CPMF key performance indicators provide specific, data-driven outcomes and detailed accounts of the work that has been done.

Samantha Slater, Welch LLP, joined the meeting and walked Council through the audited financial statements, included in the CRPO's annual report. It was noted that the audit was clean and Council was invited to ask questions and seek clarification as needed.

The Annual Report will be posted to the College website and shared with the Ministry of Health as required. The final report can be viewed here: https://www.crpoannualreport.ca/

b. **Registrar's Report**

D. Adams directed Council to the report included in the package and invited questions and comments.

6. **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 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.
MOTION C-21SEP2022 – 04
That the consent agenda be approved as presented.

Moved: D. Keast
Seconded: J. Vincent
CARRIED

a. **DRAFT Minutes**

1. DRAFT Council minutes - 23JUN2022

b. **Committee Reports**

Committee reports included:

1. Discipline
2. Examination
3. Executive
4. Fitness to Practise
5. Inquiries, Complaints and Reports
6. Quality Assurance
7. Registration

7. **COUNCIL QUESTION PERIOD**

No questions were raised.

8. **ADJOURNMENT**

MOTION C-21SEP2022 – 04
That the Council meeting of September 21, 2022, be adjourned at 3:15 p.m.

Moved: H. Pateman
Seconded: M. Machan
CARRIED

Discipline Committee Report to Council

December 8, 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 • Avni Jain, RP	• David Keast • Kenneth Lomp, RP • Michael Machan, RP • Miranda Monastero, RP • Judy Mord, RP • Henry Pateman • Keri Selkirk • Radhika Sundar, RP • Jeff Vincent

Committee meetings: n/a

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:
Since the last Council meeting dated September 21, 2022, we have received one new referral to Discipline: CRPO v SAXTON.

Hearings:
Two hearings occurred since the last Council meeting: CRPO v FIELD and CRPO v RUSSELL.

At this time, the following two matters have been scheduled:
CRPO v HYNES   CRPO v HWANG

The following five matters are awaiting scheduling:
CRPO v HARAMIC   CRPO v WENT (2)
CRPO v JOY   CRPO v SAXTON
CRPO v WENT (1)

Pre-hearing Conference & Motions:
No pre-hearing conferences occurred since the last Council meeting.

Training
No committee training occurred since the last Council meeting.

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

Respectfully submitted,

Carol Cowan-Levine
Chair, Discipline Committee

Examination Committee Report to Council
December 8, 2022

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

Committee meetings:

- n/a

Panel meetings:

- September 1, 2022
- December 2, 2022

Panel meetings

A half-day meeting took place on September 1, 2022, via videoconference. Below are the outcomes of that meeting:

Total learning plans reviewed	6
Learning plan approved with revisions	3
Learning plan approved as is	1
Learning plan approved with additional considerations	2

Outcomes of the December 2 meeting will be included in the January 2023 report to Council.

Formal Motions to Council:
n/a

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

Attachments:
n/a

Respectfully submitted,

Heidi Ahonen, RP
Chair, Examination Committee

Executive Committee Report to Council
December 8, 2022

Committee Members
• Kali Hewitt-Blackie, RP • David Keast • Kenneth Lomp, RP (Chair) • Michael Machan, RP • Keri Selkirk (appointment ended October 24, 2022; reappointed November 18, 2022)

Committee meetings:
- October 6, 2022
- November 17, 2022

The Executive Committee considered the following matters at the October 6 and November 17, meetings:

Discipline Process Innovation
M. Pioro provided a brief presentation on discipline tribunals – a neutral, independent body responsible for holding hearings and making timely, well-reasoned decisions. See agenda item 2.a.

Council and Committee composition 2022-23
The Executive Committee reviewed and made recommendations regarding the Council and Committee slate 2022-23. See agenda item 2.b.

Non-council Committee Member Reappointments
The Executive Committee reviewed the non-Council committee member evaluations completed by senior staff and committee chairs and made recommendations to reappoint. See agenda item 2.b.

Non-Council Member Recruitment
The Executive Committee recommended that staff recruit five non-Council members to sit on ICRC and the Examination Committee. See agenda item 2.d.

Council Evaluation Framework
The Executive Committee discussed the final stages of the CRPO's Council evaluation project. See agenda item 3.b.

Registrar's Performance Evaluation
The Executive Committee received a presentation from the HR consultant presenting on the timing, process and tools required for the registrar's performance evaluation framework. A subsequent meeting has been scheduled with the consultant in December to review input from the Executive.

Strategic Planning
The Executive Committee reviewed the draft strategic planning report. See agenda item 2.g.

Diversity, Equity, and Inclusion Working Group composition
The Executive Committee was presented with the list of fifteen DEIWG members as recommended by the DEI proto group and the Nominations and Elections Committee. See agenda item 2.c.

Terms of Reference Review
The Executive Committee reviewed the Executive Committee terms of reference and the Governance Reform Initiative (GRI) terms of reference as part of their annual review. No changes were made to the Executive Committee terms of reference. The proposed changes to the GRI terms of reference are noted under agenda item 2.e.

Auditor Reappointment
The Executive Committee provided direction to reappoint Welch LLP as external auditors for another year.

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

ACTION TAKEN IN BETWEEN COUNCIL MEETINGS

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

The Executive Committee appointed Avni Jain, RP, to the Nominations and Elections Committee at its October 6, 2022, meeting.

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,

Kenneth Lomp
Chair, Executive Committee

Fitness to Practise Committee Report to Council
December 8, 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
• Avni Jain, RP
• David Keast
• Kenneth Lomp, RP
• Michael Machan, RP
• Miranda Monastero, RP
• Judy Mord, RP
• Henry Pateman
• Keri Selkirk
• Radhika Sundar, RP
• Jeffrey Vincent

Committee meetings:

• n/a

Panel meetings:

n/a

Referrals, Hearings Pre-hearing Conferences & Motions

Referrals:
Since the last Council meeting dated September 21, 2022, 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
December 8, 2022

Committee Members
• 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
• Kafui Sawyer, RP (Non-Council Committee Member)
• Keri Selkirk
• Jeffrey Vincent

Plenary meetings:

- October 27, 2022

Panel meetings:

- September 26, 2022
- September 28, 2022
- October 19, 2022
- November 8, 2022
- November 30, 2022
- December 6, 2022

On October 27, 2022, the Committee attended a full-day plenary meeting. ICRC participated in a fulsome discussion about its strategic plan for the 2023-2024 fiscal year. The Committee's deliverables are in line with the expectations of the Ministry in the annual reporting of the College Performance Measurement Framework (CPMF).

Staff introduced the trauma-informed review project that recently commenced in partnership with the Barbra Schlifer Commemorative Clinic (BSCC). The intention of this project is to examine the ways in which the College may be re-traumatizing individuals who interact with the complaints process. The end goal is to implement BSCC's direction about changes the College can make to minimize re-traumatization.

The Ontario Association of Mental Health Professionals (OAMHP) attended to present their newly launched record-keeping course. OAMHP consulted with the College about the course's content during the development phase. Now that the course is released, ICRC can order a registrant take this course as part of a SCERP, where appropriate.

In addition, the Committee engaged in a discussion about the potential development of a policy to consider requests for removal of information from the public register that is in line with the *Regulated Health Professions Act, 1991*. Staff offered education on how to review Prosecutorial

Viability Opinions and the difference between sexual abuse legislation and College policy. Finally, staff discussed succession planning for ICRC panel Chairs.

Respectfully submitted,

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

Quality Assurance Committee Report to Council
December 8, 2022

Committee Members
• Heidi Ahonen, RP • Kayleen Edwards, RP (Non-Council committee member) • Sherine Fahmy • Kali Hewitt-Blackie, RP • Avni Jain, RP • David Keast • Kenneth Lomp, RP (Chair) • Miranda Monastero, RP • Brenda Sedgwick, RP (Non-Council committee member) • Jeffrey Vincent

Committee meetings:
- **September 29, 2022**

Panel meetings:
- **n/a**

The QAC met once on September 29, 2022, since the last Council meeting on September 21, 2022. The QAC selected 30 cases to use in the pilot assessment; directed staff to develop necessary QA assessment program policies; and reviewed and directed staff on the approach to managing assessment outcomes. In addition, the QAC reviewed and commented on proposed revisions to the CRPO Professional Practice Standards.

Staff reports that the QA Enhancement Project is proceeding on schedule. Approximately 190 registrants volunteered for the pilot assessment, which took place November 22 to 26, 2022. Four PPR tool workshops were held in October and November, and case development workshops are ongoing to prepare additional cases to add to the question bank for the assessment launch in May 2023.

Staff are currently interviewing potential peer coaches, who will be responsible for conducting PPRs. A series of peer coach training workshops, led by our consultant Anthony Marini, are scheduled for early 2023. Candidates who successfully complete the peer coach training will be presented to the QAC for appointment/approval.

The next QA Panel meeting has been scheduled for Wednesday, December 14, 2022.

The next QA Plenary meeting has been scheduled for Thursday, January 19, 2023.

The 2023 QA Plenary meetings are scheduled as follows:

- Thursday, January 19, 2023
- Tuesday, April 11, 2023

- Tuesday, June 20, 2023
- Thursday, August 10, 2023

The Committee Recommends:

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

Respectfully submitted,

Kenneth Lomp, RP
Chair, Quality Assurance Committee

Registration Committee Report to Council
December 8, 2022

Committee Members
• Heidi Ahonen, RP
• Elda Almario, RP (Non-Council Committee Member)
• Jamie Consoli, RP (Non-Council Committee Member; IRTG Appointment)
• Avni Jain, RP
• David Keast
• Michael Machan, RP (Chair)
• 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 (Non-Council Committee Member; IRTG Appointment)

Committee meetings:
- September 15, 2022
- October 28, 2022

Panel meetings:
- September 9, 2022
- September 16, 2022
- October 12, 2022 (Indigenous Registration Pathway panel)
- October 14, 2022
- November 18, 2022

At the September 15, 2022, plenary meeting, the Registration Committee considered the following matter:

Revisions to Jurisprudence Module
The Committee provided feedback on draft content for the updated Jurisprudence eLearning module.

At the October 28, 2022, plenary meeting, the Registration Committee considered the following matters:

Bridging Program Presentation
Staff from the Bridge to Registration and Employment in Mental Health (BREM) program presented information about the BREM program and answered questions.

Committee Work Plan
The Committee approved the work plan for the coming year.

New Recognized Program
The Committee granted academic recognition to the Transformational Arts College Spiritual Psychotherapy program.

2023 Program Renewal
The Committee finalized the 2023 application form for programs renewing their academic recognition with CRPO.

Clinical Supervision Policies
The Committee reviewed the revised Clinical Experience for Registration Policy and definition of "clinical supervisor". The Committee recommends in principle that Council approve the revisions, subject to results of public consultation. The Committee also supported revisions to the clinical experience confirmation forms.

Precedent and Consistency in Decision-Making
Staff presented on factors to consider in panel decision-making.

Panel Process
The Committee discussed the panel process and workload.

Indigenous Registration Pathway
The Committee received an update on plans to review the Indigenous Registration Pathway application route and Indigenous Policy.

Fair Registration Practices Report 2021
The Committee approved the draft 2021 Fair Registration Practices Report at a high level.

Modified Peer and Practice Review Adaptation
The Committee received an update on the development of the Peer and Practice Review process for registrants who have failed their first two attempts at the Registration Examination.

Clinical Experience Recognition Survey Results
The Committee reviewed the results of the survey.

Panel Meetings
The September 16 and October 12 meetings were one hour long. All other meetings were a half day in length. All meetings took place via video conference.

Total applications reviewed	32
Approved	7
Terms, Conditions & Limitations (TCL)	6
Conditional approval	3
Requests for more information	2
Refused	14

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 September 21, 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:
- [N.B. v College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario](#)

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

Formal Motions to Council
- n/a

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

Respectfully submitted,

Michael Machan, RP
Chair, Registration Committee