

COUNCIL AGENDA

Date: Wednesday, January 25, 2023
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 <i>Council is asked to indicate if they wish for any consent agenda items to be moved to regular discussion items.</i> | 1. Draft Agenda | | Decision by motion | K. Lomp |
| 1.c. | 9:34 | Conflict of interest declarations <i>Council is asked to complete and return the Conflict-of-Interest Declaration form to document their status relative to the agenda prior to the meeting.</i> | 1. COI disclosure form 2. COI Worksheet 3. COI process | | Information | K. Lomp |
| 2. DISCUSSION & DECISIONS | | | | | | |
| 2.a | 9:35 | Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development <i>Council is being presented with aggregate results of the Council Competency Reflection.</i> | 1. Briefing Note 2. Council Competency Reflection Tool aggregate results | | Discussion, information, direction | K. Lomp, D. Adams, G. Salas |
| 2.b | 10:05 | Use of performance indicators in the realm of competence assessment and development | | | Discussion, information | G. Salas |

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|--------------------------|-------|---|---|--|--------------------|-----------------------------|
| | | <i>Council will receive a presentation from Giovanni Salas of Pollinate Networks regarding the use of KPIs and competency development.</i> | | | | |
| BREAK 11:00-11:15 | | | | | | |
| 2.c. | 11:15 | Key Performance Indicator and College Performance Measurement Framework update <i>Council is being asked to discuss KPI development as a CPMF requirement.</i> | 1. Briefing Note | | Discussion | D. Adams, G. Salas |
| 2.d. | 11:35 | 2023-24 Expense and Revenue Budget <i>Council is being asked to approve the proposed expense and revenue estimates budget.</i> | 1. Briefing Note 2. Draft Expense Budget 3. Draft Revenue Estimates Budget | | Discussion, motion | K. Lomp, J. Falkenburger |
| 2.e. | 11:50 | Signing Authority by-laws and policy <i>Council is being asked to approve amendments to signing authority by-laws to increase the threshold for multiple-party authorization.</i> | 1. Briefing Note | | Discussion, motion | K. Lomp, J. Falkenburger |
| LUNCH 12:00-1:00 | | | | | | |
| 2.f. | 1:00 | Ontario Regulation 508/22 (Registration Requirements) made under the Regulated Health Professions Act, 1991 <i>Council will receive an update on the new emergency class of registration and be asked to direct the Registration Committee to approve amendments to Ontario</i> | 1. Briefing Note 2. DRAFT emergency class amendments to Registration Regulation 3. ADM Memo re: Emergency Class | | Discussion, motion | K. Lomp, D. Adams |

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|-------------------------------------|------|---|--|--|-------------------------|--------------------|
| | | <i>Regulation 67/15: Registration for 60-day public consultation. Council is also being asked to direct staff to publish April 27, 2023, as a Council special meeting date.</i> | | | | |
| 2.g | 1:20 | Discipline Tribunal Planning <i>Council will be asked to appoint expert adjudicators as non-Council appointees to the Discipline and FTP Committees.</i> | 1. Briefing Note 2. AMENDED By-laws | | Discussion, motion | D. Adams, M. Pioro |
| 2.h | 1:35 | Non-Council Member Reappointments <i>Council is being asked to ratify the appointment of two non-Council members of the Registration Committee for the Indigenous Pathway to Registration panels.</i> | 1. Briefing Note | | Discussion, motion | K. Lomp |
| 3. INFORMATION & UPDATES | | | | | | |
| 3.a | 1:40 | Diversity, Equity and Inclusion Working Group update <i>Council will receive a verbal update regarding the first meeting of the DEIWG.</i> | | | Information, discussion | D. Adams |
| BREAK 2:00-2:15 | | | | | | |
| 3.b | 2:15 | Quality Assurance Enhancement Project Update: Case Based Assessment Pilot Results <i>Council will receive an update on the status of the QA enhancement project.</i> | 1. Briefing Note 2. Case Based Assessment pilot results (risk summary data) 3. Case Based Assessment pilot results (risk assessment) | | Information, discussion | K. Lomp, D. Adams |
| 3.c. | 2:45 | Registrar's Report | 1. Registrar's Report | | Information | D. Adams |

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|--------------------------|-------------|---|---|--|---------------|---------|
| | | <i>Council will have the opportunity to pose questions related to the Registrar's written report.</i> | | | | |
| 4. CONSENT AGENDA | | | | | | |
| 4.a | 3:00 | Consent Agenda <i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items are encouraged to direct them to the President prior to the meeting to allow for additional information to be included in the materials as required. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The consent agenda will be approved under one motion.</i> | Draft Minutes: December 8, 2022 (to be posted prior to meeting) Committee Reports: 1. Discipline 2. Examination 3. Executive 4. Fitness to Practise 5. Inquiries, Complaints and Reports 6. Quality Assurance 7. Registration | | Motion | K. Lomp |
| 5. | 3:10 | Council Question Period <i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i> | | | Information | K. Lomp |
| 6. | 3:30 | ADJOURNMENT | | | MOTION | K. Lomp |
| | | 2023 Council Meetings: <ul style="list-style-type: none"> ● March 29 & 30, 2023 ● NEW! April 27, 2022 ● May 18, 2023 ● June 22, 2023 ● September 14, 2023 ● December 7, 2023 | | | | |

Conflict of Interest Disclosure Form

Meeting Date: January 25, 2022
Council / Committee: Council
Meeting type: plenary

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

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

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

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

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

WORKSHEET: Conflict of Interest

What is a conflict of interest?

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

Self-screening Questions

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



Financial interest

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

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

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



Personal or professional relationship

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

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

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



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

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

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



Emotional bias

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

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

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



Interests of Related Persons

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

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

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

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



Threshold analysis

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

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

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

Process for Considering & Declaring Conflicts of Interest

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



Staff pre-screening

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



Council, committee or panel member self-screening

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

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

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

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

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.a. |
| Issue: | Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development |
| Attachment(s): | 2022 Council Competency Reflection Tool - Aggregate Results |
| Reference(s): | Council Evaluation Components Council Competency Matrix Committee Competency Matrix |
| Action: | Information <input type="checkbox"/> Discussion <input type="checkbox"/> Direction <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

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

Background

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

The final component of the framework is the Annual Member Reflection that is intended to result in 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 approach taken for this evaluation was to use feedback on participation on one statutory committee as a measure of overall competence and effectiveness. The results of the assessment are intended 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.

The full set of Council competencies include:

1. Governance
2. Finance
3. Risk Management
4. Strategy
5. Leadership / Change Management

6. Diversity & Inclusion
7. Stakeholder Relations / Communications
8. Critical Thinking
9. Technology Skills
10. Regulatory Knowledge
11. Health System Knowledge

The full set of Committee competencies include:

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

Council members completed the self-reflection and Chairs and staff the competence assessment in November. Aggregate results are being presented at this meeting; individual results will be shared with each Council member through a meeting with Vice President, M. Machan and Registrar D. Adams

Next steps:

Council will be provided with a presentation by consultant Giovanni Salas on the results of the Annual Member Reflection exercise. The presentation will provide context on the use of a competence-based model for governance effectiveness and will support Council in understanding the results and how they might best be used. The presentation and Council discussion will assist the Executive Committee, in their role as governance stewards, in reviewing the evaluation tool as well as the approach taken to the Council evaluation and competency matrices and making recommendations for future use.



College of Registered Psychotherapists of Ontario

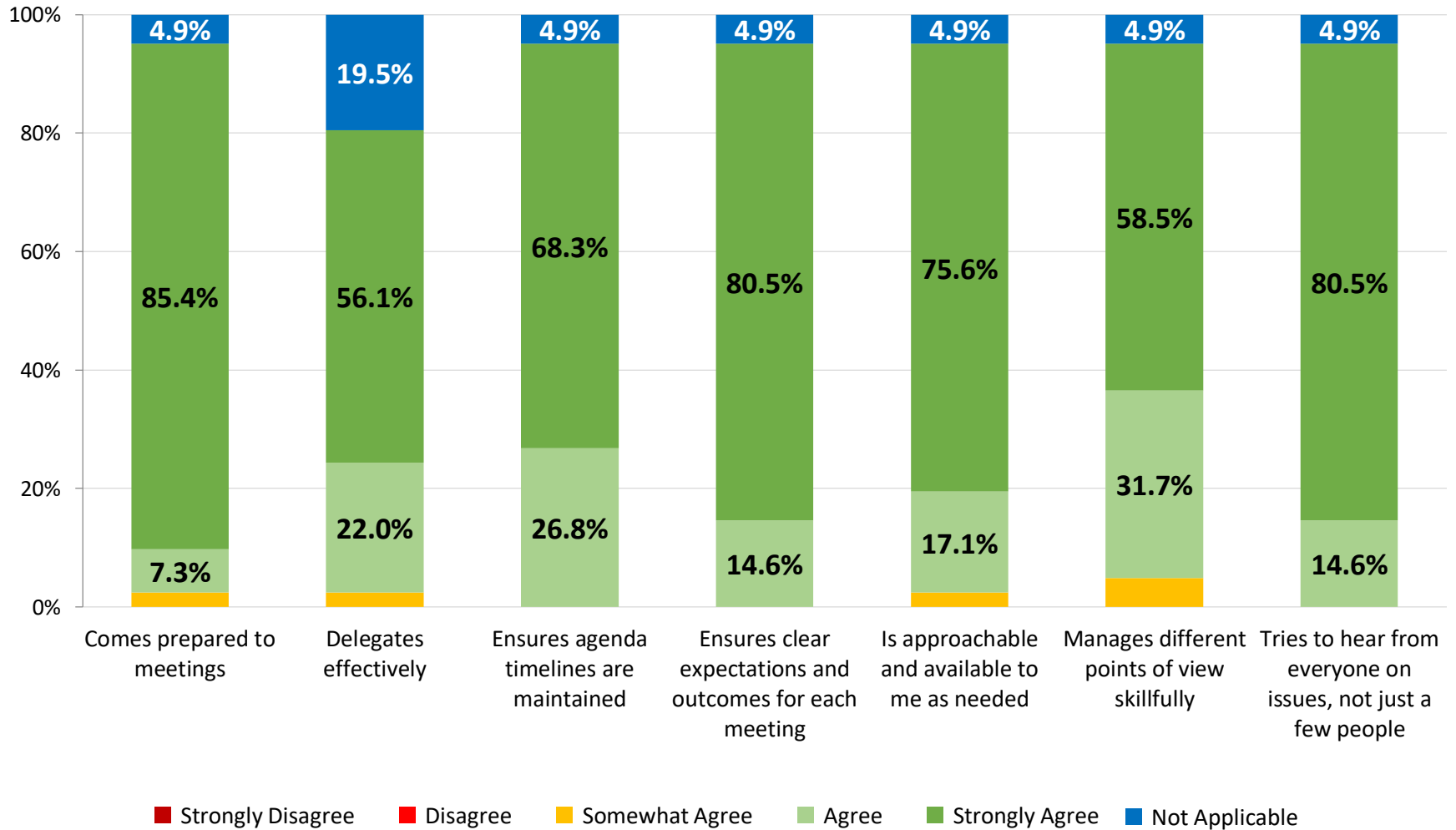
Council Competency Reflection Tool Aggregate Findings



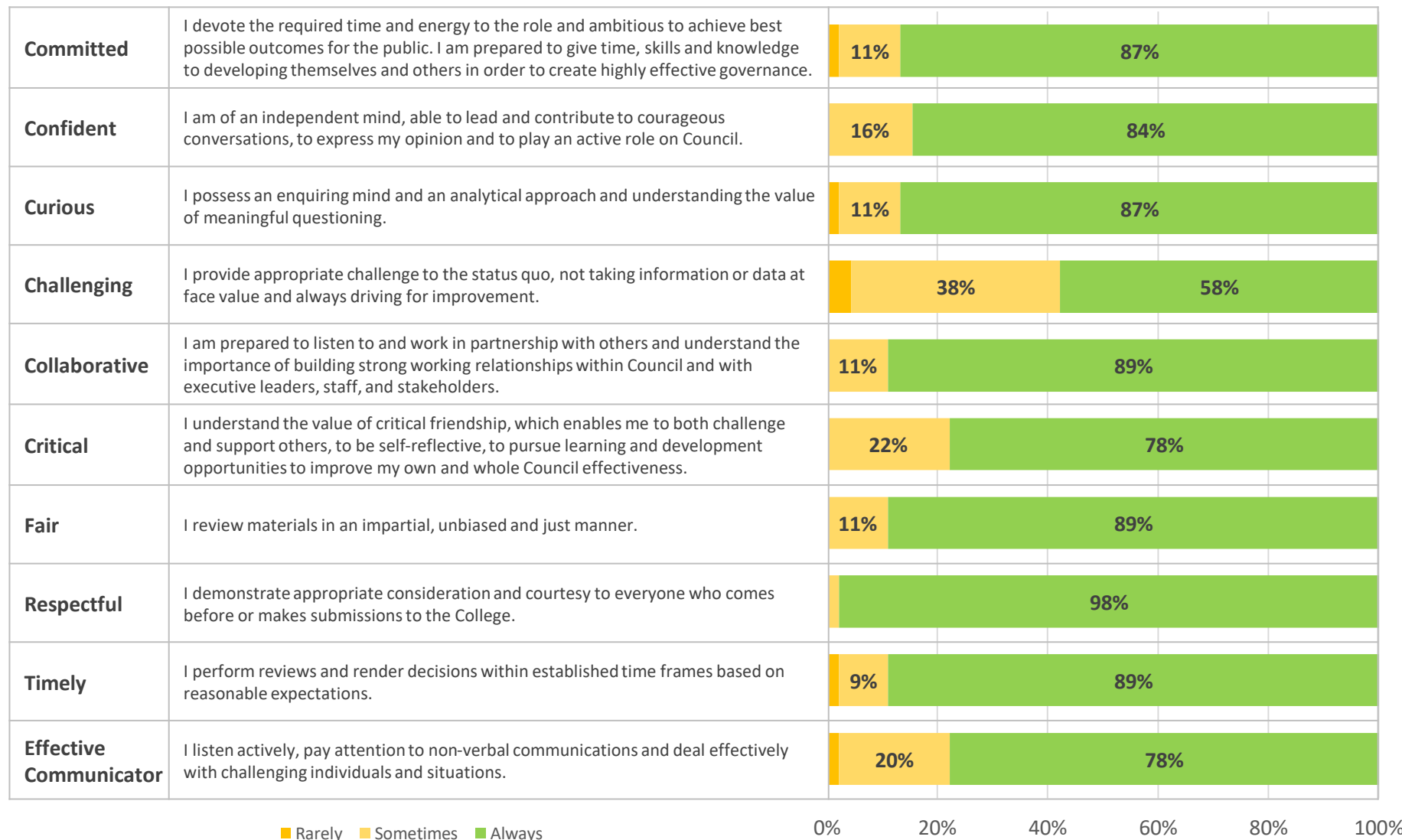
December 2022



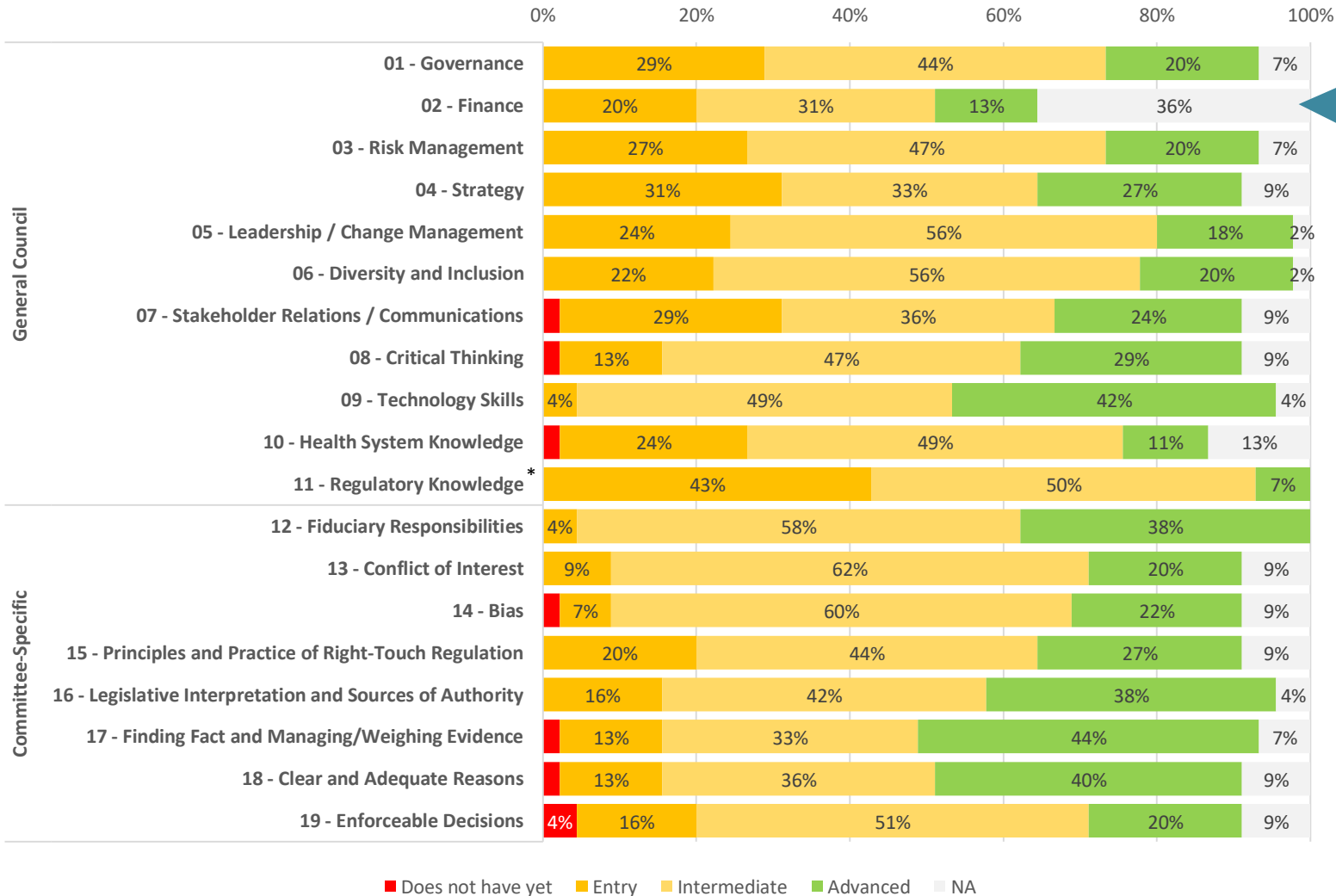
Committee Chair Evaluations - Aggregate



Attribute Ratings - Aggregate



Overall Competency Ratings - Aggregate



Many raters did not feel like they were able to properly rate the financial competency

*Council's understanding of the regulatory knowledge competency was not assessed by a committee chair or staff member

■ Does not have yet ■ Entry ■ Intermediate ■ Advanced ■ NA

Overall Competency Ratings (Radar View) - Aggregate



*Many raters did not feel like they were able to properly rate the finance competency

**Council's understanding of the regulatory knowledge competency was not assessed by a committee chair or staff member

Overall Competency Ratings Breakdown - Aggregate

| Competency | Reflection | Assessment | | Reflection/Assessment Difference | |
|--|------------|------------|-----|----------------------------------|-----|
| General Council | | | | | |
| 01 - Governance | 36% | 36% | 28% | 0% | 9% |
| 02 - Finance | 42% | 35% | 23% | 8% | 20% |
| 03 - Risk Management | 39% | 33% | 28% | 7% | 11% |
| 04 - Strategy | 33% | 37% | 30% | -4% | 3% |
| 05 - Leadership / Change Management | 38% | 33% | 29% | 5% | 9% |
| 06 - Diversity and Inclusion | 40% | 30% | 30% | 10% | 11% |
| 07 - Stakeholder Relations / Communications | 32% | 38% | 30% | -6% | 2% |
| 08 - Critical Thinking | 35% | 39% | 26% | -4% | 9% |
| 09 - Technology Skills | 35% | 32% | 33% | 3% | 1% |
| 10 - Health System Knowledge | 36% | 33% | 30% | 3% | 6% |
| 11 - Regulatory Knowledge* | | | | | |
| Committee-Specific | | | | | |
| 12 - Fiduciary Responsibilities | 35% | 34% | 31% | 1% | 5% |
| 13 - Conflict of Interest | 43% | 28% | 29% | 15% | 14% |
| 14 - Bias | 40% | 32% | 28% | 9% | 13% |
| 15 - Principles and Practice of Right-Touch Regulation | 38% | 38% | 25% | 0% | 13% |
| 16 - Legislative Interpretation and Sources of Authority | 32% | 36% | 32% | -4% | 0% |
| 17 - Finding Fact and Managing/Weighing Evidence | 38% | 36% | 26% | 1% | 12% |
| 18 - Clear and Adequate Reasons | 38% | 37% | 25% | 1% | 14% |
| 19 - Enforceable Decisions | 44% | 40% | 16% | 3% | 28% |

Overall Finance Ratings Breakdown - Aggregate

| | |
|--|---|
| <p>Financial competence supports Council in ensuring the prudent use of all assets for the College’s effectiveness and sustainability.</p> | <ul style="list-style-type: none"> • Basic financial literacy, including financial concepts and how they relate to the organization and how they should inform Council’s decision-making • Financial controls and how to read and interpret financial statements • Basic understanding of financial management |
|--|---|

| Entry Level Competencies | Self-reflection | Competence Assessment | |
|--|-----------------|-----------------------|-----------|
| Knows where to obtain further guidance | 14 | 13 | 14 |
| Can explain basic finance concepts to colleagues | 10 | 6 | 0 |
| Can identify potential issues & escalate where appropriate | 12 | 5 | 1 |
| Can contribute to group discussions | 10 | 12 | 7 |
| Total | 46 | 36 | 22 |
| Expert Level Competencies | | | |
| Has an understanding of financial management that ensures the integrity of financial information received by Council | 6 | 8 | 2 |
| Can read and understand financial statements | 11 | 8 | 3 |
| Distinguishes between the role of Council as an oversight body and the role of staff in day-to-day operations | 10 | 8 | 12 |
| Total | 27 | 24 | 17 |

Note that a large number of staff and chair raters chose not to complete the overall evaluation for the Finance competency. This might indicate that the any low ratings here stem more from uncertainty about the competency.

Overall Diversity and Inclusion Ratings Breakdown - Aggregate

Diversity and inclusion competence supports the ability to shift cultural perspective and adapt one's behavior to function effectively across attributes that include, but are not limited to, gender, ethnicity, religion, sexual orientation, disability, and socioeconomic class. Profession specific diversity may include attributes such as region of practice, practice setting and context, specialization or modality.

- Understanding and valuing differences in the values and norms of other cultural frameworks
- Ability to apply this knowledge of the experience of diversity to deliberations and decision-making

| Entry Level Competencies | Self-reflection | Competence Assessment | |
|--|-----------------|-----------------------|-----------|
| Valuing and actively advocating for diverse perspectives | 14 | 12 | 11 |
| Holding criticisms and comments to hear different views before making decisions | 14 | 12 | 12 |
| Total | 28 | 24 | 23 |
| Expert Level Competencies | | | |
| Conducting self-assessment to understand how one's own attitudes and values may create bias | 13 | 8 | 8 |
| Adjusting and adapting communication styles to be effective across diverse contexts (e.g., does not use ethnocentrism or outdated terms, does use preferred terms) | 10 | 9 | 11 |
| Responding to inappropriate and non-inclusive behavior to re-direct and to build awareness | 13 | 7 | 5 |
| Total | 36 | 24 | 24 |

Overall Conflict of Interest Ratings Breakdown - Aggregate

Appreciates that a conflict of interest is any interest, relationship, association or activity that interferes with the member's obligations to the panel to make a decision in the best interest of the public.

Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of conflict in the mind of a reasonable and informed person.

Appreciates the difference between actual, perceived or potential conflicts of interest and understands that all types of conflict must be addressed.

| Demonstrated Behaviours | Self-reflection | Competence Assessment | |
|---|-----------------|-----------------------|-----------|
| Regularly uses CRPO Conflict of Interest Worksheet to assess potential conflict | 13 | 8 | 12 |
| Can clearly identify what is a conflict in themselves and in others | 13 | 10 | 10 |
| Knows how to deal with a conflict at the time of screening for appointment to the panel and if conflict arises during the panel deliberations | 14 | 9 | 9 |
| Understands when it is appropriate to recuse oneself due to a conflict or perceived conflict | 14 | 10 | 10 |
| Appropriately challenges colleagues who might have a conflict of interest | 11 | 5 | 3 |
| Total | 65 | 42 | 44 |

Overall Bias Ratings Breakdown - Aggregate

Appreciates that bias is a preconceived or unreasoned feeling or inclination that is incompatible with the member’s obligations to the panel to make a decision that is impartial

Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of bias in the mind of a reasonable and informed person

| Demonstrated Behaviours | Self-reflection | Competence Assessment | |
|---|-----------------|-----------------------|-----------|
| Aware of different types of bias and how they manifest themselves | 14 | 12 | 13 |
| Able to identify personal biases | 13 | 8 | 9 |
| Appropriately challenges colleagues who might be biased | 10 | 8 | 3 |
| Considers only the evidence in front of them when reviewing panel materials | 14 | 12 | 10 |
| Total | 51 | 40 | 35 |

Overall Clear and Adequate Reasons Ratings Breakdown - Aggregate

Appreciates the principles of fairness and transparency as they apply to the need to explain how a decision was made

| Demonstrated Behaviours | Self-reflection | Competence Assessment | |
|---|-----------------|-----------------------|-----------|
| Understands what must be decided | 13 | 14 | 10 |
| Is familiar with the legal duty to give reasons | 13 | 14 | 11 |
| Expresses reasons in a risk-based framework in clear and accessible language | 13 | 12 | 8 |
| Provides adequate reasons that explain not only the “what” of the findings but the “why” of the reasons for the decision | 13 | 11 | 6 |
| Provides reasons that demonstrate fairness by providing that the panel heard and understood the evidence and arguments of the parties | 13 | 12 | 7 |
| Total | 65 | 63 | 42 |

Overall Enforceable Decisions Ratings Breakdown - Aggregate

Understands the need for decisions to be reasonable and justifiable in order to maintain trust of the public and cooperation of registrants

| Demonstrated Behaviours | Self-reflection | Competence Assessment | |
|--|-----------------|-----------------------|-----------------------|
| | | Self-reflection | Competence Assessment |
| Understands what an enforceable decision is within the framework of applicable legislation | 13 | 12 | 9 |
| Understand how little or how much information is necessary for a good decision | 14 | 14 | 4 |
| Builds familiarity with recent HPARB decisions and reasons for those decisions | 11 | 9 | 1 |
| Total | 38 | 35 | 14 |



Appendices

Lowest Scoring Statements

For each competency statement, the maximum number of respondents was 45 - self, chair and staff for each of the 14 evaluatees, plus a second staff evaluator for three evaluatees. Below are the ten statements which received the fewest total responses, and hence have the greatest scope for improvement. (Low response statements from the Finance competency were not included – please see note on slide 4).

| General Council Competencies | | Self | Chair | Staff | Total |
|--|--|------|-------|-------|-------|
| Governance | Source of further guidance for peers | 5 | 8 | 4 | 17 |
| | Contributes to technical discussions on governance issues | 6 | 5 | 7 | 18 |
| | Identifies relevant legislation and how it relates to Council decision-making | 7 | 8 | 5 | 20 |
| | Identifies and explains governance concepts to Council | 4 | 5 | 2 | 11 |
| Leadership / Change Management | Provides leadership and support through organizational change | 7 | 5 | 5 | 17 |
| | Ensures change contributes to strategic priorities | 12 | 5 | 4 | 21 |
| Stakeholder Relations / Communications | Articulates techniques to better engage with stakeholders | 5 | 10 | 2 | 17 |
| Committee-Specific Competencies | | Self | Chair | Staff | Total |
| Conflict of Interest | Appropriately challenges colleagues who might have a conflict of interest | 11 | 5 | 3 | 19 |
| Bias | Appropriately challenges colleagues who might be biased | 10 | 8 | 3 | 21 |
| Enforceable Decisions | Builds familiarity with recent HPARB decisions and reasons for those decisions | 11 | 9 | 1 | 21 |



College of Registered Psychotherapists of Ontario

Council Competency Reflection Tool Aggregate Findings



December 2022



Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.c. |
| Issue: | Key Performance Indicator and College Performance Measurement Framework update |
| Attachment(s): | - |
| References: | https://www.crpo.ca/wp-content/uploads/2017/08/CRPO-By-laws.pdf - |
| For: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/> |
| Staff Contact: | D. Adams |

Purpose & Public Interest Rationale:

Measuring and reporting progress towards strategic and regulatory objectives, particularly as related to internal and external risks, informs Council decision-making and supports the achievement of a College's goal of public protection.

Background:

In 2020, in its introduction to the first draft of the College Performance Management Framework (CPMF), the Ministry of Health notes that the need for strengthened reporting is supported by “an increasing expectation amongst Ontarians with respect to health regulatory Colleges demonstrating how effectively they regulate health care providers in the public interest.” They go on to note that “the absence of detailed requirements specifying what and how a College reports has resulted in significant inconsistency and variability in what is being reported across Colleges. This limits the usefulness of the performance information provided in determining how well a College is acting in the public interest and support improvement.”

Now, in the third year that the CPMF report is mandatory for all health regulatory Colleges, the Ministry is requiring each College to adopt and use key performance indicators (KPIs) that are specific to their profession and circumstances.

Under Standard 14: Measurement, Reporting and Improvement, the CPMF includes the requirements that Council:

- uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance
- directs action in response to College performance on its KPIs and risk reviews
- regularly reports on its performance

As of the 2022 report (due March 30, 2023) the use of KPI's is a benchmarked standard. This means that Colleges are obligated to provide detailed plans for initiatives that will allow them to

fully meet the standard by the end of calendar 2023. The required evidence that the CPMF lists relative to this standard is as follows:

- an outline the College's KPIs, including a clear rationale for why each is important.
- regular reports to Council on performance and risk review against:
 - stated strategic objectives (i.e. the objectives set out in a College's strategic plan);
 - regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and
 - its risk management approach.
- use of performance and risk review findings to identify where improvement activities are needed

CRPO currently partially meets the standard in that Council is provided with regular reports on regulatory outcomes, areas of risk and progress toward identified goals. What is missing is a formal set of KPIs that would allow consistent and clear quarter over quarter and year over year tracking and reporting.

Committees are being asked to consider what quantitative and qualitative measures would be relevant to achievement of the strategic and regulatory functions for which they have oversight or responsibility.

Recommendations:

Once a core set of KPIs have been identified, these should be reviewed by the Executive Committee (in their capacity as governance stewards) and staff should be directed to undertake the work required to collect required data and to begin reporting results to committees on a regular basis.

Staff is recommending that a practical approach be used so that development is contextual and iterative. The KPIs should be drawn from processes that are already in place or that can easily be adopted. Over the course of the year, upon review of the usefulness and relevance of the information they provide, the KPIs could be modified before being finalized for the coming year.

Next Steps:

Council will be provided with a presentation by consultant Giovanni Salas on the use of performance indicators in the realm of competence assessment and development. They will have the opportunity to discuss KPIs and to provide guidance to the Executive Committee prior to the development of an initial set of measures for the 2023 / 2024 fiscal year.

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.d. |
| Issue: | 2023-2024 Expense & Revenue Budget |
| Attachment(s): | DRAFT Expense Budget DRAFT Revenue Estimates Budget |
| References: | Reserve Fund Policy |
| For: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | J. Falkenburger / D. Adams |

Public Protection Rationale:

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

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

Background:

At its January 5 meeting, the Executive Committee was provided with a detailed review of the proposed budget in preparation from them to discuss and direct staff to bring it forward to Council with their recommendation.

An overview of changes or significant increases are listed below, and a full discussion of all items will take place during the meeting.

It should be noted that the budget being presented is balanced and that and is aligned with the requirements of the [Executive Limitations: Reserve Fund](#) policy.

Revenue Estimates:

- Steady growth year over year, with estimates adjusted based on known factors.

Budget Items with significant increases:

- **Salaries, Benefits and HR** – this increase will cover roughly 5 additional full time positions compared to last fiscal, staff increases, promotions to fill new roles, increases expected with CPP and cost of living.

- **Catering** – moved this into Council & Committee
- **Council & Committee** – increases due increase in per diems, travel for council meetings, laptops for council and committee members. Note per diems for Discipline have been moved to the ICRC Department line item.
- **Council & Committee Training** – training for new Council members, training for non-Council committee members, continued training for all Council members.
- **Strategy** – no dollar value as we will not be hosting a strategic planning session this fiscal
- **Town Halls/Public Outreach** – virtual meetings only, software required is allocated to the software line item.
- **Communications/Promotional** – increase in number of people we communicate with (cost of Constant Contact), development of plan for revamping website.
- **Legal** – fee increases from legal, new employment laws and other initiatives
- **Translation** – have strong in-house French-speaking staff, need additional funds for website development as well as the roll out of the QA program.
- **Registrant Management System** – yearly fee, building out our ICRC, QA, JRP
- **QA Program** – Launching of new QA program, continuation of case writing, increases in Practice Advisory requests.
- **ICRC** (note this is the budget to address all complaints and reports rather than the committee budget) – increase in registrants necessitating increase in department, also the funds required to pay per diems for Discipline hearings has been added to this line item.
- **Computer hardware** – required to provide staff with laptops and other hardware
- **Computer Software** – increased costs for software, additional council or committee members requiring access to Aprio and Concur, additional software programs to enhance staff productivity.
- **Office** – increase in number of staff, cost for more staff engagement and team building
- **IT** – cost per staff member
- **Staff travel** – plans for a larger group of staff to be able to participate in the CNAR conference this year
- **Professional Development** – staff PD
- **Visa/MC fees** –Larger volumes as seen in our revenue estimates
- **Rent** – sublease covers all 12 months this fiscal, previous year had a number of free base rate months
- **Contingency fund** - increased based on percentage of overall expense budget
- **Sexual abuse funding** no amount noted in the budget, estimates will be produced at year end to allocated new requests and adjustments will be made to the restricted reserve fund.

Proposed Motion:

[Be it moved] that the Council approve the fiscal 2023-2024 budget as presented.



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 info@crpo.ca • crpo.ca

| | | Approved Budget 2022/2023 | Draft Budget 2023/2024 | Variance from prior year | % Difference from last year |
|----|----------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|--|
| 1 | Salaries, Benefits, HR | \$ 3,587,690 | \$ 4,260,100 | 672,410 | 19% |
| 3 | Council & Committee | \$ 237,150 | \$ 271,000 | 33,850 | 14% |
| 4 | Council & Committee Training | \$ 70,000 | \$ 75,000 | 5,000 | 7% |
| 5 | Strategy | \$ 15,000 | \$ - | (15,000) | -100% |
| 6 | Town Halls/Public Outreach | \$ 15,000 | \$ - | (15,000) | -100% |
| 7 | Communication/Promotional | \$ 102,000 | \$ 210,200 | 108,200 | 106% |
| 8 | Legal Counsel General Operation | \$ 17,000 | \$ 20,000 | 3,000 | 18% |
| 9 | Audit/Financial Services | \$ 40,000 | \$ 44,000 | 4,000 | 10% |
| 10 | Translation | \$ 25,000 | \$ 30,000 | 5,000 | 20% |
| 12 | Registration Department | \$ 73,000 | \$ 185,500 | 112,500 | 154% |
| 13 | Registrant Management Systems | \$ 341,900 | \$ 297,400 | (44,500) | -13% |
| 14 | QA Program / Practice Advisory | \$ 267,500 | \$ 347,000 | 79,500 | 30% |
| 15 | ICRC Department | \$ 625,000 | \$ 746,000 | 121,000 | 19% |
| 16 | Computer Hardware | \$ 35,000 | \$ 40,000 | 5,000 | 14% |
| 17 | Software | \$ 26,500 | \$ 42,000 | 15,500 | 58% |
| 20 | Office | \$ 23,000 | \$ 32,000 | 9,000 | 39% |
| 21 | Subscriptions/Membership | \$ 20,000 | \$ 22,000 | 2,000 | 10% |
| 22 | Information Technology | \$ 80,035 | \$ 90,000 | 9,965 | 12% |
| 23 | Staff Travel & Accommodation | \$ 5,000 | \$ 35,000 | 30,000 | 600% |
| 24 | Professional Development - Staff | \$ 40,000 | \$ 52,500 | 12,500 | 31% |
| 25 | Rent | \$ 97,820 | \$ 53,510 | (44,310) | -45% |
| 26 | Contingency fund | \$ 100,000 | \$ 150,000 | 50,000 | 50% |
| 27 | Visa/MC Bank fees | \$ 167,500 | \$ 200,000 | 32,500 | 19% |
| | TOTAL OPERATIONS EXPENSES | \$ 6,011,095 | \$ 7,203,210 | 1,192,115 | 25% |
| | Revenue Projections | | \$ 7,241,929 | | |
| | Revenue in excess of expenses | | \$ 38,719 | | |



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| | 2022-2023 | 2022-2023 | 2023-2024 |
|--------------------------------|-----------------------|---------------------|-----------------------|
| | Q1 Projections | Actuals | Q1 Projections |
| JRP | 96,845 | 99,470 | 100,050 |
| Application Fee | 97,100 | 105,740 | 99,980 |
| Registration/Registrant Fee | 5,202,087 | 5,292,133 | 5,981,682 |
| Professional Corp. Certificate | 18,096 | 25,376 | 30,160 |
| Admin Fees | 54,778 | 56,672 | 58,770 |
| Interest | 6,500 | 12,810 | 38,000 |
| Total | 5,475,406 | 5,592,201 | 6,308,642 |
| | Q2 Projections | Actuals | Q2 Projections |
| JRP | 60,610 | 75,835 | 76,125 |
| Application Fee | 63,752 | 77,320 | 71,700 |
| Registration/Registrant Fee | 110,217 | 114,362 | 99,241 |
| Professional Corp. Certificate | 24,444 | 40,352 | 41,808 |
| Admin Fees | 19,054 | 16,422 | 15,160 |
| Interest | 15,000 | 31,535 | 36,000 |
| Total | 293,077 | 355,827 | 340,034 |
| | Q3 Projections | 2/3 reported | Q3 Projections |
| JRP | 58,812 | 50,315 | 70,325 |
| Application Fee | 75,400 | 53,320 | 73,000 |
| Registration/Registrant Fee | 73,237 | 57,319 | 85,702 |
| Professional Corp. Certificate | 21,158 | 21,216 | 35,568 |
| Admin Fees | 25,878 | 5,782 | 32,060 |
| Interest | 12,000 | 31,251 | 30,000 |
| Program Recognition | - | - | 3,000 |
| Total | 266,485 | 219,203 | 329,655 |
| | Q4 Projections | no data yet | Q4 Projections |
| JRP | 69,368 | 0 | 76,125 |
| Application Fee | 62,920 | 0 | 86,100 |
| Registration/Registrant Fee | 21,217 | 0 | 30,221 |
| Professional Corp. Certificate | 23,313 | 0 | 35,152 |
| Admin Fees | 4,991 | 0 | 9,000 |
| Interest | 6,000 | 0 | 25,000 |
| Program Recognition | - | - | 2,000 |
| | 187,809 | 0 | 263,598 |
| Total Projections | \$ 6,222,777 | \$ 6,167,231 | \$ 7,241,929 |

Briefing Note for Council

| | |
|-----------------------|--|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.e. |
| Issue: | Signing Authority by-laws and policy |
| Attachment(s): | -https://www.crpo.ca/wp-content/uploads/2019/11/Non-council-committee-appointments-November-212019.pdf |
| References: | CRPO By-laws , see art. 3.01-3.03, 4.03, 4.04 |
| Action: | Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams, J. Falkenburger |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

CRPO's ability to regulate the profession in the public interest is dependent upon governance and finance policies that allow the College to operate without undue risk or burden.

Background:

Staff is proposing amendments to signing authority by-laws to increase the threshold for multiple-party authorization from \$5,000 to \$10,000. The Executive Committee reviewed this proposal at their January 5 meeting and it is coming to Council with their support.

The amended bylaws would read as follows (proposed changes are highlighted):

3.02 – Documents Valued at Less Than \$10,000

Notwithstanding article 3.01, documents involving liability of less than \$10,000 (and that total amount is to include any and all extensions and/or renewals contemplated in the document) can be signed by the Registrar alone, and documents so signed are binding upon the College without further authorization or formality

4.03 – Authorized Signatories for Amounts Less Than \$10,000

Subject to article 3.03, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$10,000 may be signed by the Registrar alone.

4.04 – Authorized Signatories for Amounts of \$10,000 or More

Subject to article 3.03, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$10,000 or more shall

be signed by the Registrar and one of the President, Vice-President or such other person as Council may designate.

Key Considerations:

Increased Revenue and Expenses

Since the by-laws were first enacted in 2013, CRPO’s revenue has grown from \$1,000,000¹ in government-supplied funding to \$5,539,833² from membership fees and other revenue streams.

Operational costs have also increased, both due to inflation (23.84% between 2013 and 2022³), and growth in the number of registrants (from 2,290 applicants on March 31, 2015 to 9,220 registrants on March 31, 2022).

The current by-laws regarding signing authority are therefore out of date, resulting in additional administrative burden by requiring multiple signatories for relatively small amounts.

Regulatory College Comparisons

At present CRPO’s Registrar has authority to independently sign contracts and payments up to \$4,999, which is approximately 0.09% of the annual operating budget. This makes CRPO among the most conservative colleges of those surveyed in terms of individual signing authority as a proportion of the total budget.

Amending the Registrar’s independent signing authority to \$10,000 would increase the proportion to 0.18% of the budgetary total – which is more aligned with other regulatory colleges while maintaining a low-risk framework.

| College | Maximum authorization threshold for a single individual | Operating budget (2021) | Maximum spending threshold for a single individual as an approximate percent of the operating budget |
|---|--|-------------------------|--|
| College of Registered Psychotherapists of Ontario (Current) | Subject to article 3.03, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$5,000 may be signed by the Registrar alone. | \$5,500,000 | 0.09% |
| College of Registered Psychotherapists of Ontario (Proposed) | Subject to article 3.03, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$10,000 may be signed by the Registrar alone. | \$5,500,000 | 0.18% |
| College of Physicians and Surgeons of Ontario | Any signing officer (as defined in subsection 4(7)) if the | \$76,000,000 | N/A |

¹ 2012/13 CRPO Annual Report

² 2021/22 CRPO Annual Report

³ [Inflation Calculator - Bank of Canada](#)

| | | | |
|--|--|--------------|--------|
| | <p>expenditure is authorized by the College budget;</p> <p>a signing officer if the resulting obligation does not exceed \$100,000 and the expenditure is not authorized by the College budget;</p> | | 0.13% |
| College of Nurses of Ontario | <p>A payment of \$5,000 or less can be approved by one of the President, CEO, CAO, CQO, Director, Business Services, or Manager, Finance & Hearings.</p> | \$58,410,000 | 0.009% |
| | <p>A payment of \$20,000 or less can be approved by one of the President, CEO, CAO, CQO, or Director, Business Services.</p> | | 0.03% |
| College of Psychologists of Ontario | All expenditures require more than one signature | \$3,600,000 | N/A |
| College of Physiotherapists of Ontario | <p>the Registrar/Deputy Registrar may authorize expenses not exceeding \$50,000 if the expenditure has previously been approved as an item in the College budget;</p> | \$6,534,000 | 0.76% |
| | <p>the Registrar/Deputy Registrar may authorize expenses not exceeding \$10,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar/Deputy Registrar believes that the expenditure is necessary for the operations of the College;</p> | | 0.15% |
| | <p>Two signatories are required on all single expenditures above \$7,500 One of the President or Vice-President, and One of the Registrar or the Deputy Registrar.</p> | | 0.11% |
| College Dental Surgeons of Ontario | <p>If included in a Council approved budget, shall be signed by a. one of the Registrar, CFO, Deputy Registrar, or Controller, where the total value of the contract, excluding taxes, is not greater than \$50,000.00</p> | \$31,200,000 | 0.16% |
| College of Chiropractors of Ontario | <p>Registrar and Deputy Registrar may both independently sign for goods and services purchased or leased if the resulting obligation does not exceed \$25,000</p> | \$5,044,000 | 0.50% |
| | <p>Documents without financial implication can be signed by Registrar, Deputy Registrar or another individual designated</p> | | N/A |

Next Steps:

Council is being asked to discuss and vote on the aforementioned proposal to extend the independent signing authority of the Registrar (and any backup person, e.g., Deputy Registrar) from \$5,000 to \$10,000.

In addition, Council is asked to formalize single signing authority for employment contracts. Employment contracts are virtually always valued at more than \$10,000. It has been CRPO's practice, and standard human resources practice, to have a single

signatory, usually an HR representative, for employment contracts. Therefore, the Executive Committee recommends to Council, pursuant to by-law article 3.03 – *Other Signing Authority*, that the Registrar alone, and the Director, Operations & Human Resources alone, each have signing authority for all employment contracts (apart from the Registrar’s employment contract, which is signed by the President).

Proposed Motions

Council amends by-law articles 3.02, 4.03, and 4.04, replacing any reference to \$5000 with \$10,000.

Council approves a policy, pursuant to by-law article 3.03 (Other Signing Authority), that that the Registrar and the Director, Operations & Human Resources, may each alone sign for all employment contracts (apart from the Registrar’s employment contract, which is signed by the President).

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.f. |
| Issue: | Ontario Regulation 508/22 (Registration Requirements) made under the Regulated Health Professions Act, 1991 |
| Attachment(s): | <ul style="list-style-type: none"> December 14, 2022 Memo from ADM Dr. Karima Velji re O. Reg 508/22 DRAFT Amendments to Ontario Regulation 67/15: Registration |
| References: | O. Reg. 508/22: REGISTRATION REQUIREMENTS |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams, M. Piro, S. Fraser |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

The government of Ontario has determined the need to increase health human resource capacity to help Ontario respond and recover from the pandemic by enabling the implementation of amendments to the RHPA that include an ‘emergency class’ of registration for qualified practitioners.

In developing the emergency class, CRPO must ensure that public protection is not undermined and that a reasonable approach is being taken to registering appropriate applicants in the emergency class.

Background:

As part of its response to the pandemic, the government introduced [Bill 106, Pandemic and Emergency Preparedness Act, 2022](#) which proposed to amend the RHPA to prohibit colleges from requiring Canadian experience, to establish expectations related to language proficiency requirements, to prescribe time limits for the review and approval of registration applications, and to require colleges to establish an emergency class of registration.

In August of 2023, the provisions of [O. Reg. 508/22: REGISTRATION REQUIREMENTS](#) that requiring an emergency class of registration will be proclaimed into force. As explained in the attached memo from Assistant Deputy Minister of Health Dr. Karima Velji, the class must include the specific emergency circumstances that will trigger the use of this class, a maximum term for the class to be open, and the circumstances under which a registrant in the emergency class would become eligible for another class of registration.

The Ministry requires that the final version of the regulation, finalized after a 60-day consultation period, be submitted by May 1, 2023. This aggressive timeline will require CRPO to work quickly in order to comply with the deadline.

As such, the Executive Committee approved a regulation amendment process as follows:

- January 25: Council to be updated on requirements and asked to direct Registration Committee to review and approve draft regulation for mandatory circulation
- January 27: the attached DRAFT Amendments to Ontario Regulation 67/15: Registration be presented to the Registration Committee for their review and approval for circulation
- January 30: staff to post draft regulation for circulation and comments
- week of April 3: Registration Committee to review feedback and determine if proposed draft can be submitted to Council for approval as circulated or with amendments based on responses received during circulation
- staff to prepare regulation submission package for government
- April 27: Council to convene for one-hour special meeting during scheduled Executive Committee meeting to take recorded vote on the regulation
- April 28: staff to submit the regulation package to government

Next Steps:

Council is being asked to direct the Registration Committee to review, amend as needed and approve the draft regulation for circulation and staff to publish April 27, 2023 as a Council meeting date.

Proposed Motions

Council directs the Registration Committee to approve amendments to Ontario Regulation 67/15: Registration for circulation.

Council directs staff to publish April 27, 2023 as a Council meeting date

Amendments to Ontario Regulation 67/15: Registration **DRAFT 0.1**

Section 2 is removed and replaced with the following:

2. The following are prescribed as classes of certificates of registration:

1. Registered Psychotherapist.
2. Qualifying.
3. Temporary.
4. Inactive.
5. Emergency.

Section 5, paragraph 2 is amended adding as sub-paragraph v.

v. A member who holds an Emergency certificate of registration may only use one or more of the titles “Registered Psychotherapist (Emergency Class)” or “Psychothérapeute autorisé (catégorie d’urgence)”, and may only use the abbreviation “RP (Emergency Class)” for the English title and “PA (catégorie d’urgence)” for the French title.

Subsection 6(1), paragraph 1, sub-paragraph iv is removed and replaced with the following:

iv. have such other education and training, which must include one or more **completed** programs in psychotherapy, together with any further education or training, or combination of education and training, that when taken together evidences, in the opinion of the Registration Committee, successful completion of a program that is substantially equivalent to a program referred to in subparagraph i or ii.

Subsections 6(4)(a) and (b) are removed and replaced with the following:

(a) sits his or her first attempt at the examinations within the 24-month period following the date on which **a Qualifying certificate of registration was issued** unless a panel of the Examination Committee is satisfied that exceptional circumstances prevented the applicant from taking the registration examination within this period;

(b) sits his or her final attempt at the examinations within the five-year period following the date on which **a Qualifying certificate of registration was issued** unless a panel of the Examination Committee is satisfied that exceptional circumstances prevented the applicant from taking the registration examinations within this period; and

The following sections are added:

Emergency Certificates of Registration

29. The following are additional requirements for the issuance of a certificate of registration in the emergency class:

- (1) The Council of the College has determined that there are emergency circumstances such that it is in the public interest to issue certificates of registration in the emergency class. In making this determination, the Council may take into account all of the relevant circumstances including the presence of a significant interruption in the processing of applications for registration for other classes such that there is a lengthy delay in their

being registered and any requests by the Minister to initiate registrations under the emergency class.

(2) The applicant must have been registered or licensed to practise psychotherapy in another jurisdiction in which the requirements for registration or licensure are similar to those in paragraphs 1, 2 and 3 of subsection 6 (1).

(3) The applicant must have completed, no earlier than two years before the date of his or her application, the jurisprudence course that was set or approved by the Registration Committee.

30. The requirements of section 29 are non-exemptible.

31. An additional requirement for the issuance of a certificate of registration in the emergency class is that within the three years prior to submitting their application for registration, the applicant has practised the profession.

32. Every certificate of registration in the emergency class is subject to the following terms, conditions and limitations:

1. The member must practise psychotherapy with clinical supervision.

Emergency Class, Expiry

33. (1) Unless stated otherwise on the certificate, a certificate of registration in the emergency class expires one year after it is issued unless it is renewed.

(2) Unless stated otherwise on the certificate, a renewed certificate of registration in the emergency class expires one year after it is issued unless it is renewed again.

(3) Despite subsections (1) and (2), a certificate of registration in the emergency class expires six months after the date the Council of the College determines that emergency circumstances no longer exist even where the certificate would otherwise expire before or after that time.

Moving from Emergency to Qualifying Certificate

15. A member who holds, or held within the previous six months, a certificate of registration in the emergency class may be issued a certificate of registration in the Qualifying class [*general/independent*] despite not having met the requirements set out in section 10, if the member applies for a certificate of registration in the Qualifying class.

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
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Ministère de la Santé

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et de la pratique professionnelle et
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Téléphone : **416 212-5494**



December 14, 2022

MEMORANDUM TO: Registrars and Executive Directors

FROM: **Dr. Karima Velji**
Chief of Nursing and Professional Practice and Assistant Deputy
Minister
Ministry of Health

RE: Ontario Regulation 508/22 (Registration Requirements) made under
the *Regulated Health Professions Act, 1991* (RHPA).

On October 27, 2022, the Lieutenant Governor in Council approved a regulation made under the RHPA that, amongst other things, requires health regulatory Colleges to develop regulations creating an emergency class of registration¹. Features of this class must include:

1. The specific emergency circumstances that will cause the class to be open for registration.
2. A time period of no more than a year duration, but renewable for the same period of time with no limit on the number of times they may be renewed as long as the emergency circumstance persists.
3. Circumstances in which a member of the emergency class must become eligible for registration in another registration class and be exempt from at least some registration requirements that would ordinarily apply to that other class of registration.

These regulations must be approved by the Lieutenant Governor in Council by August 31, 2023. To achieve this, this memo offers several considerations intended to assist in the development of your regulations whilst respecting the Colleges' authority to make these regulations.

Specifying emergency circumstances

The term 'emergency circumstance' should be broader than a declared state of emergency made under the *Emergency Management and Civil Protection Act, 1990*. For example, an emergency circumstance might include situations where:

- a. There is a significant interruption of a registration pathway leading to a lengthy delay for many applicants in their being registered.
- b. Where the Minister of Health requests the College to initiate registrations under this class based on her opinion that emergency circumstances call for it; or

¹ As required by section 16.3 of the Health Professions Procedural Code.

- c. Any other emergency circumstance where it is in the public interest to issue emergency class of registration.

To support the regulations, it is suggested that the Colleges develop the process for determining the existence of emergency circumstances, as well as the process for determining when the emergency circumstance has resolved.

Similarly, it is suggested that Colleges consider what terms, conditions and limitations should be placed upon the holder of the emergency class of registration, if any, including any supervisory requirements.

Expiry of emergency class of registration

Colleges should determine the appropriate length of time for the initial issuance emergency class certificates (up to one year). Certificates must be renewable for the same period whilst the emergency circumstances exist.

Colleges should consider the impact on employers and the broader health system for determining when emergency class certificates terminate. If the termination occurs prior to the renewal date, consideration needs to be given to the way sufficient notice of expiry will be provided to the certificate holder and their employer to avoid disruptions in patient care.

Transition from emergency class of registration to another class

This class is another tool that may be used to mitigate the potential disruption to Ontario's supply of regulated health professionals and serves as another pathway to registration when emergency circumstances exist. Those who will be practising the profession under an emergency class of registration must be provided with a route to continue to practise under a different class of registration.

Consideration may be given to such factors as the length of time an applicant has practised under an emergency class of registration and to the demonstrated ability to practise safely. Colleges might also want to consider an active practice requirement rather than relying on the length of time a person holds the emergency class certificate.

Timelines

As noted above, these regulations are required to be approved by the Lieutenant Governor in Council by August 31, 2023. To give sufficient time to secure that approval, health regulatory Colleges should submit their proposed regulations to the Ministry on or before May 1, 2023.

We understand that this is an expedited timeline, however, given the substantial nature of these changes, we are recommending that Colleges plan for a 60-day circulation period. We acknowledge that this may necessitate the scheduling additional Council meetings to seek various approvals that are required as part of your own processes and procedures. Ministry staff will work with you as you develop your proposed regulation submissions in efforts to ensure timelines are met and that any policy issues are resolved. Please contact Allison Henry (allison.henry@ontario.ca) if you have any questions.

The ministry looks forward to working with you and we would like to thank you for ensuring that the province has the supply of safe competent providers to meet the needs of our population now and in the future.

A handwritten signature in black ink, appearing to read "Karima Velji". The signature is stylized with a large initial 'K' and a long horizontal stroke extending to the right.

Dr. Karima Velji

Chief of Nursing and Professional Practice and Assistant Deputy Minister

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.g. |
| Issue: | Discipline Tribunal planning |
| Attachments: | - |
| References: | - |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | M. Pioro |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

Establishing a neutral, independent, administrative tribunal to adjudicates allegations of professional misconduct or incompetence of Registered Psychotherapists made by the College will support CRPO's commitment to the public protection that is achieved by holding fair, transparent and efficient hearings and making timely, understandable and well-reasoned decisions.

Background:

At it's December 8 meeting, David Wright, Chair of the [Ontario Physicians and Surgeons Discipline Tribunal](#) (OPSDT), presented to Council about the recent experience of the new discipline tribunal for physicians and surgeons.

At the meeting, Council agreed to:

- participate in a pilot to use the OPSDT model, working with D. Wright and the lawyer-adjudicators to determine if this approach would benefit CRPO
- amend the CRPO by-laws, specifically 13.04 – Discipline Committee and 13.05 Fitness to Practice Committee to allow the appointment of 'individuals' who are not members of Council (replacing the word 'members' which restricted these appointments to Registered Psychotherapists)
- to appoint a Chair for both the Discipline Committee and the FTP Committee for a period of three months, ending March 31, 2023 with the expectation that D. Wright will assume these roles on April 3 when the pilot begins

Staff has gone forward based on direction at this meeting to begin the work of preparing to transition to the tribunal approach as of April 1. This has included meetings with D. Wright to work out administrative issues and making appropriate allowances in the fiscal 23/24 budget planning.

Next Steps:

Council is asked to consider the following:

- Approving a [roster of lawyer-adjudicators](#) for one-year appointment to the Discipline and FTP Committees. An operational policy will be established that they are to receive the same remuneration as they do from the OPSDT.

- Orientation sessions for the lawyer-adjudicators will be scheduled to provide them with background about CRPO and about the profession of psychotherapy.
- A work plan will be created for the Discipline Committee that will include education in the new approach (to be provided by staff, D. Wright and other lawyer-adjudicators), consideration of updates to the Rules of Procedure to better reflect the new model, other recent trends, and to promote consistency with other colleges.

Proposed Motion:

[Be it moved] that Council appoint, effective April 3, 2023, for a one-year term, David Wright as Chair of the Discipline Committee and Fitness to Practise Committee, and Raj Anand, Shayne Kert, Sherry Liang, Sophie Martel, and Jennifer Scott, as members of the Discipline Committee and the Fitness to Practise Committee.

Briefing Note for Council

| | |
|-----------------------|---|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 2.h. |
| Issue: | Non-Council reappointments to Registration Committee for Indigenous Pathway panels |
| Attachment(s): | - |
| References: | Reference A: Indigenous Pathway Policy Reference B: Committee Composition Matrix Reference C: Regulatory Objectives |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> |
| Staff Contact: | D. Adams |
| Submitted by: | Executive Committee |

Purpose & Public Interest Rationale:

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

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.

The Committee Composition Matrix adopted by CRPO in 2020 identifies the need for Indigenous voices, to ensure that deliberations are informed, and decisions include and respect First Nations perspectives, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.

Background:

- In 2015, Council formed a task group to develop a pathway to register traditional Knowledge Keepers and other Indigenous practitioners who provide culturally appropriate care to Indigenous peoples.

- At the end of 2018, applicants had access to an Indigenous Registration Pathway form. Applicants who have completed or substantially completed education and training in traditional Indigenous practices are encouraged to select the Indigenous Registration Pathway application type.
- In September 2021, CRPO put out a call for RPs with Indigenous education and training, who work with traditional Indigenous practices and who work with Indigenous clients to assist, as non- Council committee members in the review of future applications through the Indigenous Registration Pathway.
- Three RPs were appointed by Council in January 2022 and June 2022, respectively. As such, the appointments that were made last January are due for reappointment. Both Jamie Consoli, RP, and Sasha Sky, RP, are interested in reappointment.

At its January 5th meeting, the Executive Committee reappointed Jamie Consoli and Sasha Sky as non-Council members to the Registration Committee for one-year terms.

Recommendations:

Council is being asked to ratify these appointments.

Proposed Motions

Council ratifies the appointment of Jamie Consoli and Sasha Sky as non-Council members to the Registration Committee for one-year terms.

Briefing Note for Council

| | |
|-----------------------|--|
| Meeting Date: | January 25, 2023 |
| Agenda Item # | 3.b. |
| Issue: | QAP Enhancement Update: Case Based Assessment Pilot Results |
| Attachment(s): | Risk Summary Data Risk Assessment |
| References: | O. Reg. 34/13: Quality Assurance Program Professional Practice Standards |
| Action: | Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/> |
| Staff Contact: | S. Teece, D. Adams |

Purpose & Public Interest Rationale:

CRPO's Quality Assurance Program (QAP) ensures that registrants continuously demonstrate that they are competent and that they practice safely and ethically.

The QAP is being overhauled to implement a right-touch, evidence informed approach to identifying which registrants will undergo assessment activities and to establish transparent criteria to inform the remediation activities a registrant must undergo.

Using this risk-based approach to ensure that competency requirements are appropriately monitored and validated will allow the College to meet its public protection mandate by administering the QA program effectively and efficiently.

Project Background:

The QAP enhancement project started in April 2021 and is expected to continue through to the end of fiscal year 2023-2024. The intent of the project is to ensure that all elements of the program are operated in accordance with the [Quality Assurance Program regulation](#) using a right-touch, risk-based approach.

This approach directs that College and registrant resources be used in a way that is most likely to mitigate the risk of harm to the public without creating undue burden on the profession. As such, a case based assessment (CBA) has been developed and will be used to allow registrants to participate in a screening process to determine if their knowledge and understanding of the [Professional Practice Standards](#) is adequate for safe, effective, and ethical practice. The CBA screening will be required of registrants once every five years and will provide detailed feedback to assist them in determining if and how professional development activities should be used to take advantage of opportunities to develop their competence.

Over the course of the project, contracted RPs have been involved as case writers, case developers, and answer sequencers. This approach has ensured that the assessment being

developed is informed by the perspectives of a diverse group of professionals representing a variety of psychotherapy modalities, communities of practice, and lived experiences.

As part of a risk-based approach, it is important that registrants completing the CBA are presented with proportionally more cases corresponding to “high-risk” practice standards. Case weighting – the process of determining the percentage of cases on the assessment that should pertain to each section of the Standards, and on a more granular level, to each specific Practice Standard – was used to develop a blueprint that will ensure that the assessment is focused on appropriate Practice Standards. This approach (explanation appended here as *Risk Assessment*), which looks at risk frequency and risk severity, was applied to determine which Standards represent a higher risk of being breached.

The QA Committee was asked to review the summary data (appended here as *Risk Summary Data*) related to the risk of registrants falling short of specific CRPO Practice Standards. In the meeting, the public and professional Committee members discussed the data to ensure that there is a shared understanding of the of the Standard and what level of risk (as outlined above) it represented. This risk assessment was used to determine the weighting of Standards in the cases that were included in the CBA.

Pilot Background:

The content of the Standards of Practice for any regulatory body represents essential foundational knowledge that members of the profession must be aware of and uphold. Consequently, any assessment focusing on such standards should reflect their importance by implementing a pass score that is in the interest of the public and the profession itself. Industry standards for assessing such content has frequently incorporated Mastery Level expectations which required an 80% passing score.

CRPO has adopted this 80% Mastery Level as the cut score for registrants completing the CBA. Accordingly, registrants achieving a score of 80% or higher on the assessment will be classified as “successful” with no further action required from them.

Registrants scoring within one standard deviation¹ of the cut score, (a statistical parameter often used in assigning group membership) will be directed to engage in “Self-directed review.” This means there were some areas of the assessment where they demonstrated relatively weaker understanding of a Standard or Standards and should, under their own initiative and supervision, address those areas as part of their usual 40 hours of professional development.

Registrants falling beyond one standard deviation from the cut score will be classified as “requiring Peer-assisted review” and be provided with support and a second opportunity to complete the CBA. If their second attempt is also more than one standard deviation below the cut score, they will be deemed to require peer coaching to develop a plan for their next cycle of 40 hours of continuing education.

In order to assess the cases and process of administering the CBA, CRPO put out a call for registrants to volunteer to participate in a pilot. Between November 22 and 26, 178 registrants completed the CBA. This pilot:

¹ Standard deviation is a number used to tell how measurements for a group are spread out from the average. A low standard deviation means that most of the numbers are close to the average, while a high standard deviation means that the numbers are more spread out.

- included 30 cases
- was an open-book assessment
- was completed online at a time that was convenient for the RP
- lasted 3 hours

Pilot results were resoundingly reassuring.

| | # RPs | % of total RPs (n = 178) |
|---|-------|-----------------------------|
| Successful | 143 | 80.4 % |
| Successful with self-directed review | 28 | 15.7% |
| Require peer-assisted review | 7 | 3.9% |
| Total | 178 | 100 |

All of the pilot participants will be receiving feedback on their CBA result. The seven who were deemed to require peer assistance will be offered the opportunity to participate in the peer coaching process and requested to provide input and feedback on their experience.

Next Steps:

The Quality Assurance Committee has a meeting on January 19 to review the feedback received through an anonymous survey completed by 151 of the 178 pilot participants. The feedback will be used to revise the assessment tool and delivery, to develop an appropriate accommodation process for any registrant who requires one, and to plan the first full offering of the CBA in May.

Ongoing review and improvement are planned for both the May and the fall CBA and further updates will be provided to Council as the work progresses.

Risk Assessment

CRPO has adopted a risk register that provides a formalized approach to the consideration of risk to the public interest. This enables broader discussion of risks and opportunities, ensuring that significant risks are appropriately identified, assessed, and managed.

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

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

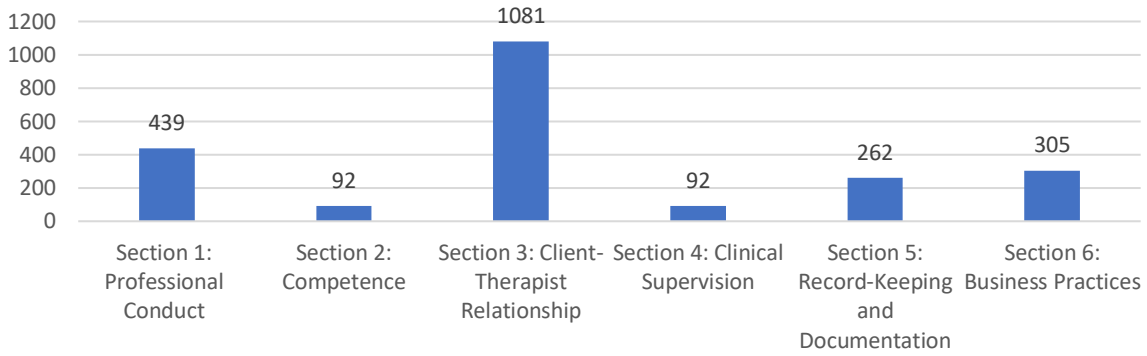
Risk severity is determined by reviewing:

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

Risk Rating Legend

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

PA Enquiries by Standard January - December 2021



Standard

[Section 1: Professional Conduct](#)

[Section 2: Competence](#)

[Section 3: Client-Therapist Relationship](#)

[Section 4: Clinical Supervision](#)

[Section 5: Record-Keeping and Documentation](#)

[Section 6: Business Practices](#)

Enquiries

439

92

1081

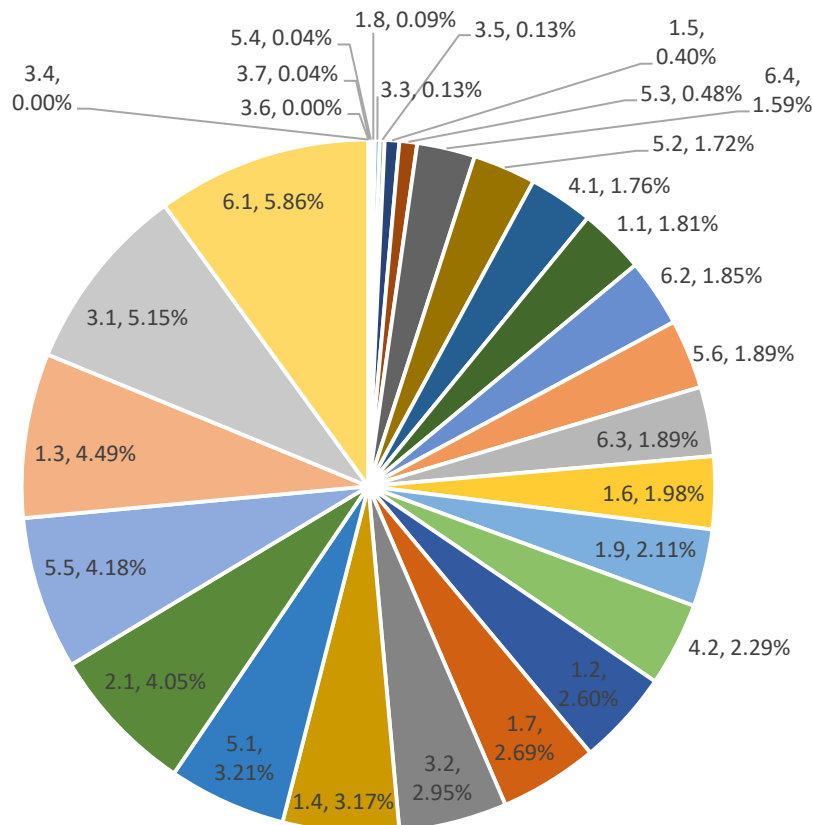
92

262

305

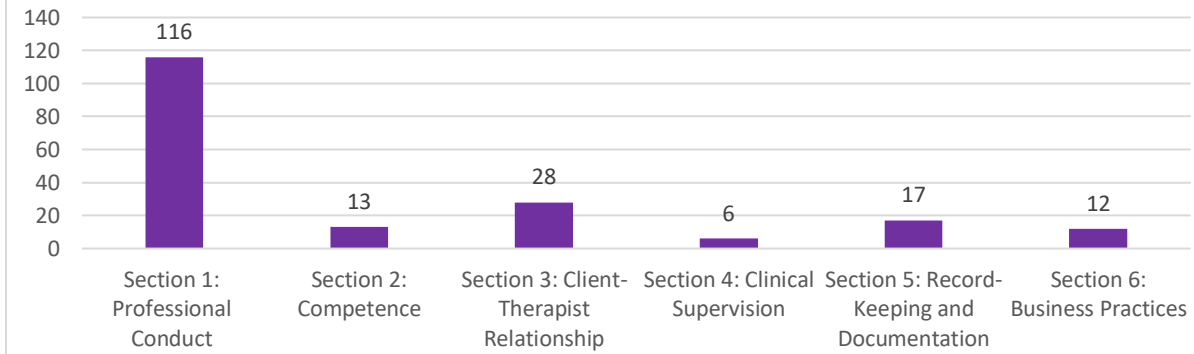
Total Enquiries

2271

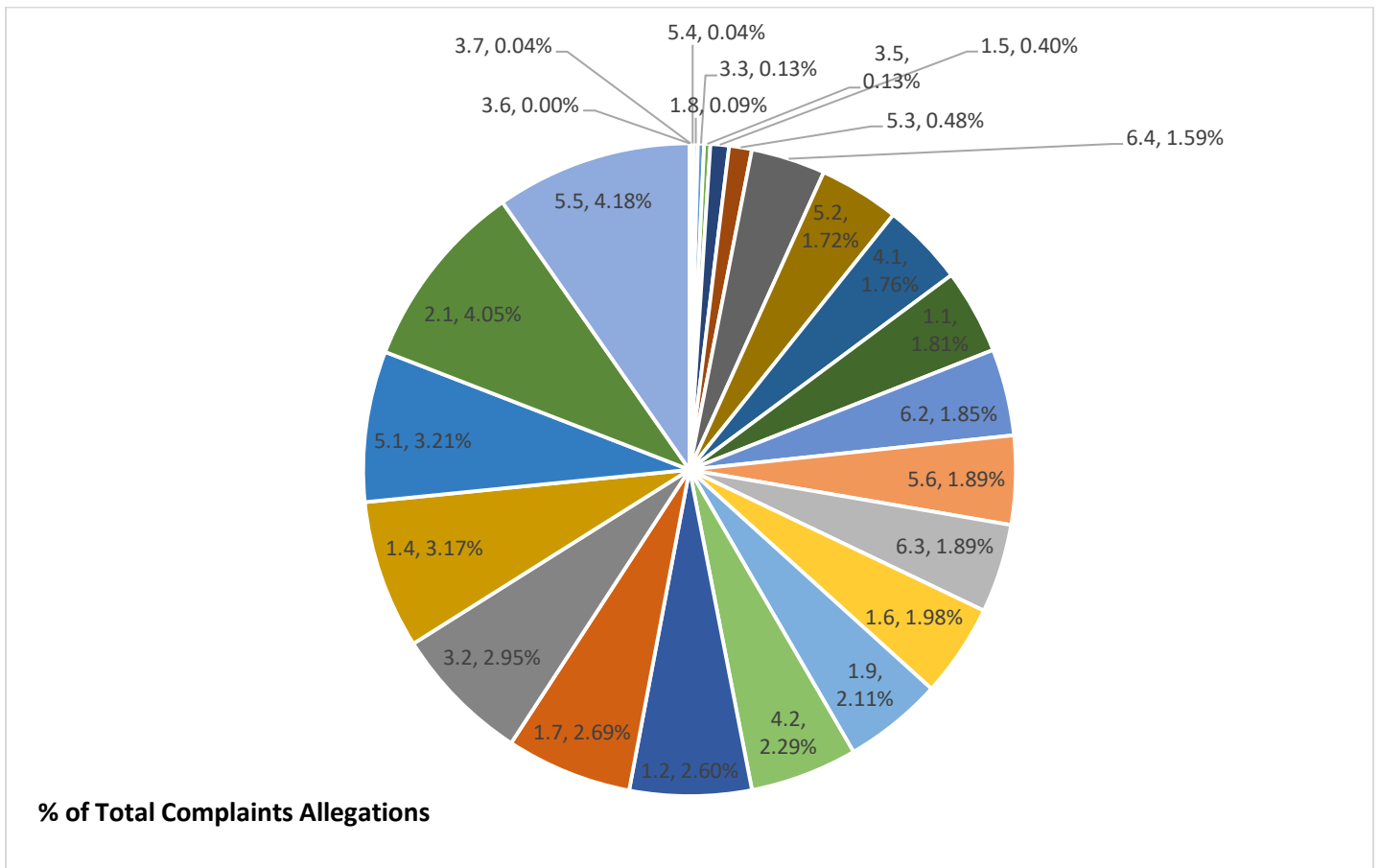


% of Total PA Enquiries

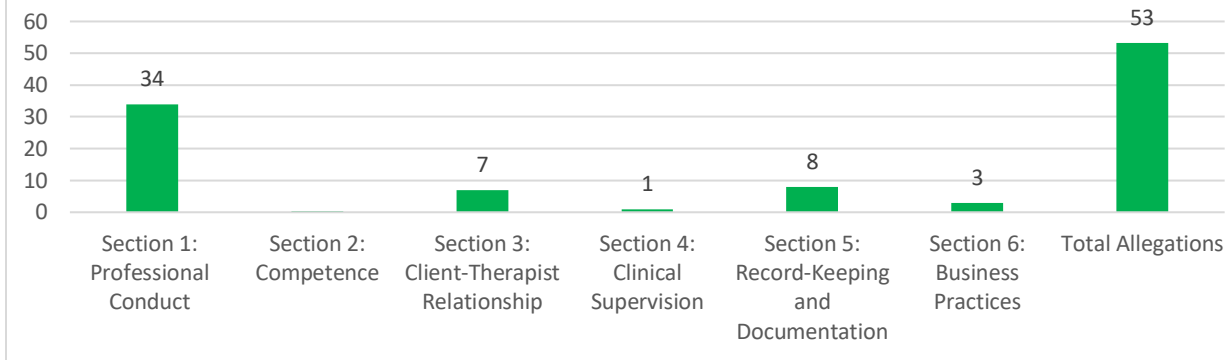
Complaints Allegations by Standard January - December 2021



| Standard | # Allegations in Complaints |
|---|-----------------------------|
| Section 1: Professional Conduct | 116 |
| Section 2: Competence | 13 |
| Section 3: Client-Therapist Relationship | 28 |
| Section 4: Clinical Supervision | 6 |
| Section 5: Record-Keeping and Documentation | 17 |
| Section 6: Business Practices | 12 |
| Total Allegations | 192 |



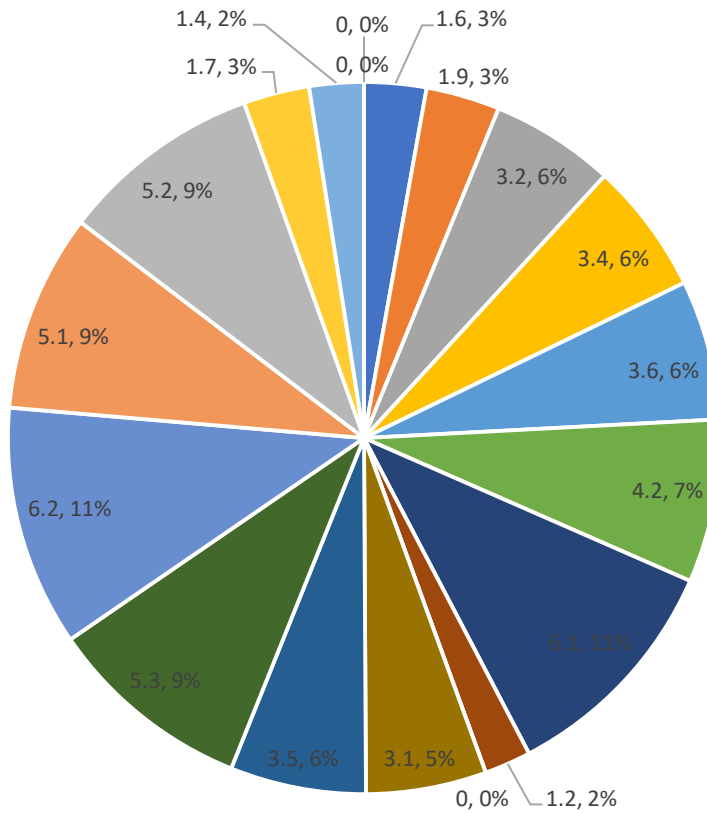
Reports Allegations by Standard January - December 2021



Standard

Allegations in Reports

| | |
|---|-----------|
| Section 1: Professional Conduct | 34 |
| Section 2: Competence | 0 |
| Section 3: Client-Therapist Relationship | 7 |
| Section 4: Clinical Supervision | 1 |
| Section 5: Record-Keeping and Documentation | 8 |
| Section 6: Business Practices | 3 |
| Total Allegations | 53 |



% of Total Reports Allegations

Historical PPR Data

Cases included in the historical PPR data are pulled from reports resulting from 183 first level peer practice reviews and 44 second level reviews completed over 6 years as follows:

| Year | PPR 1 | PPR 2 |
|------|-------|-------|
| 2016 | 48 | 8 |
| 2017 | 26 | 9 |
| 2018 | 21 | 8 |
| 2019 | 48 | 8 |
| 2020 | 34 | 11 |
| 2021 | 6 | 0 |

| Standard | Risk Indicator | Number | % of total |
|---|-------------------------------|---|----------------|
| 1.1 Accepting the regulatory authority of the College | PA enquiries | 41 | 1.8% |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> No complaints related to this standard sub section | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard sub section | |
| 1.2 Use of Terms, Titles and Designations | PA enquiries | 59 | 2.6% |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 2 | 3.8% |
| | Outcomes | <ul style="list-style-type: none"> Take no action Written advice | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 4 cases related incorrect use of title | |
| 1.3 Reporting Unsafe Practices | PA enquiries | 102 | 4.5% |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> No complaints related to this standard sub section | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 2 cases related to risk assessment and mandatory reporting | |
| 1.4 Controlled Acts | PA enquiries | 72 | 3.2% |
| | Complaints allegations | 1 | 0.5% |
| | Reports allegations | 5 | 9.4% |
| | Outcomes | <ul style="list-style-type: none"> No outcomes reported for this period | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard sub section | |
| 1.5 General Conduct | PA enquiries | 9 | 0.4% |
| | Complaints allegations | 1.5(a) 82 1.5(b) 2 | 42.7% 1.0% |
| | Reports allegations | 1.5(a) 12 1.5(b) 7 | 22.6% 13.2% |
| | Outcomes | <ul style="list-style-type: none"> Take no action Informal advice Written advice | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard sub section | |

| Standard | Risk Indicator | Number | % of total |
|--|-------------------------------|------------------------------------|---|
| | | | <ul style="list-style-type: none"> • SCERP + in person caution |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> • 3 cases related to general conduct including allowing personal values to impact therapeutic relationship, disclosing personal information, not demonstrating effective SEUS |
| 1.6 Conflict-of-Interest | PA enquiries | 45 | 2.0% |
| | | | |
| | Complaints allegations | 5 | 2.6% |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | | <ul style="list-style-type: none"> • Take no action |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> • No cases related to this standard sub section |
| 1.7 Dual or Multiple Relationships | PA enquiries | 61 | 2.7% |
| | | | |
| | Complaints allegations | 5 | 2.6% |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | | <ul style="list-style-type: none"> • Take no action |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> • No cases related to this standard sub section |
| 1.8 Undue Influence and Abuse | PA enquiries | 2 | 0.1% |
| | | | |
| | Complaints allegations | 1.8(a) 2 1.8(b) 5 | 1.0 % 2.6% |
| | Reports allegations | 1.8(b) 2 | 3.8% |
| | Outcomes | | <ul style="list-style-type: none"> • No outcomes reported in this period |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> • No cases related to this standard sub section |
| 1.9 Referral | PA enquiries | 48 | 2.1% |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | | <ul style="list-style-type: none"> • No outcomes reported in this period |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> • 1 case related to failure to make a referral when terminating care |
| | PA enquiries | 92 | 4.1% |
| | | | |
| | Complaints allegations | 13 | 6.8 % |

| Standard | Risk Indicator | Number | % of total |
|--|---|---|-------------|
| 2.1 Consultation, Clinical Supervision and Referral | Reports allegations | 0 | 1.9% |
| | Outcomes | <ul style="list-style-type: none"> Take no action Informal advice | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard sub section | |
| 3.0 Client-Therapist Relationship* | PA enquiries | 94 | 4.1% |
| | | | |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> No cases related to this standard section | |
| Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard section | | |
| *Note that these enquiries are included in the total of 2,271 for the reporting period but are largely from members of the public and so not representative of risk to be addressed through the QA assessment. | | | |
| 3.1 Confidentiality | PA enquiries | 117 | 5.2% |
| | | | |
| | Complaints allegations | 7 | 3.6% |
| | Reports allegations | 2 | 3.8% |
| | Outcomes | <ul style="list-style-type: none"> Take no action SCERP + in person caution | |
| Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 5 cases related to lack of knowledge of PHI, using email to communicate with clients, disclosing information about a client to family members | | |
| 3.2 Consent | PA enquiries | 67 | 3.0% |
| | | | |
| | Complaints allegations | 6 | 3.1% |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | <ul style="list-style-type: none"> SCERP + in person caution | |
| Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 4 cases related to inadequate information sharing related to consenting to services of dual practitioner, treatment related risks, documentation and capacity | | |
| 3.3 Communicating Client Care | PA enquiries | 3 | 0.1% |
| | | | |
| | Complaints allegations | 11 | 5.7% |
| | Reports allegations | 0 | 0 |

| Standard | Risk Indicator | Number | % of total |
|---|----------------------------------|---|--------------|
| | Outcomes | <ul style="list-style-type: none"> • SCERP • Take no action | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> • 4 cases related to inadequate information sharing related to consenting to services of dual practitioner, treatment related risks, documentation and capacity | |
| 3.4 Electronic Practice | | | |
| | PA enquiries | 796 | 35.1% |
| | | | |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | <ul style="list-style-type: none"> • No outcomes reported in this period | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> • 2 cases related to not taking adequate precautions to protect confidentiality and not adequately managing data in an electronic record | |
| *Note volume of COVID-19 related questions will have inflated this number. | | | |
| 3.5 Unnecessary Treatment | | | |
| | PA enquiries | 3 | 0.1% |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 2 | 3.8% |
| | Outcomes | <ul style="list-style-type: none"> • No outcomes reported in this period | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> • 2 cases related to not taking adequate precautions to protect confidentiality and not adequately managing data in an electronic record | |
| 3.6 Complaints Process | | | |
| | PA enquiries | 0 | 0 |
| | | | |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | <ul style="list-style-type: none"> • SCERP + in person caution | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> • No cases related to this standard sub section | |
| 3.7 Affirming Sexual Orientation and Gender Identity | | | |
| | PA enquiries | 1 | 0.04% |
| | | | |
| | Complaints allegations | 1 | 0.5% |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> • No outcomes reported in this period | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> • No cases related to this standard sub section | |

| Standard | Risk Indicator | Number | % of total |
|--|-------------------------------|--|-------------|
| 4.1 Providing Clinical Supervision | PA enquiries | 40 | 1.8% |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> Take no action | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 1 case related to a supervising not understanding inherent power imbalances | |
| 4.2 Practicing with Clinical Supervision | PA enquiries | 52 | 2.3% |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | <ul style="list-style-type: none"> Take no action | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 1 case related to a supervisee disclosing information to a supervisor without client consent | |
| 5.1 Record-Keeping: Clinical Records | PA enquiries | 73 | 3.2% |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 3 | 5.7% |
| | Outcomes | <ul style="list-style-type: none"> Take no action SCERP + in person caution | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 13 cases related to missing information, inaccurate documentation, deficient record retention, failure to provide clients with access to records and inappropriate use of electronic record keeping software | |
| 5.2 Failing to Provide Reports | PA enquiries | 39 | 1.7% |
| | | | |
| | Complaints allegations | 7 | 3.6% |
| | Reports allegations | 3 | 5.7% |
| | Outcomes | <ul style="list-style-type: none"> Take no action Written advice Informal advice (through staff) | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard sub section | |
| | PA enquiries | 11 | 0.5% |
| | | | |

| Standard | Risk Indicator | Number | % of total |
|---|-------------------------------|---|------------|
| 5.3 Issuing Accurate Documents | Complaints allegations | 5* | 2.6% |
| | Reports allegations | 2 | 3.8% |
| | Outcomes | <ul style="list-style-type: none"> Take no action | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 8 cases related to incomplete or inaccurate invoices | |
| * Note that 3 of 5 allegations were deemed to be F & V | | | |
| 5.4 Record-Keeping: Appointment Records | PA enquiries | 1 | 0.04% |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 0 | 0 |
| | Outcomes | | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> No cases related to this standard sub section | |
| 5.5 Record-Keeping: Financial Records | PA enquiries | 95 | 4.2% |
| | Complaints allegations | 1 | 0.5% |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> No outcomes reported in this period | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 5 cases related to incomplete financial records | |
| 5.6 Record-Keeping: Storage, Security & Retrieval | PA enquiries | 43 | 1.9% |
| | Complaints allegations | 1 | 0.5% |
| | Reports allegations | 0 | 0 |
| | Outcomes | <ul style="list-style-type: none"> Take no action | |
| | Historical PPR data 2016-2020 | <ul style="list-style-type: none"> 1 case related to a confidentiality breach during a record transfer | |
| 6.0 Business Practices * | PA enquiries | 51 | 2.2% |
| | Complaints allegations | | |
| | Reports allegations | | |
| | Outcomes | | |
| | Historical PPR data 2016-2020 | | |
| * Note that PA enquiries related to this standard are related to general business principles versus being specific to an area covered by the related sub standards. | | | |
| 6.1 Fees | PA enquiries | 133 | 5.9% |
| | Complaints allegations | 6 | 3.1% |
| | Reports allegations | 1 | 1.9% |
| | Outcomes | <ul style="list-style-type: none"> Take no action | |

| Standard | Risk Indicator | Number | % of total |
|---|----------------------------------|-----------|---|
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> 1 case related to inappropriate use of reduced fees |
| 6.2 Advertising and Representing Yourself and Your Services | PA enquiries | 42 | 1.8% |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 2 | 3.8% |
| | Outcomes | | <ul style="list-style-type: none"> No outcomes reported in this period |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> 8 cases related to language, use of title and misleading information in website and print advertising |
| 6.3 Discontinuing Services | PA enquiries | 43 | 1.9 % |
| | | | |
| | Complaints allegations | 3 | 1.6% |
| | Reports allegations | 0 | 0 |
| | Outcomes | | <ul style="list-style-type: none"> No outcomes reported in this period |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> No cases related to this standard sub section |
| 6.4 Closing, Selling or Relocating a Practice | PA enquiries | 36 | 1.6% |
| | | | |
| | Complaints allegations | 0 | 0 |
| | Reports allegations | 0 | 0 |
| | Outcomes | | |
| | Historical PPR data 2016-2020 | | <ul style="list-style-type: none"> No cases related to this standard sub section |

Registrar's Report to Council

January 25, 2023

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

Quality Assurance Program enhancement project

This project continues to be on track, with a pilot of the new assessment completed November 22 through 26. A comprehensive report of the results will be provided at this meeting.

Trauma-informed review

Staff continue to work with the [Barbra Schlifer Commemorative Clinic](#) with initial consultations with ICRC members, staff and contractors set for February and March.

Staffing Update

There have been no staffing changes since the last report to Council.

Regulatory Developments

[Bill 36 – 2022: Health Professions And Occupations Act](#) (please see the [Grey Areas #272](#) article *Long Time Coming* for useful commentary on the bill) was passed in British Columbia in the fall. This bill amalgamates 22 colleges into six and adds Clinical Counselors (whose scope is expected to be equivalent to that of RPs) to the professions that are regulated in that province. Concerns persist that the Bill, which includes the provision that the government will appoint all board members and a supervisor, increases opportunity for political interference in health care professionalism. The bill also allows for the publication of complaints allegations (not just outcomes of screening and discipline proceedings). Some response suggest that it could take up to two years to implement the changes that the Bill introduces, which could mean that clinical counselling will remain unregulated for that time.

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

Practice Advisory Data

From October 1 to December 31, 2022, we received 720 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 | 720 |
| Q4 | Jan-Mar | 541 | 626 | 765 | |

Common topics include:

- Confidentiality
 - Client files being requested by a lawyer, insurance company, or a court case
 - Client's family members requesting client files (i.e. guardians/parents requesting information of minors clients)
 - Breaking confidentiality or duty to report when there is a threat of harm
- Competence and consultation
 - Determining competency to work with a population
 - Writing a letter for the client
- 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
 - Supervisor's name on receipts
- Fees
 - Providing reports when client has failed to make payments
 - Fees as an RP (Qualifying)
 - Charging HST when supervisor is a psychologist or social worker that does not need to charge HST

QA Reporting Cycle: Monitoring Breakdown for 2022

Registrants registered in even-numbered years (i.e., 2016, 2018, 2020) are due to report their professional development (PD) requirements this year. The deadline for registrants to complete their attestation is January 15, 2023.

Note: Registrants in the 'Inactive' category during the time their PD would be due are not expected to complete their PD while inactive; therefore, they are not included in the numbers below.

| Registration Year | Number of Registrants |
|--|------------------------------|
| 2016 | 903 |
| 2018 | 978 |
| 2020 | 987 |
| Total Number of Registrants Monitored in 2022: 2868 | |

Registration

Applications:

| | November | December |
|---|----------|----------|
| Applications started | 107 | 139 |
| Total applications submitted | 99 | 102 |
| Applications from recognized programs submitted | 84 | 85 |
| Applications from non-recognized programs submitted | 14 | 16 |
| Labour mobility applications | 1 | 1 |

Total registrants as of January 9, 2023:

- RP 7,840
- Qualifying 3,377
- Inactive 175

Compliance Monitoring

Files currently being monitored are as follows:

| | |
|--|----|
| Registration Committee: | |
| Clinical supervision/monitoring | 38 |
| Personal/Group Therapy/Drug Screening | 1 |
| Cease using the term "Dr" / claim to hold a degree | 4 |
| Currency upgrading | 17 |
| 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 | 43 |
| Undertaking | 0 |
| Conditional Approval | 1 |
| Learning Plan (Educational Upgrade) | 9 |
| ICRC: | |
| Clinical supervision/monitoring: | 14 |
| Personal/Group Therapy/Drug Screening | 3 |
| Ethics or education courses | 13 |
| Practice Restrictions | 4 |
| Reflective Paper | 6 |
| Review Standards | 0 |

| | |
|---|----|
| Practice Assessment | 0 |
| Caution | 8 |
| Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place | 4 |
| On Hold: currently under appeal at HPARB | 4 |
| Not Completed: result of resignation/revocation | 20 |
| On Hold: other reasons (e.g. on leave or Interim Order) | 0 |
| In Breach | 1 |
| Undertaking | 6 |
| Caution (only) | 0 |
| Remedial agreement | 3 |
| SCERP | 19 |
| 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 | 0 |
| Fitness to Practise: | |
| Monitoring (not practising) | 0 |

STAKEHOLDER ENGAGEMENT

Stakeholder Meetings

- *December 9:* regular check in meeting with the Ontario Association of Mental Health Professionals (OAMHP) representatives.
- *December 12:* regular check in meeting with the Partnership of Registered Psychotherapist Associations (PRPA) association representative.

- *December 12*: 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.

Staff Training & Education

- *November 16*: One member of the senior management team attended Trends in Professional Regulation webinar presented by Canadian Network of Agencies for Regulation (CNAR)
- *November 28*: One member of the Registration team attended Policies and Procedures for Compliance and Consistency offered online by University of Ottawa.

A Long Time Coming

by Erica Richler
November 2022 - No. 272

In May of 2019 we predicted that Harry Cayton's report on the regulation of health professions in British Columbia would be transformative: [The Cayton Report: The Wolf Finally Arrives](#). That prediction is coming true.

That report led to recommendations from the [Steering Committee on Modernization of Health Professional Regulation](#) in August of 2020, which adopted the bulk of the Cayton report. Late last month, Bill 36, the [Health Professions and Occupations Act](#), was introduced implementing the thrust of both documents, and a whole lot more.

The Cayton report, or at least the trends that it embodies (e.g., smaller Boards, an oversight body, separation of the Board and committees), have influenced regulatory reform across Canada since 2019. Bill 36 surpasses them all.

The delay in introducing legislation may be attributed, at least in part, to its length. At 276 packed pages containing 645 sections, the Bill is massive. This reflects a "command and control" approach (somewhat inconsistent with Cayton's call for greater flexibility for the regulators) that will likely cause challenges for the regulators in the future.

Another contributing factor to the delay likely related to including comprehensive requirements for cultural sensitivity and humility, including reconciliation and meaningful consultation with Indigenous peoples.

Governance Reform

Bill 36 fundamentally restructures the governance of health professions in British Columbia. Features include:

- Language will be updated. For example, the Councils will be called "Boards" and practitioners will be called "licensees", not members.
- Smaller Boards (eight to 12 members).
- A rigorous, arms-length, competency-based selection system for Board members that is operated by neither the government nor the regulators.
- The Board will have equal public and professional members.
- The Board will focus on policy-making and oversight; they are prohibited from attempting to influence individual regulatory decisions.
- Term limits for Board members (a lifetime limit of 12 years).
- The mandate for regulators is focused primarily on safety and prevention of harm by licensees.
- Separation, and indeed, independence, of the discipline tribunal from the regulator.
- Amalgamation of regulatory bodies can be imposed by the Minister. This is expected to occur.
- A strong oversight body (i.e., the office of the Superintendent).
- The professions' role with their regulator is limited to being consulted; they will no longer be able to approve policy decisions or regulatory changes.

Going Beyond Cayton

Bill 36 contains too many innovations and directions to describe here. Many go beyond the Cayton core proposals. Some of the provisions that may be of interest to other regulators include the following:

- A streamlined regulatory regime is established for health occupations (essentially practitioners who implement care rather than

FOR MORE INFORMATION

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WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

determine care). Thus, there is a two-tiered regulatory approach.

- Much of the work previously done by committees is transferred to the Board (for policy aspects) and staff (for operational aspects). The only committees operated by the regulator are the investigation committee, licensing committee and the “permit committee” for professional health corporations.
- Regulators are required to establish a support program that includes providing information to eligible vulnerable complainants and similarly situated individuals. It is contemplated that regulators will jointly operate such a program(s). Decisions in respect of eligibility and the nature of support are anticipated to be separated from the College staff team.
- The public registry for the regulators will likely contain more information about licensees than is currently provided. However, details are still to come. Cayton’s proposal for a single registry for all health professions seems to have disappeared.
- Regulators are required to operate a program to review and act on unauthorized practice concerns.
- Not surprisingly, there are provisions that address how the Minister can conscript regulators to assist in public health emergencies.
- Discrimination, by either the regulator or licensees, is discussed in numerous places in the Bill. There is a provision that could require regulators to collect and report demographic data that might assist in understanding and addressing systemic discrimination.
- The discipline provisions contain several powers to reduce the trauma for vulnerable complainants and witnesses including limits on their cross-examination and other possible restrictions on the participation of licensees in their own discipline hearing.

The office of the Superintendent is given extensive oversight powers including the power to conduct reviews, audits, and investigations. One of the more surprising provisions imposes a duty upon the Superintendent to receive and dispose of governance complaints against regulators. This likely includes breaches of the fiduciary duties by the leadership of a regulator, such as acting in a conflict of interest or participating in a breach of confidentiality. However, one can also expect complaints challenging decisions of the Board of a regulator on the basis that a proper procedure was not followed or that relevant considerations were not taken into account.

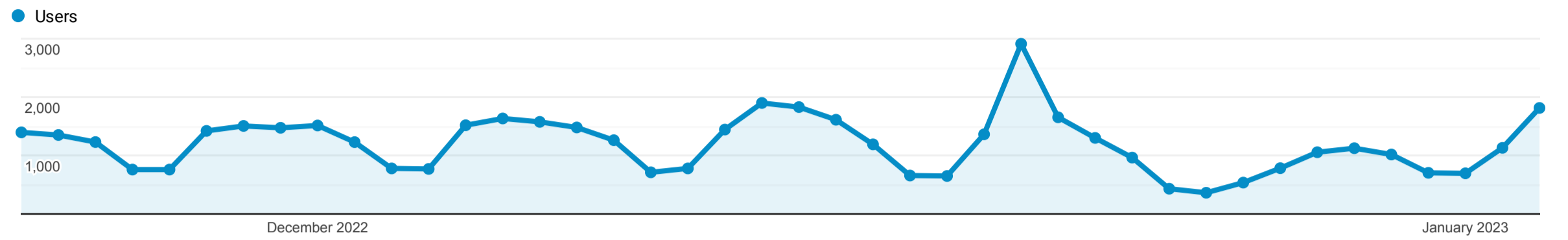
Bill 36 may be a sign of changes to come for professional regulators across the country.

Audience Overview

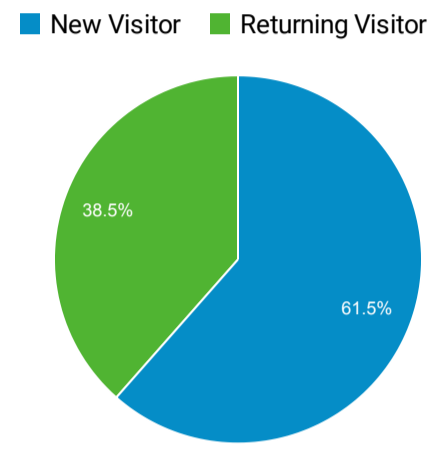
Nov 23, 2022 - Jan 3, 2023

All Users
100.00% Users

Overview



| | | | |
|-----------------------------|--------------------------------|--|--|
| Users 35,611 | New Users 29,814 | Sessions 82,489 | Number of Sessions per User 2.32 |
| Pageviews 127,208 | Pages / Session 1.54 | Avg. Session Duration 00:01:07 | Bounce Rate 80.66% |



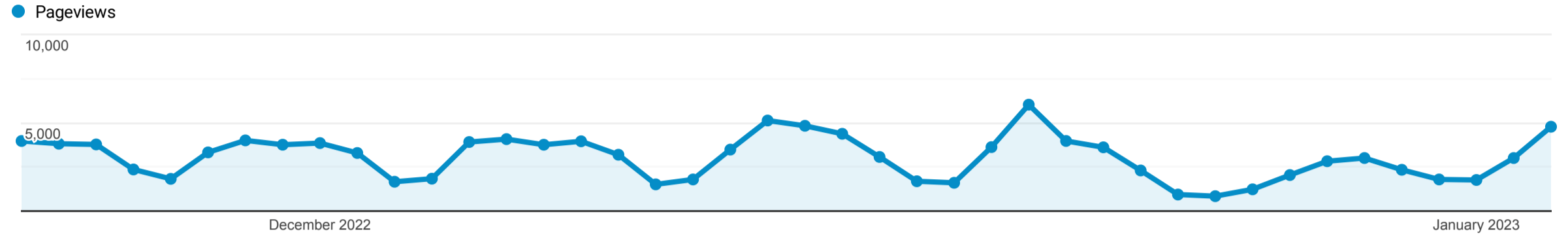
| Language | Users | % Users |
|-----------|--------|---------|
| 1. en-us | 16,408 | 45.48% |
| 2. en-ca | 15,307 | 42.43% |
| 3. en-gb | 2,198 | 6.09% |
| 4. en | 754 | 2.09% |
| 5. zh-cn | 363 | 1.01% |
| 6. fr-ca | 203 | 0.56% |
| 7. fr-fr | 196 | 0.54% |
| 8. en-in | 94 | 0.26% |
| 9. en-au | 86 | 0.24% |
| 10. zh-tw | 54 | 0.15% |

Pages

Nov 23, 2022 - Jan 3, 2023

All Users
100.00% Pageviews

Explorer



| Page | Pageviews ↓ | Unique Pageviews | Avg. Time on Page | Entrances | Bounce Rate | % Exit | Page Value |
|--|---|---|---|---|---|---|---|
| | 127,208 % of Total: 100.00% (127,208) | 113,065 % of Total: 100.00% (113,065) | 00:02:03 Avg for View: 00:02:03 (0.00%) | 82,359 % of Total: 100.00% (82,359) | 80.66% Avg for View: 80.66% (0.00%) | 64.74% Avg for View: 64.74% (0.00%) | \$0.00 % of Total: 0.00% (\$0.00) |
| 1. / | 26,064 (20.49%) | 24,175 (21.38%) | 00:01:36 | 23,236 (28.21%) | 78.86% | 74.34% | \$0.00 (0.00%) |
| 2. /find-a-registered-psychotherapist/ | 10,055 (7.90%) | 9,063 (8.02%) | 00:03:13 | 6,770 (8.22%) | 88.73% | 83.66% | \$0.00 (0.00%) |
| 3. /recognized-accepted-programs/ | 9,536 (7.50%) | 9,004 (7.96%) | 00:03:14 | 7,390 (8.97%) | 94.57% | 84.82% | \$0.00 (0.00%) |
| 4. /applying-to-crpo/ | 6,488 (5.10%) | 5,355 (4.74%) | 00:01:49 | 3,916 (4.75%) | 68.19% | 52.36% | \$0.00 (0.00%) |
| 5. /practice-matters/ | 3,682 (2.89%) | 3,343 (2.96%) | 00:03:20 | 2,837 (3.44%) | 86.59% | 75.80% | \$0.00 (0.00%) |
| 6. /new-members-registered-psychotherapist-qualifying/ | 3,247 (2.55%) | 2,944 (2.60%) | 00:02:29 | 2,282 (2.77%) | 89.71% | 73.24% | \$0.00 (0.00%) |
| 7. /pdtemplates/ | 3,247 (2.55%) | 2,092 (1.85%) | 00:02:59 | 1,327 (1.61%) | 52.52% | 47.86% | \$0.00 (0.00%) |
| 8. /education-programs/ | 2,303 (1.81%) | 2,004 (1.77%) | 00:01:05 | 1,338 (1.62%) | 56.12% | 43.07% | \$0.00 (0.00%) |
| 9. /supervision/ | 2,238 (1.76%) | 2,045 (1.81%) | 00:03:04 | 1,522 (1.85%) | 89.38% | 74.22% | \$0.00 (0.00%) |
| 10. /registration-exam/ | 2,231 (1.75%) | 1,865 (1.65%) | 00:02:49 | 1,359 (1.65%) | 79.71% | 64.50% | \$0.00 (0.00%) |

Rows 1 - 10 of 3318

Discipline Committee Report to Council

January 25, 2023

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 December 8, 2022, we had two (2) new referrals to Discipline: CRPO v MUSCAT and CRPO v KRAVETSKY.

Hearings:

One hearing will have occurred pertaining to two matters since the last Council meeting: CRPO v WENT (1) and CRPO v WENT (2).

At this time, the following matter has been scheduled:
CRPO v HYNES

The following six matters are awaiting scheduling:

CRPO v HWANG
CRPO v HARAMIC
CRPO v JOY

CRPO v SAXTON
CRPO v KRAVETSKY
CRPO v MUSCAT

Pre-hearing Conference & Motions:

No pre-hearing conferences occurred since the last Council meeting of December 8, 2022.

Training

No committee training occurred since the last Council meeting of December 8, 2022.

The Committee Recommends:

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

Respectfully submitted,

Carol Cowan-Levine, RP
Chair, Discipline Committee

Examination Committee Report to Council

January 25, 2023

Committee Members

- Heidi Ahonen, RP (Chair)
- Steven Boychyn
- Felipe Cepeda, RP (Non-Council Committee Appointment) (appointment ended: December 8, 2022)
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk

Committee meetings:

- December 2, 2022

Panel meetings:

- x

A half-day combined plenary and panel meeting took place on December 2, 2022, via videoconference. Below are the outcomes of that meeting:

| | |
|--|----------|
| Total files reviewed | 7 |
| Learning plan approved as is | 1 |
| Learning plan approved with revisions | 1 |
| Learning plan approved with additional considerations | 1 |
| Appeal reconsideration denied | 1 |
| Exam extension approved for first attempt | 3 |

Modified Peer and Practice Review Tool

The Committee was presented the proposed project to review and adapt the modified PPR to develop a tool for RP (Qualifying) registrants and their clinical supervisor to use following a failed Registration Examination attempt to assist with exam preparation. Questions were presented to the Committee for discussion.

Work Plan

The Committee approved the Work Plan.

Committee Membership Changes

Felipe Cepeda's appointment ended on December 8, 2022. The Chair would like to express appreciation for Felipe Cepeda's valuable contributions to the Committee.

Formal Motions to Council:

n/a

The Committee Recommends:

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

Attachments:

n/a

Respectfully submitted,

Heidi Ahonen, RP
Chair, Examination Committee

Executive Committee Report to Council

January 25, 2023

| Committee Members |
|--|
| <ul style="list-style-type: none">• Kali Hewitt-Blackie, RP• David Keast• Kenneth Lomp, RP (Chair)• Michael Machan, RP• Keri Selkirk |

Committee meetings:

- January 5, 2023

The Executive Committee considered the following matters at the January 5, 2023 meeting:

Council Evaluation Framework

The Executive Committee reviewed the Individual Competence and Council Effectiveness aggregate results. See agenda items 2.a., 2.b., and 2.c.

CPMF update and KPI development

The Executive Committee received an update regarding the CPMF report preparation and began discussion regarding the KPI benchmark requirement. See agenda item 2.c.

2023-24 Annual Operating Budget

The Executive Committee had the opportunity to review and ask questions regarding the proposed 2023-2024 expense and revenue budget. See agenda item 2.d.

Signing Authority by-laws and policy

The Executive Committee approved a revised approach to the Signing Authority policy and by-laws. See agenda item 2.e.

Ontario Regulation 508/22 (Registration Requirements) made under the Regulated Health Professions Act, 1991

The Executive Committee approved the proposed plan and timeline, including direction to the Registration Committee to approve the draft regulation for circulation by consensus. See agenda item 2.f.

Discipline Tribunal Planning

M. Pioro provided the Executive Committee with an update regarding the timelines, process, and next steps for the discipline tribunal pilot project. See agenda item 2.g.

Non-council Committee Member Reappointments

The Executive Committee made recommendations to reappoint Jamie Consoli, RP, and Sasha Sky, RP, to the Registration Committee. Council is being asked to ratify this decision. See agenda item 2.h.

New Registrant Advertising Practices

The Executive Committee discussed concerns regarding new registrants representing their scope and competence with a view to determining risk to the public.

Professional Practice Working Group

The Executive Committee tasked the PPWG with approving guidance on medical assistance in dying (MAiD) and drug-assisted psychotherapy. Staff will arrange a working group meeting in the coming months and updates will be provided to Council at a future 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

January 25, 2023

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 December 8, 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, RP
Chair, Fitness to Practise Committee

Inquiries, Complaints and Reports Committee Report to Council

January 25, 2023

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

Plenary meetings:

- N/A

Panel meetings:

- December 15, 2022
- January 9, 2023

| Annual Summary <i>(Calendar Year)</i> | | | | |
|---|----------|------|--------------------|------|
| | Received | | Decisions Released | |
| | 2021 | 2022 | 2021 | 2022 |
| Formal Complaints | 69 | 75 | 59 | 63 |
| Reports Received¹ | 57 | 67 | N/A | N/A |
| Registrar's Investigations | 30 | 27 | 21 | 17 |
| Referrals to a Hearing | | | | |
| | 2021 | | 2022 | |
| Discipline | 6 | | 6 | |
| Fitness to Practise | 1 | | 1 | |

¹ Only reports received where there are reasonable and probable grounds (RPGs) of misconduct progress into Registrar's Investigations. When there are no RPGs, a report can be resolved without a formal written decision.

The above table is a summary of the work of the Committee and Professional Conduct department over the last two calendar years. In the spring, more statistics will be released through the College Performance Measurement Framework (CPMF).

Reports include any information of concern received by the College where the reporter indicates they do not want to file a formal complaint. Only a small portion of those reports progress into Registrar Investigations, where a formal appointment of investigator and formal decision is required.

In low-risk report files where there may not be reasonable and probable grounds (RPGs) for misconduct, an informal outcome may be used to resolve the matter. For example, a registrant may be requested to attend an educational meeting with College staff or receive written advice from the Registrar. This approach is in line with the College's goal to use a right-touch approach to regulation. Informal resolution processes are still part of a registrant's prior history and will be presented to ICRC if additional complaints or Registrar's Investigations are received in the future.

Respectfully submitted,

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

Quality Assurance Committee Report to Council
January 25, 2023

Committee Members

- Heidi Ahonen, RP
- Felipe Cepeda, RP (Non-Council Committee Member)
- 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:

- N/A

Panel meetings:

- December 14, 2022

Since the last Council meeting on December 8, 2022, a three-member panel of the QAC met on December 14, 2022.

The panel reviewed one case of alleged non-compliance with QA requirements.

After considering all the relevant information regarding the case, the panel decided to disclose the name of the registrant to the ICRC for failure to meet their obligations to the Quality Assurance Regulation under the *Psychotherapy Act*.

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

January 25, 2023

| Committee Members |
|---|
| <ul style="list-style-type: none"> • 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:

- None

Panel meetings:

- December 9, 2022
- December 9, 2022 (Indigenous Registration Pathway panel)

Indigenous Registration Pathway Panel

The panel discussed the application form and process. The panel supported recruiting new members to develop additional resources. The Diversity, Equity and Inclusion Working Group will discuss the possibility of creating an Indigenous Registration Task Group at its next meeting. The Registration Committee and Council will receive updates at subsequent meetings.

Panel Meeting

The December 9 meeting was a half day in length and took place via video conference.

| | |
|--|----|
| Total applications reviewed | 10 |
| Approved | 1 |
| Terms, Conditions & Limitations (TCL) | 2 |
| Conditional approval | 1 |
| Requests for more information | 0 |
| Refused | 6 |

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

The Health Professions Appeal and Review Board (HPARB) has not returned any decisions since the December 8, 2022 Council meeting update

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