

## COUNCIL AGENDA

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**Date:** Wednesday, March 29, 2023  
**Time:** 9:30 a.m. to 3:30 p.m.  
**Location:** Hybrid meeting – 375 University Avenue and Zoom video conference  
**Chair:** Kenneth Lomp, President

	Time	Item	Materials	Pg#	Action	Presenter
<b>1. WELCOME &amp; INTRODUCTIONS</b>						
1.a.	9:30	<b>Welcome and Opening Remarks</b>			Information	K. Lomp
1.b.	9:32	<b>Approval of Agenda</b>  <i>Council is asked to indicate if they wish for any consent agenda items to be moved to regular discussion items.</i>	1. Draft Agenda		Decision by motion	K. Lomp
1.c.	9:34	<b>Conflict of interest declarations</b>  <i>Council is asked to complete and return the Conflict-of-Interest Declaration form to document their status relative to the agenda prior to the meeting.</i>	1. COI disclosure form		Information	K. Lomp
<b>2. DISCUSSION &amp; DECISIONS</b>						
2.a.	9:35	<b>Evaluation Framework</b>  <b>i. Governance Report</b> <i>Council is being presented with the governance report from Pollinate.</i>  <b>ii. Annual Council Effectiveness Report</b> <i>Council is being presented with the summary report from the Annual Council Effectiveness Survey.</i>  <b>iii. Meeting Pulse Reports</b>	1. Governance Report  2. Annual Council Effectiveness Report  3. Meeting Pulse Reports  4. BN: Council Competency Reflection Tool report	7-16  17-  38-49	Discussion, information	K. Lomp, M. Machan D. Adams

		<p><i>Council will be presented with the summary of the Pulse Meeting Evaluations reports to for q3, fiscal 2022-2023.</i></p> <p><b>iv. Self-reflection / competence evaluation results report</b></p> <p><i>Council will be presented with a report on the self-reflection / competence assessment pilot and asked to discuss proposed changes to the tools and process.</i></p>	5. Self-reflection results delivery survey summary			
2.b.	10:05	<p><b>Council and Committee Competency Framework</b></p> <p><i>Council is being provided with an update on the review and possible revisions to the Competency framework.</i></p>	1. Briefing Note	50-55	Discussion, information	K. Lomp, D. Adams
2.c.	10:25	<p><b>Key Performance Indicators</b></p> <p><i>Council will be provided with the proposed KPIs for the fiscal year 2023/2024 and asked to provide their feedback on the measures and targets.</i></p>	1. Briefing Note 2. KPI Framework or 2023	56-66	Discussion, information	K. Lomp, D. Adams
2.d.	10:45	<p><b>College Performance Measurement Framework report</b></p> <p><i>Council is being asked to review the 2022 CPMF report and will be provided with a summary presentation of CRPO's progress on the standards.</i></p>	1. Briefing Note 2. 2022 CPMF Report	67-152	Discussion, information	K. Lomp, D. Adams
<b>BREAK 11:00-11:15</b>						
2.e.	11:15	<p><b>CRPO fiscal 2023-2024 Update to Council Per Diems</b></p>	1. Briefing Note	153-157	Discussion, decision by motion	K. Lomp, J. Falkenburger

		<i>Council is being asked to review the proposed revisions to the Council and Committee member remuneration via the by-laws and policy.</i>	2. Revised Remuneration of Council and Committee members policy			
2.f.	11:25	<b>Investment Policy</b>  <i>Council is being asked to approve the proposed investment policy.</i>	1. Briefing Note  2. DRAFT Investment Policy	158	Discussion, decision by motion	K. Lomp, J. Falkenburger
2.g.	11:35	<b>Council Education: Clinical Practice</b>  <i>Council will receive a brief presentation from a professional member and be asked to discuss this presentation within the context of regulatory risk.</i>			Information, discussion	K. Lomp
<b>LUNCH 12:00-1:00</b>						
2.h.	1:00	<b>Policy Update: Posting Non-College Conduct on the Public Register</b>  <i>Council is being asked to review and approved the revised policy as presented or amended.</i>	1. Briefing Note  2. DRAFT Revised Posting Non-College Conduct on the Public Register	160	Discussion, decision by motion	K. Lomp, P. Bialik
2.i.	1:15	<b>Non-Council Member Reappointment to DC and FTP</b>  <i>Council is being asked to make an appointment to the Discipline Committee and the Fitness to Practise Committee.</i>	1. Briefing Note  2. Current Committee Membership	163	Discussion, decision by motion	K. Lomp
2.j.	1:20	<b>Non-Council Member Appointments to ICRC</b>  <i>Council is being asked to ratify the appointment of 4 non-Council appointments to the ICRC.</i>	1. Briefing Note	169	Discussion, decision by motion	K. Lomp

2.k.	1:25	<b>DEIWG co-Chair acclamations</b>  <i>Council will receive an update on the DEI WG meetings and is being asked to ratify the appointment of co-Chairs for the Diversity, Equity and Inclusion Working Group.</i>	1. Briefing Note  2. DEI WG Terms of Reference	171	Discussion, decision by motion	K. Lomp, D. Adams
<b>3. INFORMATION &amp; UPDATES</b>						
3.a.	1:45	<b>College Education: Governance Concepts</b>  <i>Council will be provided with a brief presentation on a key governance concept: 'critical friendship.'</i>			Information	D. Adams
<b>BREAK 2:00-2:15</b>						
3.b.	2:15	<b>Council Observer Guidelines update</b>  <i>Executive Committee will receive an update regarding the Council observer procedures and guidelines.</i>	1. Briefing Note  2. Revised Council Observer Guideline	173	Information	D. Adams
3.c.	2:20	<b>Registrar's Report</b>  <i>Council will have the opportunity to pose questions related to the Registrar's written report.</i>	1. Registrar's Report	177	Information	D. Adams
3.d.	2:25	<b>Quality Assurance Enhancement Project Update</b>  <i>Council will receive an update on progress with moving the QAP to a risk-based, right-touch model.</i>			Discussion, Information	K. Lomp, D. Adams, S. Teece
3.e.	2:40	<b>College Website Update Project Launch</b>	1. Briefing Note	185	Discussion, Information	K. Lomp, D. Adams



		<i>Council will be provided with an update on the College's website update project launch and asked to provide input on the logo revision.</i>				
<b>4. CONSENT AGENDA</b>						
4.a	3:00	<b>Consent Agenda</b>  <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>	<b>Draft Minutes:</b>  January 25, 2023  <b>Committee Reports:</b>  1. Discipline 2. Examination 3. Executive 4. Fitness to Practise 5. Inquiries, Complaints and Reports 6. Nominations and Elections 7. Quality Assurance 8. Registration	186  192	Motion	K. Lomp
5.	3:10	<b>Council Question Period</b>  <i>Council members are invited to pose questions that are of interest and relevant to registrants and stakeholders.</i>			Information	K. Lomp
<b>6.</b>	<b>3:30</b>	<b>ADJOURNMENT</b>			<b>MOTION</b>	K. Lomp
		<b>2023 Council Meetings:</b> <ul style="list-style-type: none"> <li>● April 27, 2022</li> <li>● May 18, 2023</li> <li>● June 22, 2023</li> <li>● September 14, 2023</li> <li>● December 7, 2023</li> </ul>				

## Conflict of Interest Disclosure Form

**Meeting Date:** 29 March 2023  
**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.



## External Evaluation of CRPO Governance

### Principles of Good Governance:

- Council members have received member orientation/training in advance of attending their first Council meeting
- Council members understand a Conflict of Interest (COI) in a context specific to CRPO and the Council's business and attest to having no COI or must declare a COI in advance of every Council meeting
- The public interest is considered in every decision of Council
- Transparency is optimized in all Council decision-making
- In-camera matters are considered by Council only when confidentiality for legal purposes or privacy issues requires such
- Right-touch Regulation is applied to Council decision-making with matters posing the greatest risk to public protection, warranting the greatest regulatory resources

### Executive Summary:

On January 5, 2023, and January 25, 2023 respectively, Pollinate attended the CRPO Executive and the CRPO Council meetings meeting to observe meeting participants and to assess the effectiveness of the meetings and member participation. In February 2023, Pollinate also conducted seven interviews with nine Executive and Council members, including Council members appointed by the Government of Ontario.

We, Pollinate, found that the Executive and Council meetings were conducted very effectively by the Chair and the Registrar. Executive Committee members and Council members were given agendas and meeting preparation materials two weeks ahead of time. During the meetings the Chair encouraged everyone to participate and to ask questions. However, in the meetings, few members asked questions or provided opinions.

During the individual interviews, we learned that members are very pleased with the support and guidance they have received from the Registrar and CRPO staff. Members are also pleased with the preparation/information materials they receive ahead of meetings, however, some members pointed out that the meeting packages are extensive and that the preparation time is not enough to fully understand the content.

Overall, Council members understand what is expected of them and their responsibilities in committees. They understand their role as protecting the "public interest", and are generally familiar with

governance concepts and the College Performance Measurement Framework. CRPO has also developed a vision and mission statements and a comprehensive list of competencies necessary to be an effective Council member. Although, Council members are familiar with the overall concepts, it is important for CRPO to continue to educate members about the various frameworks and governance principles.

Regarding onboarding of new members, even though CRPO is doing a good job helping members understand their roles and expectations, there is consensus on the need to have some type of mentoring or shadowing program to help new members become more effective in a shorter amount of time. Mentoring could also play a key role in succession planning and helping new members train to take responsibilities as committee chairs and members of the Executive Committee.

Council members appear to have a very cordial and respectful relationship with one another. Nevertheless, it was suggested by a few members that CRPO look for opportunities to get members to spend more time together in a casual setting so that they can get to know one another and develop trust and camaraderie. On a final note, although CRPO has undertaken initiatives related to Diversity Equity and Inclusion, the organization needs to continue to its efforts to attract to its Council members that represent the population of Ontario.

## Part I: Council Member Orientation, Competency and Ongoing Council Member Training, and Organizational Strength

Question	Answer: Y = Yes; N = No; ? = In Part; N/A = Not Applicable	Council
Elected Council Members who are Members of the Profession must complete a competency assessment prior to running for election to Council.		Y
Council Members are provided with orientation prior to their first Council Meeting.		Y
Council Members receive ongoing training that includes principles of good governance throughout their term.		?
Council Meeting Agenda includes education item(s) for Council Members		Y
Council Members are surveyed following the completion of the Council Meeting for feedback and suggestions to improve future Council meetings.		Y
Council Members are familiar with the measurement domains laid out in the College Performance Measurement Framework.		? (mostly)
The College has an appropriate succession plan in place for council members and executive.		?
The College is able to identify, assess, and mitigate risks to the organization.		Y
Appropriate resources are applied to achieve organizational objectives.		Y

Evaluator’s Overall Rank and Comment About Council Member Orientation, Competency and Ongoing Council Member Training, and Organizational Strength

Item	Council
Ranking Scale:	1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)
Ranking	4
General Comments:	<p><b>New members received an adequate amount of information materials when they join CRPO. All members have excellent access to the Registrar and CRPO staff when they need any support. Council members and CRPO management understand the need to have a good succession plan and are working on it. Ongoing training and reminders on competency models and principles of good governance would be a valuable addition to CRPO programming.</b></p>

## Part II: Meeting Materials

Question	Answer: Y = Yes; N = No; ? = In Part; N/A = Not Applicable	Executive	Council
Meeting Materials are provided to Council Members in a timely manner.		Y	Y
Meeting Materials include: an agenda indicating decision items with briefing notes and supporting material to aide Council Members in decision-making		Y	Y
All items for decision include briefing notes clearly setting out the public interest in decision-making		Y	Y
Notice of the Council Meeting is on the Regulator's website in advance of the Council meeting.		N/A	Y
Notice of the Council Meeting includes instructions for attending the meeting (either in person or virtually).		N/A	Y
Minutes of previous Council Meetings that have been approved by Council are posted on the Regulator's website.		N/A	Y
Council Meeting Materials posted on the Regulator's website include all materials provided to Council members excluding in-camera materials.		N/A	Y
Council Meeting materials include a declaration of a COI for Council Members to complete and sign in advance of the meeting.		Y	Y
Council Meeting materials are available in both English and French upon request.		Y	Y

Evaluator’s Overall Rank and Comments about Meeting Materials:

Item	Executive	Council
Ranking Scale: 1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)		
Ranking:	<b>5</b>	<b>5</b>
General Comments:	<b>CRPO management does an excellent job preparing detailed materials for the meeting and providing attendees with time to read and get familiar with items to be covered during the meetings.</b>	<b>CRPO management does an excellent preparing detailed materials for the meeting and providing attendees with time to read and get familiar with items to be covered during the meetings.</b>



## Part III: Executive and Council Meetings

### (A) Meeting Chair

Question	Answer: Y = Yes; N = No; ? = In Part; N/A = Not Applicable	Executive	Council
The Chair conducts the Council Meeting in an orderly fashion.		Y	Y
The Chair seeks a mover and seconder for every motion prior to tabling the motion for discussion.		Y	Y
The Chair appropriately addresses any declared COIs.		Y	Y
The Chair invites appropriate discussion on all matters.		Y	Y
The Chair is inclusive to ensure all Council Members wishing to speak to a matter are afforded an opportunity to do so.		Y	Y
The Chair ensures consensus is achieved on decision-items or takes a vote for each item.		Y	Y
The Chair conducts the meeting in a manner that is respectful and professional.		Y	Y
The Chair addresses quorum if there is an issue.		Y	Y
The Chair cites the relevant section of the RHPA when seeking a motion to move in-camera, identifying the need to move the Council meeting from a public forum.		Y	Y
The Chair appropriately addresses any Council Members attending virtually who do not have their camera on.		?	?
Council Meetings are well-attended and in case of any absences, Council Members have the opportunity to record their dissent with any decisions remotely.		Y	Y

### Evaluator's Overall Rank and Comments about the Meeting Chair:

Item	Executive	Council
Ranking Scale: 1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)		
Ranking:	5	5

General Comments:	<p>The Chair and the Registrar demonstrated they were well prepared for the meeting and conducted the meeting efficiently and according to the agenda. Every attendee had an opportunity to participate and provide their perspective. Other speakers were also prepared and demonstrated a great deal of knowledge on the topics they were covering.</p>	<p>The Chair, the Vice-President, and the Registrar demonstrated they were well prepared for the meeting and conducted the meeting efficiently and according to the agenda. Every attendee had an opportunity to participate and provide their perspective. Other speakers were also prepared and demonstrated a great deal of knowledge on the topics they were covering.</p>
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(B) Members

Question	Answer: Y = Yes; N = No; ? = In Part; N/A = Not Applicable	Executive	Council
Council Members are respectful, raise their hand when they wish to speak to a matter and wait until the Chair invites them to speak before speaking.		Y	Y
Council Members are well prepared for the meeting and are familiar with the Council Meeting agenda/materials.		Y	?
Council Members focus discussion on public protection in all decision-making items.		Y	Y
Council Members who focus concerns on stakeholder interests above that of the public interest are appropriately addressed by the Chair and/or other Council Members.		N/A	N/A
Council Members attending virtually have their cameras on.		?	?
Council Members are respectful of the agenda schedule and are on time and in attendance when the Council Meeting resumes after breaks.		Y	Y
Council Members appear familiar with the RHPA and applicable legislation.		?	?
Council Members appear to understand the concept of Right Touch Regulation and its application to Agenda items.		Y	?
Council Members receive prompt and helpful responses from the registrar or staff if they have any inquiries.		Y	Y
Council Members demonstrate an adequate understanding of the stated <a href="#">mandate, mission, vision, values, and regulatory objectives</a> of the college.		?	?

### Evaluator's Overall Rank and Comments about the Members:

Item	Executive	Council
Ranking Scale:	1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)	
Ranking:	4	4
General Comments:	<p><b>Members had the opportunity to participate and were encouraged by the Chair to provide their perspective or to ask questions. Some members were more active participants than others.</b></p>	<p><b>Members had the opportunity to participate and were encouraged by the Chair to ask questions. Some members were more active participants than others.</b></p>

### Evaluator's Overall Comments:

Item	Executive	Council
3 key items for suggested improvement:	<ol style="list-style-type: none"> <li>1. Continue to provide training regarding the CPMF and governance</li> <li>2. Continue to work on succession planning and provide training for people who want to join this committee</li> <li>3. Not all members actively participate in meetings. This could be because they do not have questions or possibly because they are not familiar with the meeting material. If possible, give members more paid-time to review materials</li> </ol>	<ol style="list-style-type: none"> <li>1. Continue to provide training regarding the CPMF and governance</li> <li>2. Continue to work on succession planning and provide training for people who might want to become committee chairs</li> <li>3. Not all members actively participate in meetings. This could be because they do not have questions or possibly because they are not familiar with the meeting material. If possible, give members more paid-time to review materials</li> </ol>

<p>3 highlights that represent best practice:</p>	<ol style="list-style-type: none"> <li>1. Detailed materials are provided two weeks ahead of the meetings</li> <li>2. Chairs and Registrar are well prepared and conduct the meetings efficiently</li> <li>3. Participants are given the opportunity to participate</li> </ol>	<ol style="list-style-type: none"> <li>1. Detailed materials are provided two weeks ahead of the meetings</li> <li>2. Chairs and Registrar are well prepared and conduct the meetings efficiently</li> <li>3. Participants are given the opportunity to participate</li> </ol>
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# College of Registered Psychotherapists of Ontario

## Annual Council Effectiveness Evaluation Report



March 2023



# Summary

In February 2023, 100% of the CRPO Council responded to the Council Effectiveness Survey.

Ratings show robust support for the CRPO Council; all categories showed improvement over last year's already very strong numbers.

As in 2022, respondents indicated that improvements can be made to the council environment with 20% indicating that all council members should participate in council decisions.

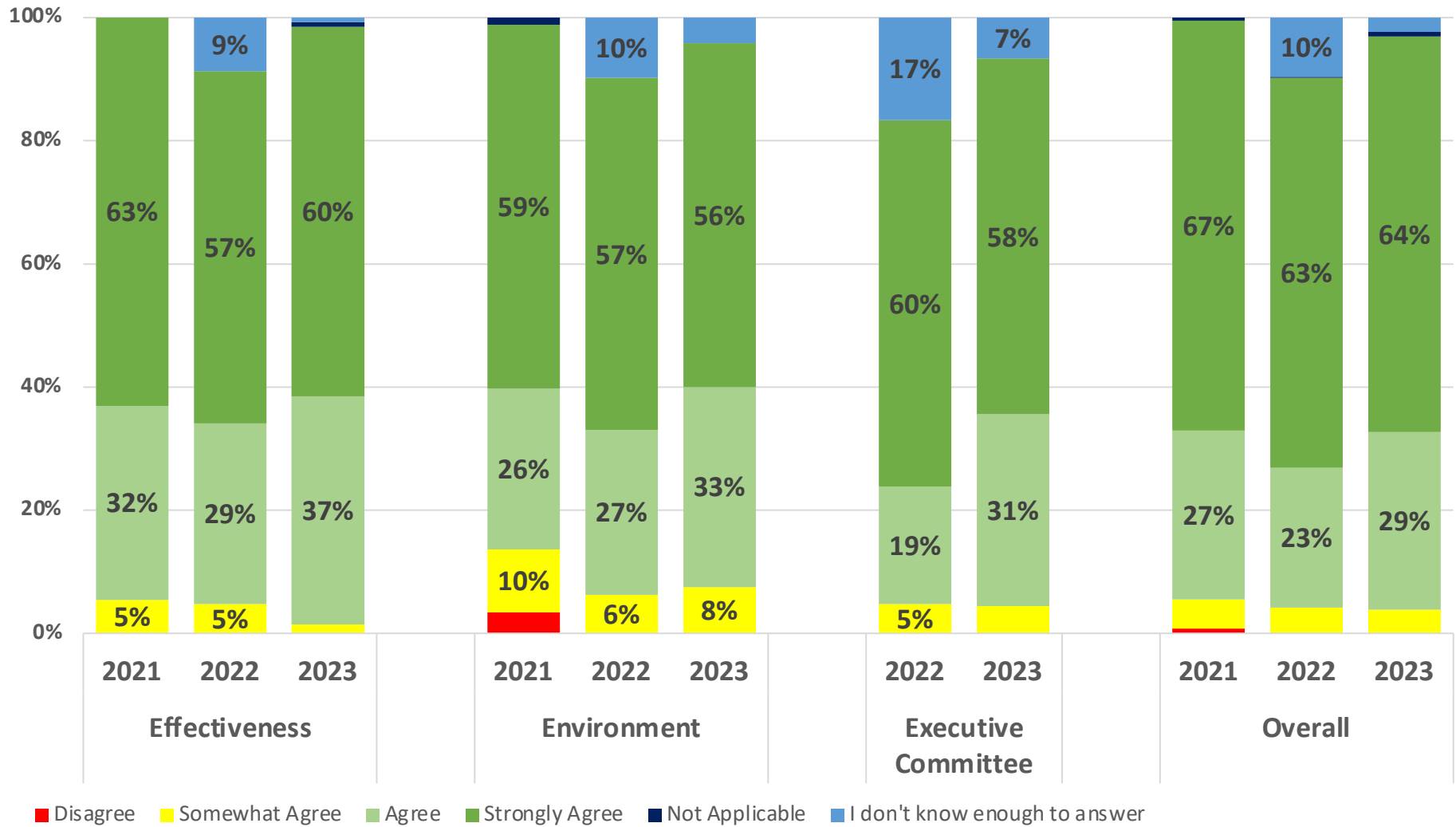
Respondents reported a slight drop in their familiarity with the RHPA and CRPO's by-laws and governing policies when compared to last year.

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

Invites sent	Responses Received
15	15

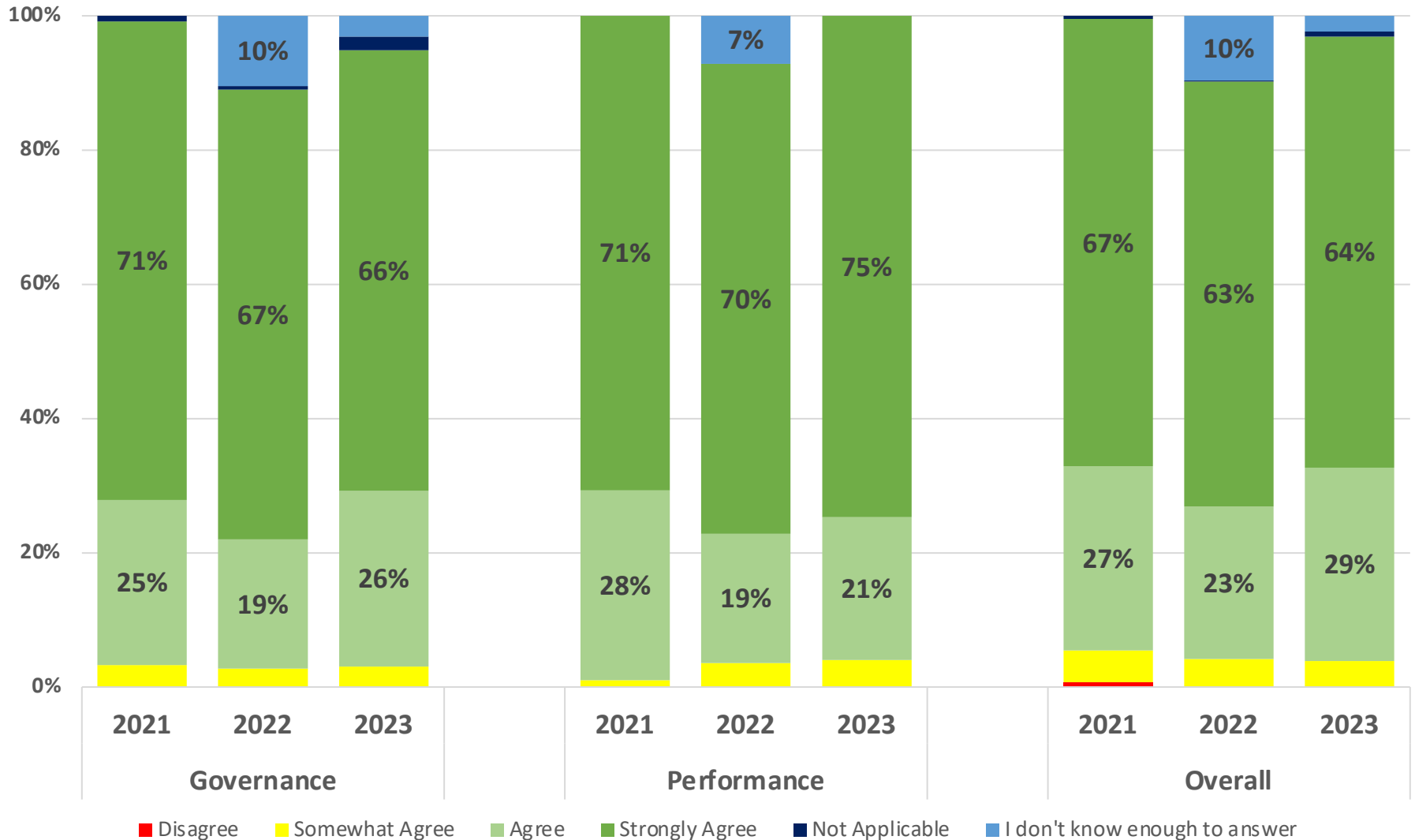


# Overall Category Ratings



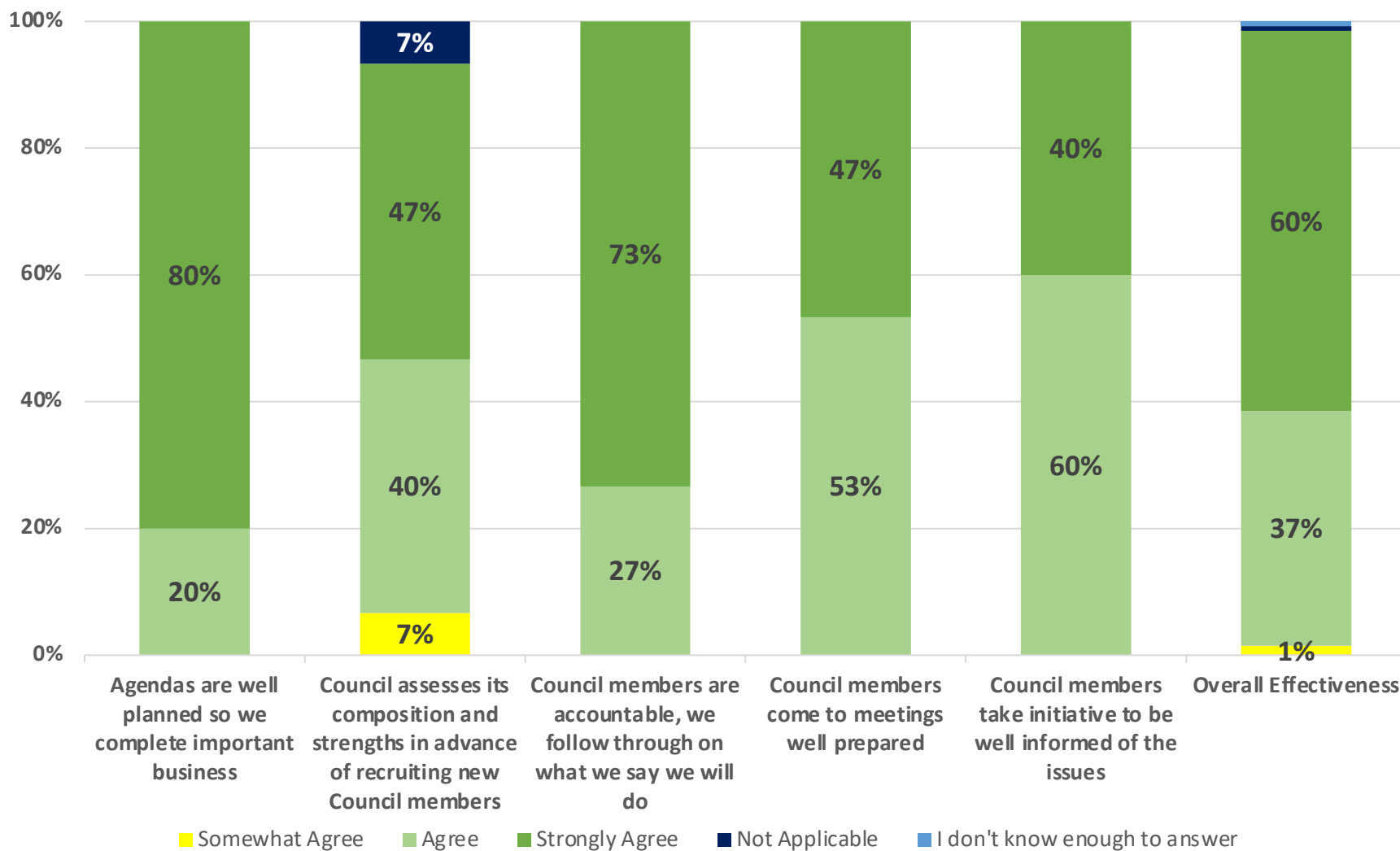
\* For clarity, values below 5 are omitted

# Overall Category Ratings

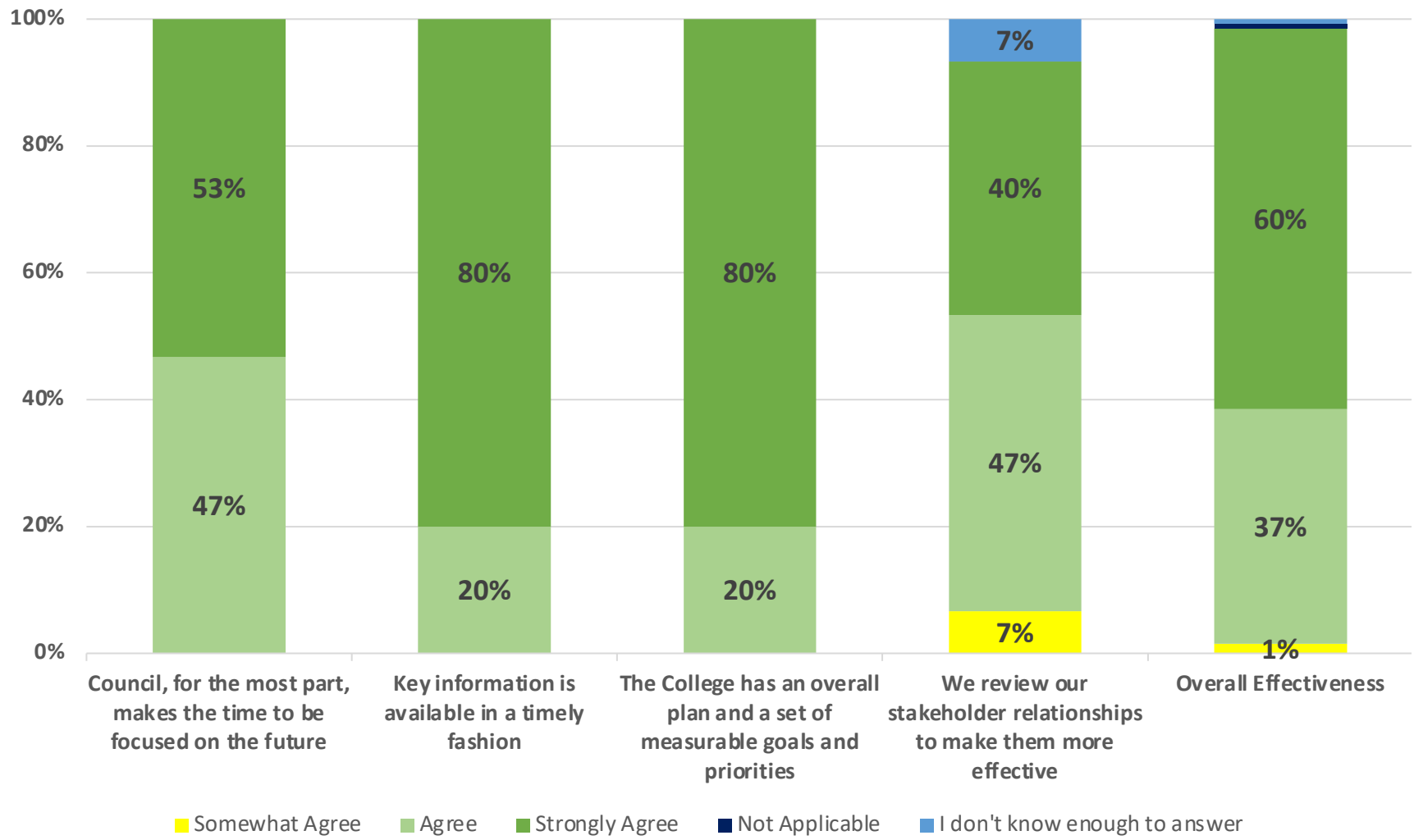




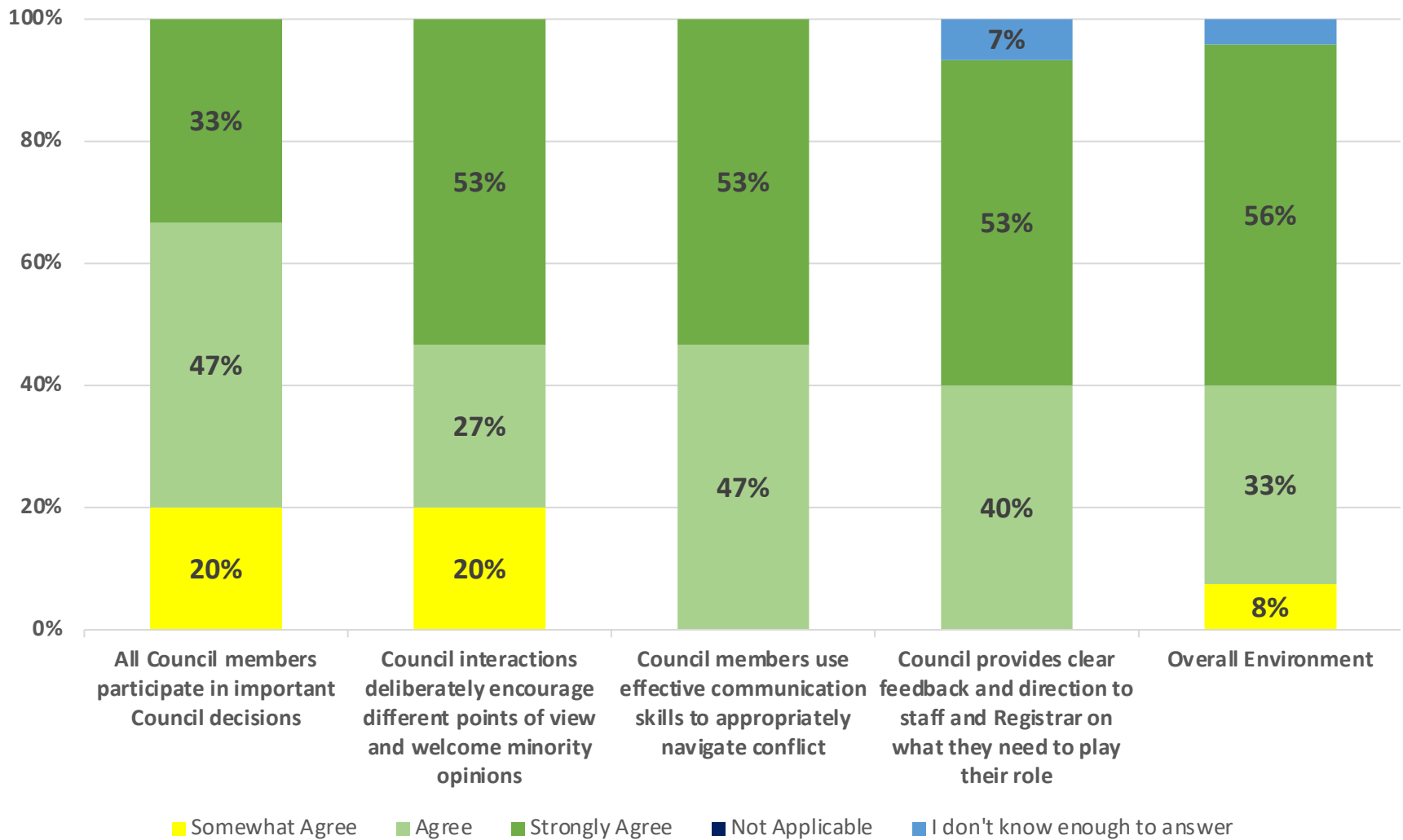
# Effectiveness



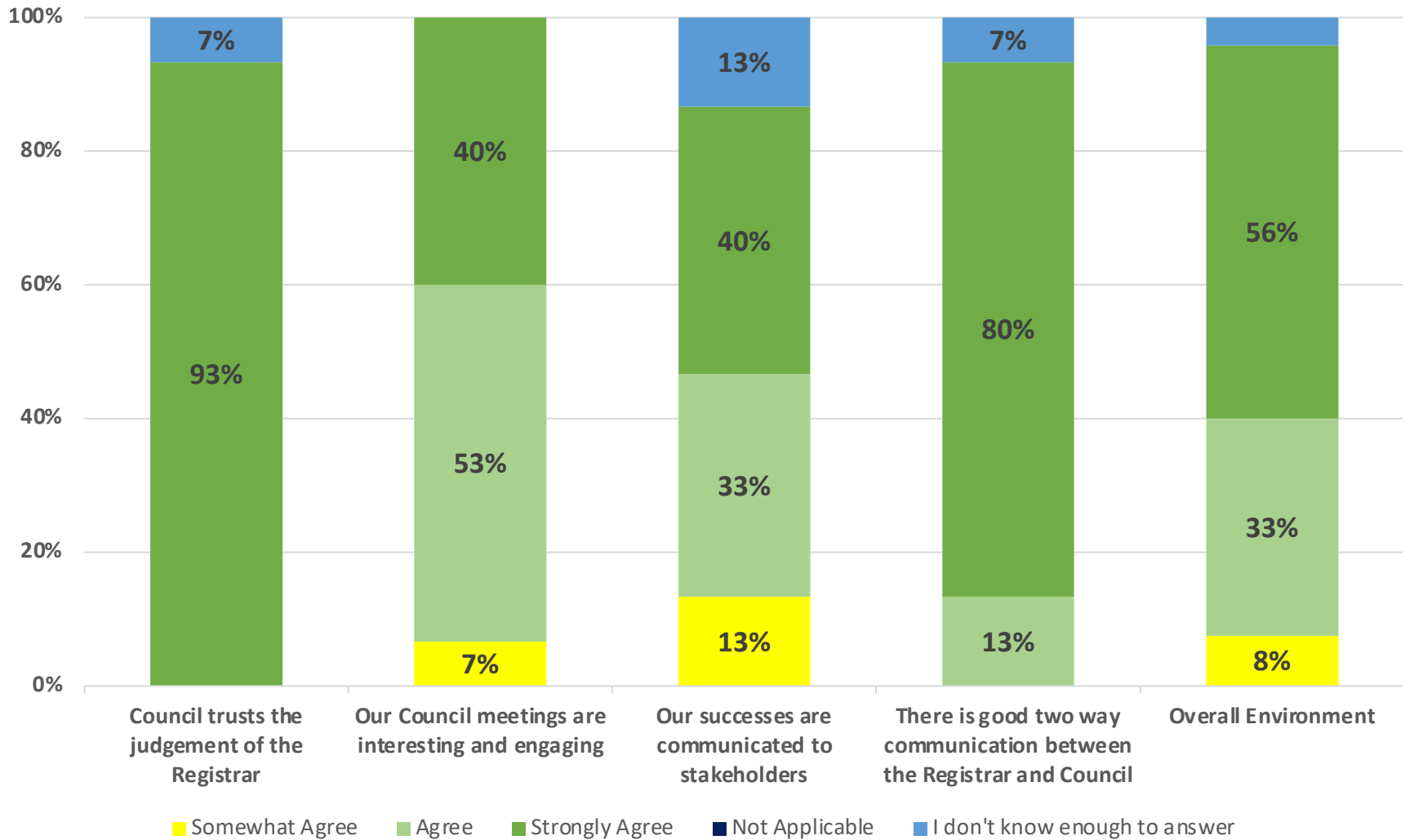
# Effectiveness – Continued



- Not all Council members contribute actively during Council meetings and I have limited or no experience with them in committee. So, it's a bit difficult to provide comprehensive answers.
- I am not familiar with the process in place for review of stakeholder relationships -- so that may well be done; outside the scope of my current awareness.
- Some council members do not appear to be as prepared for meetings as others. The questions raised or comments made sometime reflect the possibility that meeting material was not thoroughly reviewed.

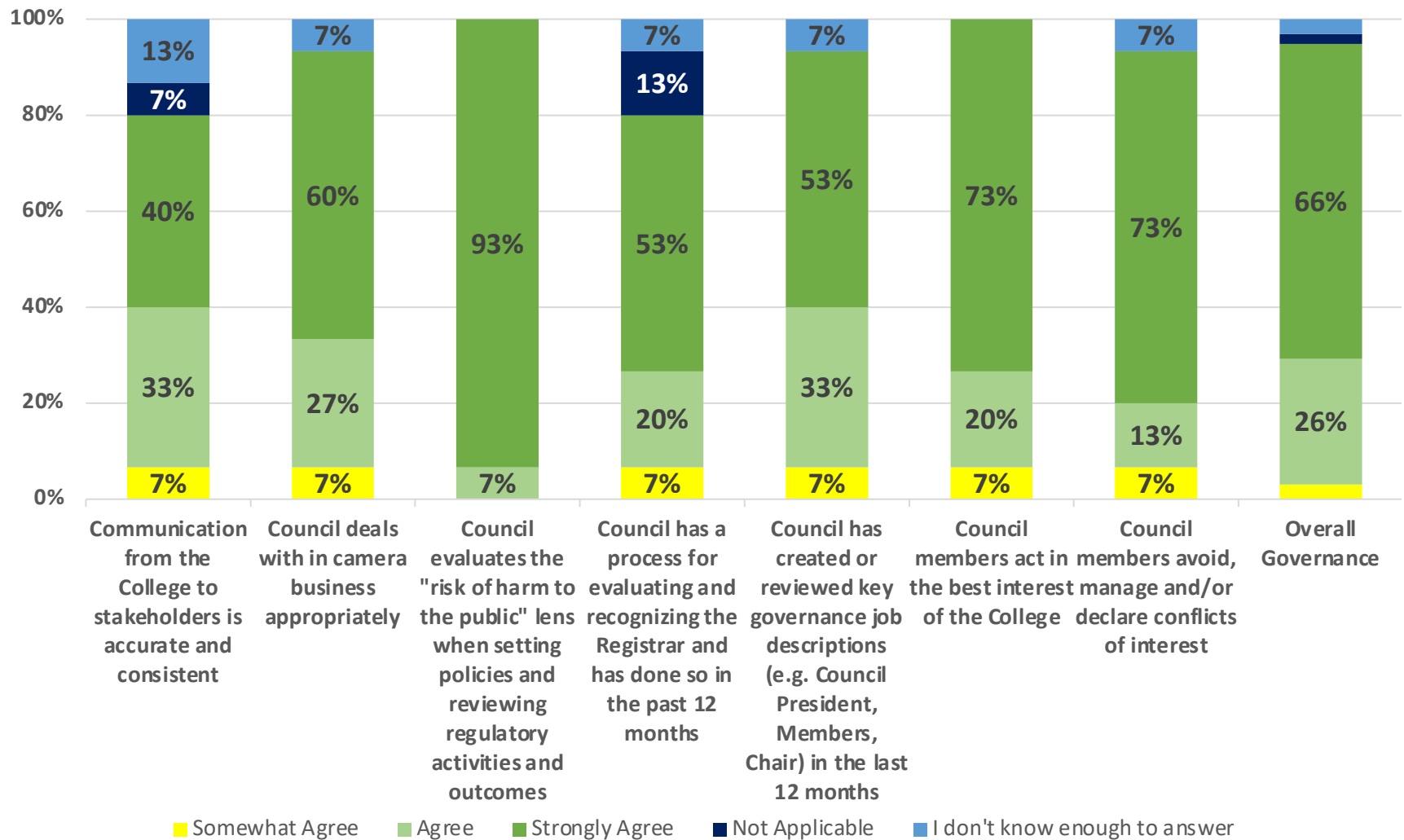


# Environment – Continued

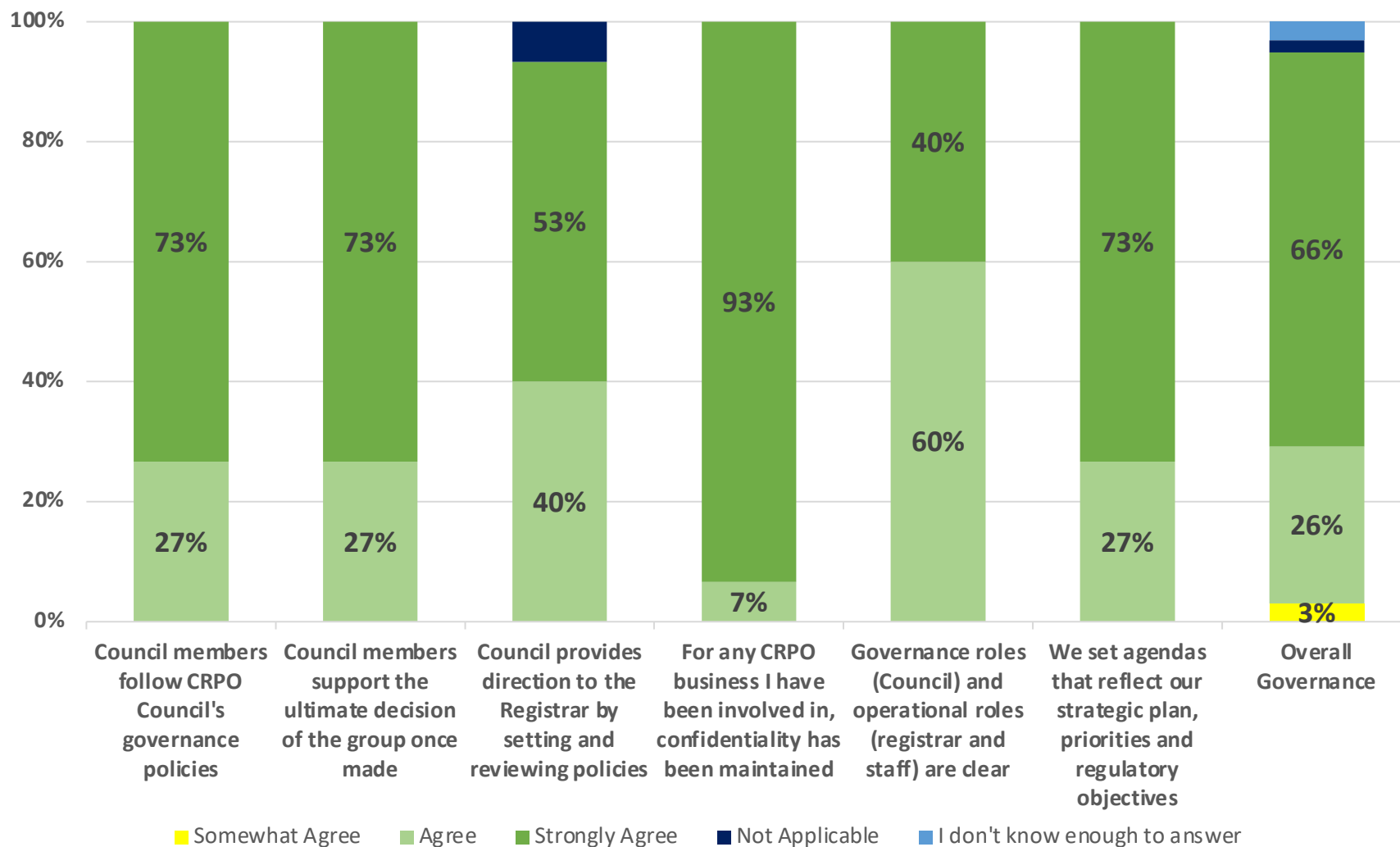


- Excellent relationship with Registrar - very knowledgeable, very trusted, very good at knowledge sharing
- I haven't witnessed much "conflict" so limited experiences on which to base my answer. I'm not confident that I understand what "deliberately encourage different points of view" looks like.
- Overall the "tone" of council is very open to diversity of opinion -- even when it may be outside of the ordinary. It is clear that conversation continues until consensus is reached. There is a sense of mutual respect at the meetings. "Not knowing" is not criticized but seen as an opportunity for learning and growth.
- It is not possible to comment on subjective questions for other Council members i.e., Council trusts the judgment of the Registrar. Only a general response can be made.

# Governance



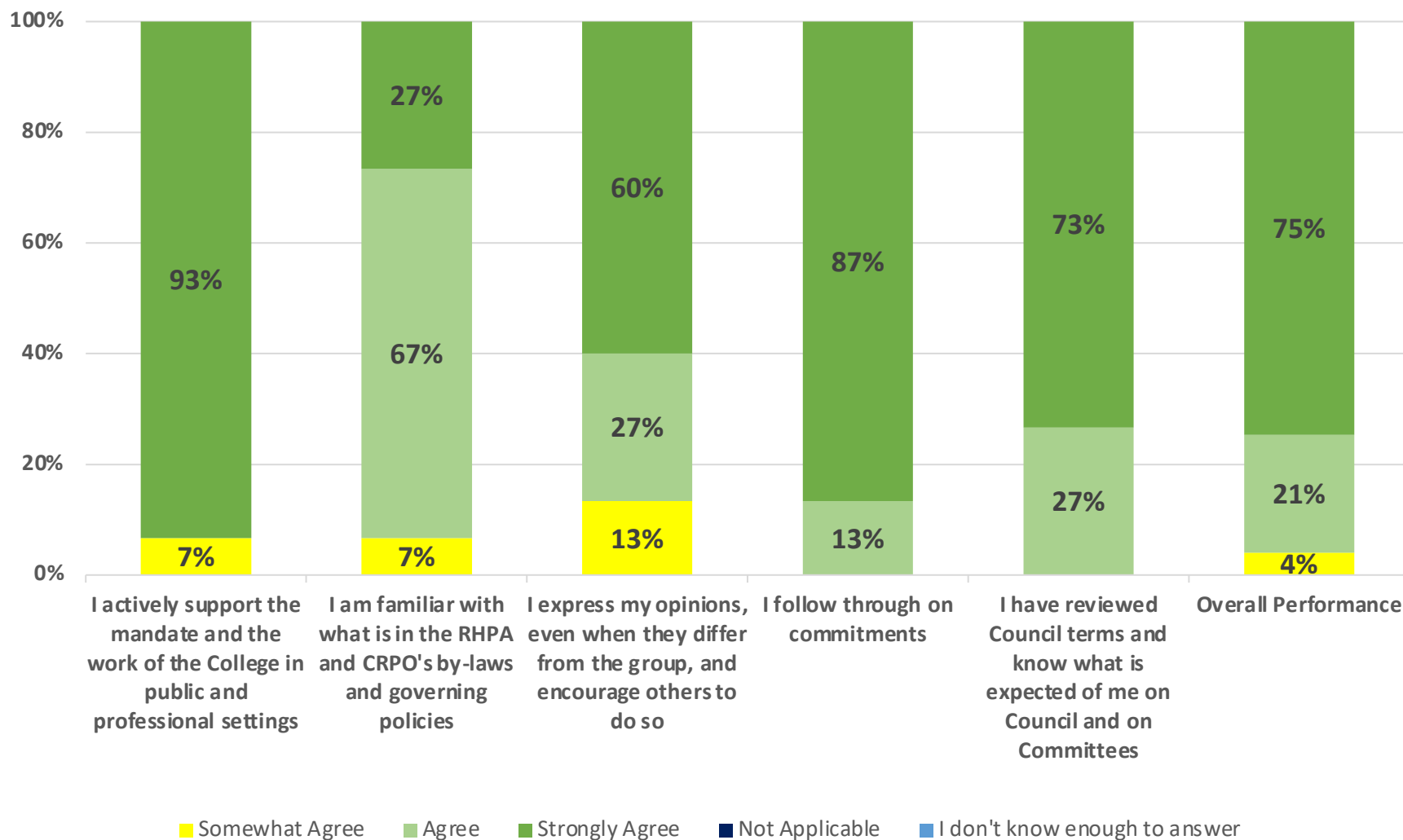
# Governance – Continued



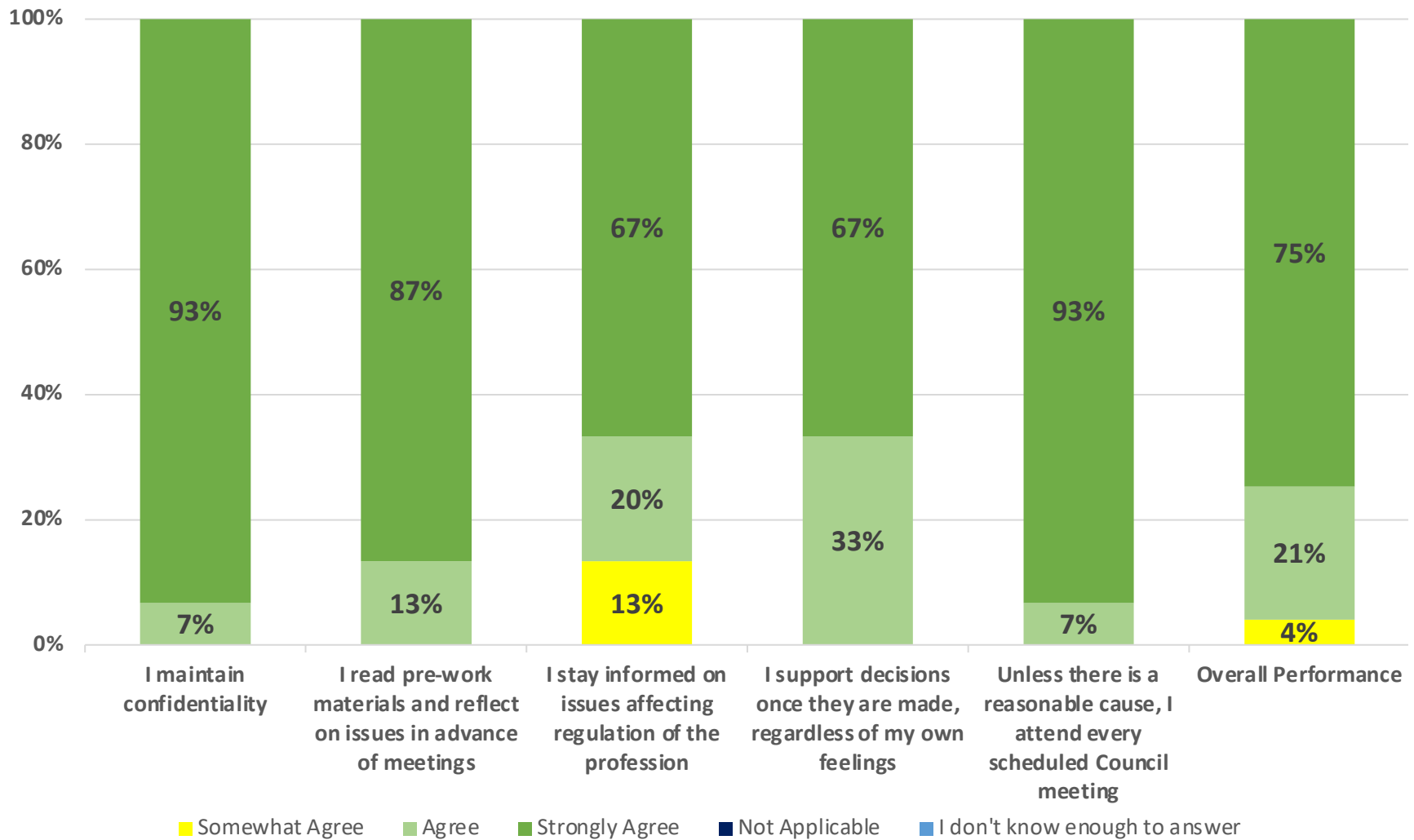


- I don't know that all the governance job descriptions have been reviewed within the last 12 months -- I don't believe that is the case. The line between governance and operational roles is often not clear to new members of council.
- The Registrar's review process is currently being developed.

# Performance

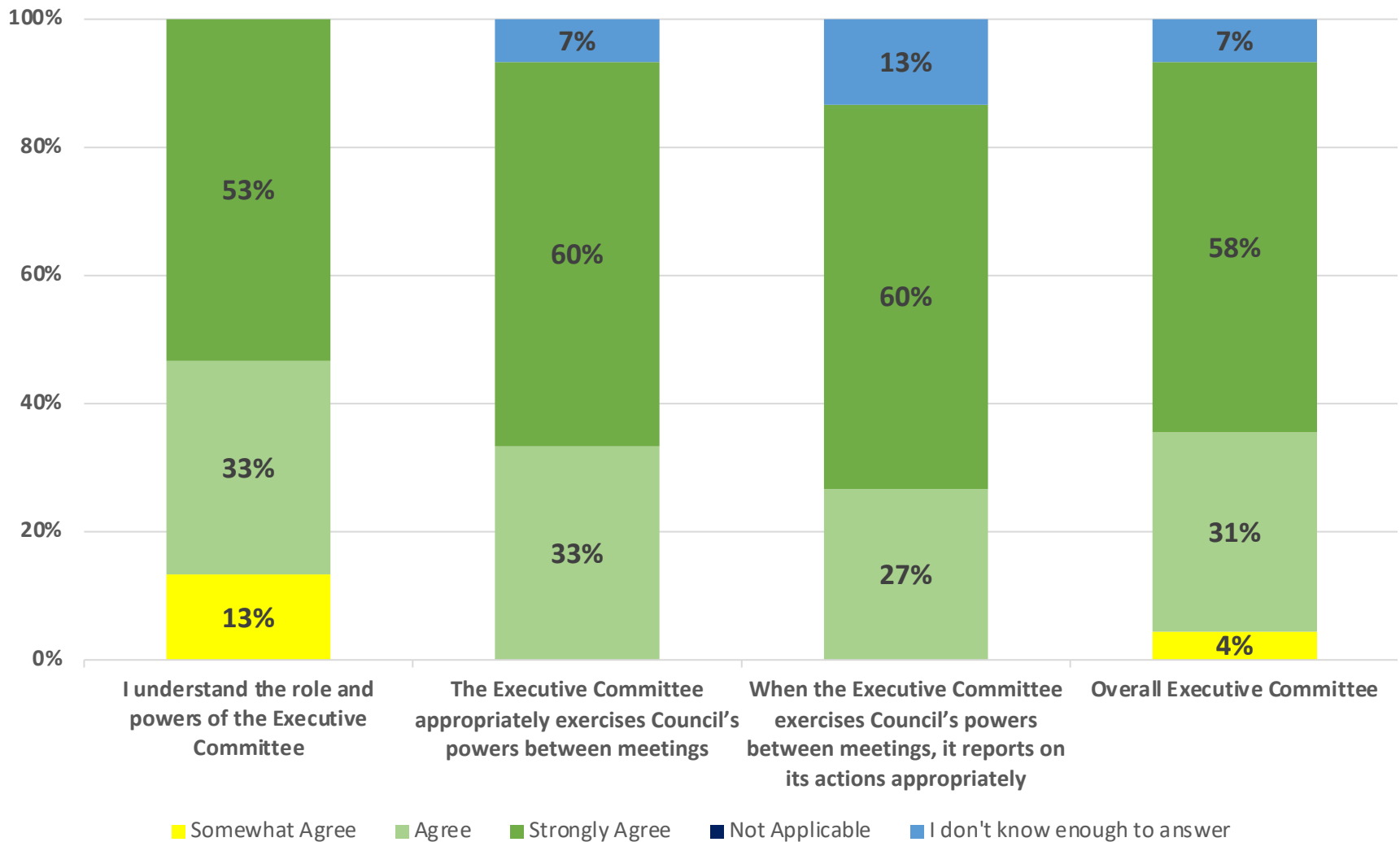


# Performance – Continued



- I my work with both the executive and council, I find myself in a constant state of learning. So, although I say "strongly agree" to the above statement, I humbly can say that I am not an expert (in the sense of 10,000 hours of intense practice)

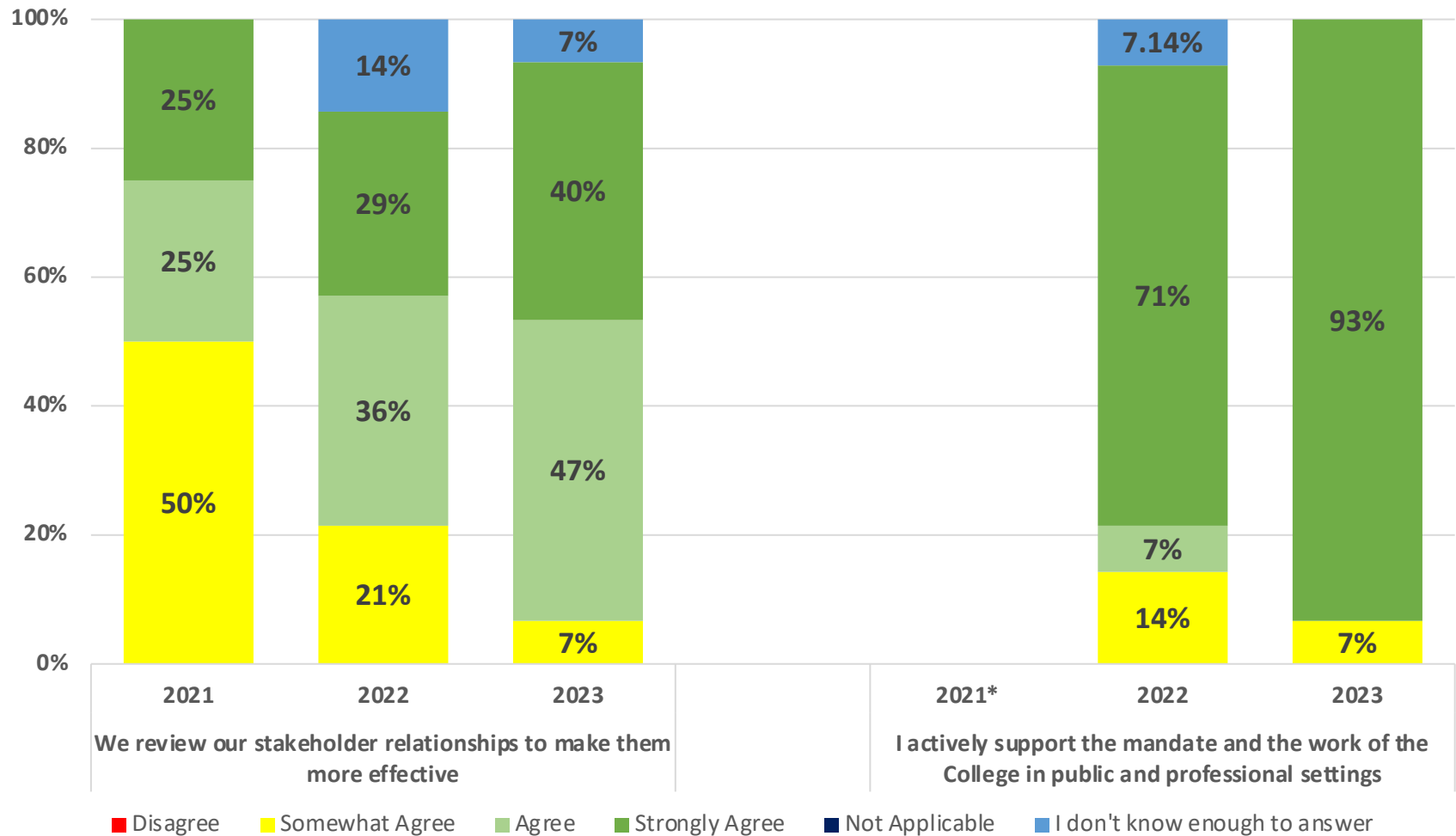
# Executive Committee



- Expect some evolution and change to Executive Committee work based on discussions - this is welcomed.
- I wonder if there is a way for the Executive Committee to be more transparent regarding its proceedings - I don't have an answer or any suggestions.
- I think the Exec could potentially be better at communicating our actions to council in a more explicit way.

# Statements With Greatest Change From 2022

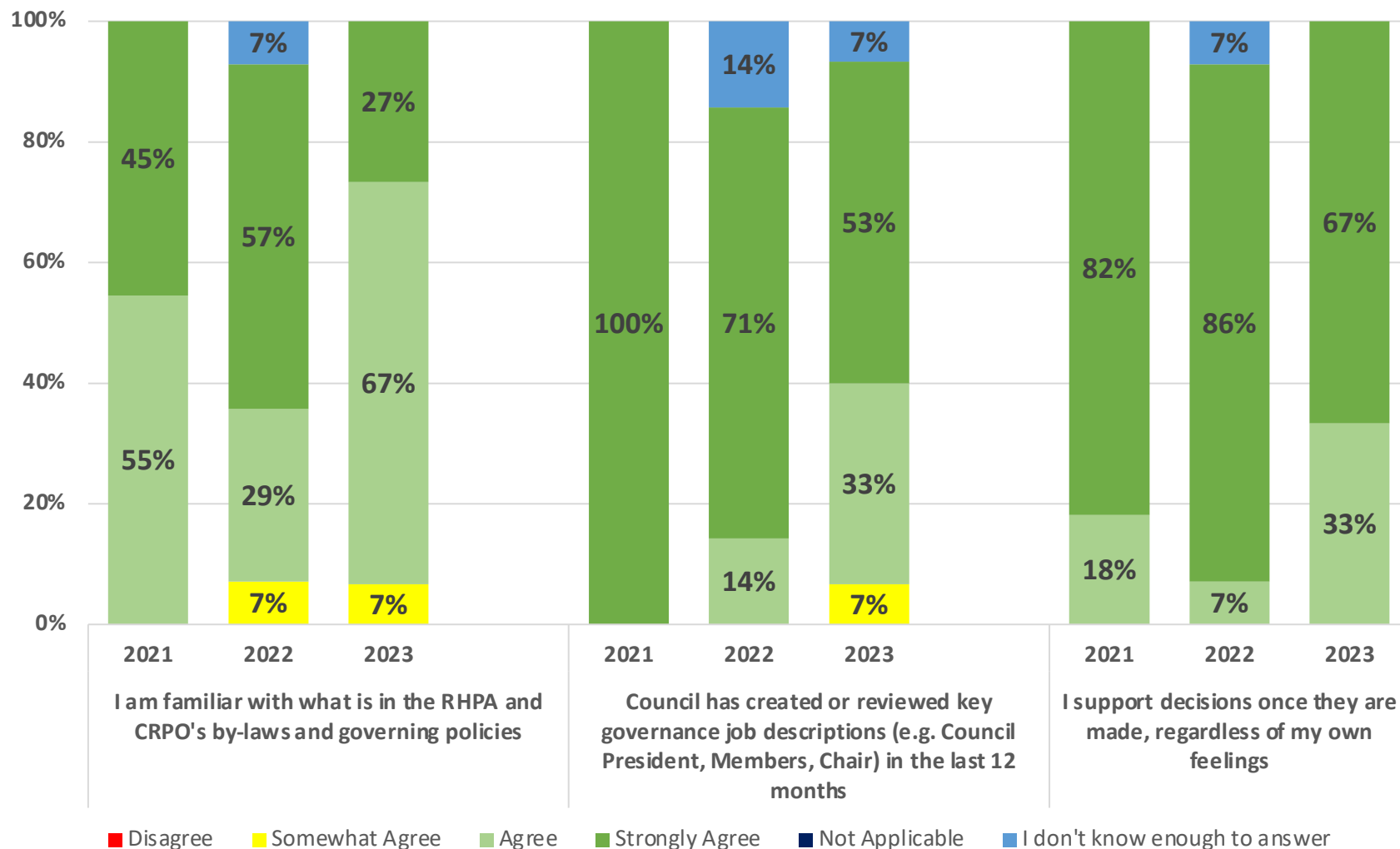
# Statements With Greatest Improvement



\* No data from 2021



# Statements With Greatest Decrease



## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.a. iii
<b>Issue:</b>	Self-reflection / Competence Evaluation Results
<b>Attachment(s):</b>	-
<b>Reference(s):</b>	<a href="#">Council Evaluation Components</a> <a href="#">Council Competency Matrix</a> <a href="#">Committee Competency Matrix</a>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Direction <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

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 strengths and addressing any deficits.

### 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 was 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.

Council members completed the self-reflection and Chairs and staff the competence assessment in November. Individual results were shared with each Council member through a meeting with Vice President, M. Machan, and Registrar D. Adams.

In reviewing individual results, it was clear that the combined approach (i.e., assessing Council and committee competencies through work done in committee plenary and panel settings) is problematic. A number of the competencies are governance-specific and so are not used or demonstrated in the committee setting. Consideration needs to be given to the balance of comprehensive evaluation that yields useful results and the potential for evaluation fatigue.

Themes that have emerged from the discussion with Council members in the meetings:

- There are a number of concepts that require further explanation or education for Council members. These include:
  - o critical friendship
  - o enforceable decisions
  - o right-touch regulation
- How can we better support members in feeling comfortable 'challenging'?
- There is a lot of learning in the early stages of Council onboarding. When should we revisit foundational knowledge sharing with new members? How would this be best accomplished?
- Regulatory knowledge is difficult to acquire.
  - o There is interest in the mentorship model to support development of this competence.
  - o Consideration needs to be given to the pairing (e.g., public appointees being mentored by other public members versus by professionals)
- Establishing priority competencies (particularly for public members who may have a steeper learning curve) and tenure-based competency goals could help members in identifying areas for development and a plan to obtain needed competence.
- The orientation needs to be more integrated. How do we accomplish this?
- Mentoring and meeting debriefs serve different purposes. Debriefs should continue.
  - o The 5-minute meeting analysis is useful; can we share it with committees and Council and use it in anyway?

With regards to the feedback process:

- There is some interest in longer interview to discuss the feedback.
- People would appreciate receiving their individual results earlier.
  - o Note that the discussion at the Exec was that this information would be provided the day before the meetings in order to prevent Council members from reviewing the pilot results in isolation.
- Is there a way for the reflection / assessment tool to include a way to represent where a member has skills or experience that speak to a particular competence but have not had a have a chance to demonstrate that at Council?
- Using the questions to situate oneself in the competencies was helpful.
- The 'not applicable' option is not helpful. How do we get at the concept of 'not enough information'?
  - o when in their term people are participating in reflection/assessment
  - o who completes the assessment
  - o how many people
  - o can committee work serve as proxy for Council work
  - o is reflection/assessment of all the competencies needed
- More education/orientation on how to use the tool once is needed once it is finalized
- The wording of the demonstrated behaviours is 'self' centric and so revised wording for the chair or staff evaluator tools may be needed

## **Recommendations:**

### *Assessment Process and Tools*

A number of practical changes are suggested by the feedback received in the meetings and follow up survey and through Executive Committee discussions. These include:

- Review the competency framework to ensure that it continues to accurately reflect what is required for effective participation at Council and in committees; revise the assessment tool based on changes to the competencies
- Split the assessment into separate components for Council and committee performance. Have different people evaluate for each.
- Consider how to evaluate members who have not been on Council long enough to be able to provide reasonable amount of feedback. Take a more general approach (e.g., discussion following self-reflection; review of orientation milestones) and use it as an opportunity to development planning.
- Remove 'not applicable' and ensure that evaluators have enough information to provide useful feedback. Remove 'not enough information' as an option.
- Ensure that results reports are clearer and do not contain errors.
- Provide members with more of an orientation to the results report and provide the report more quickly.

### *Council and Individual Education*

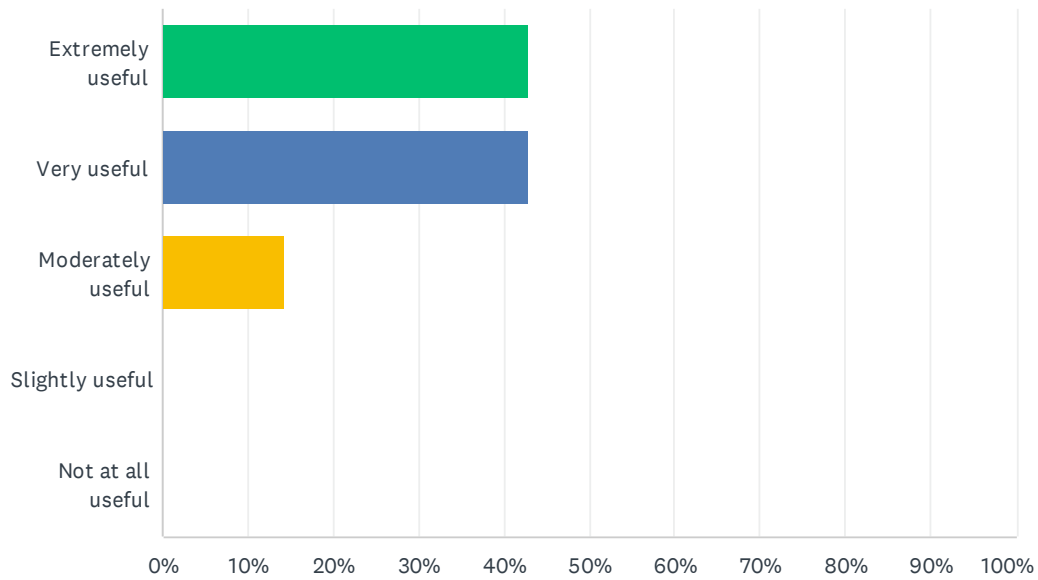
- Provide as much education as possible to full Council, reducing the amount of individual education that is required.
- Provide brief, ongoing education related to key governance concepts to full Council.
- Establish governance calendar-driven educational sessions to be offered each year (e.g., review of financial statement elements prior to budget presentation and approval; annual presentation on bias post June election, etc.)
- Revisit the onboarding process to ensure that milestones are being met for new Council members and that new competencies are reinforced after first Council meetings as well as after first committee plenary and panel meetings.
- Activate other members as panel chairs in order to support practical succession planning.
- Establish a structured mentoring process that would allow individual Council members to address competence gaps with an experienced member as support.

### **Next steps:**

The Council is being asked to confirm and / or add to the proposed recommendations. The Executive Committee and staff will take the proposed changes and work with Pollinate to revise the evaluation framework accordingly.

## Q1 Did you find the process of self-reflection useful?

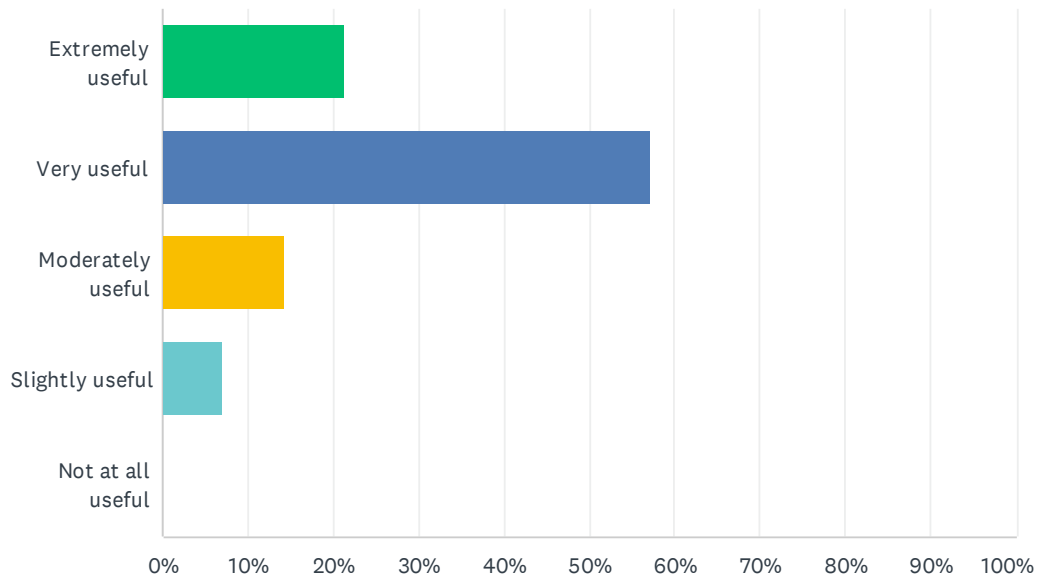
Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely useful	42.86%	6
Very useful	42.86%	6
Moderately useful	14.29%	2
Slightly useful	0.00%	0
Not at all useful	0.00%	0
<b>TOTAL</b>		<b>14</b>

## Q2 Did you find the self-reflection tool useful?

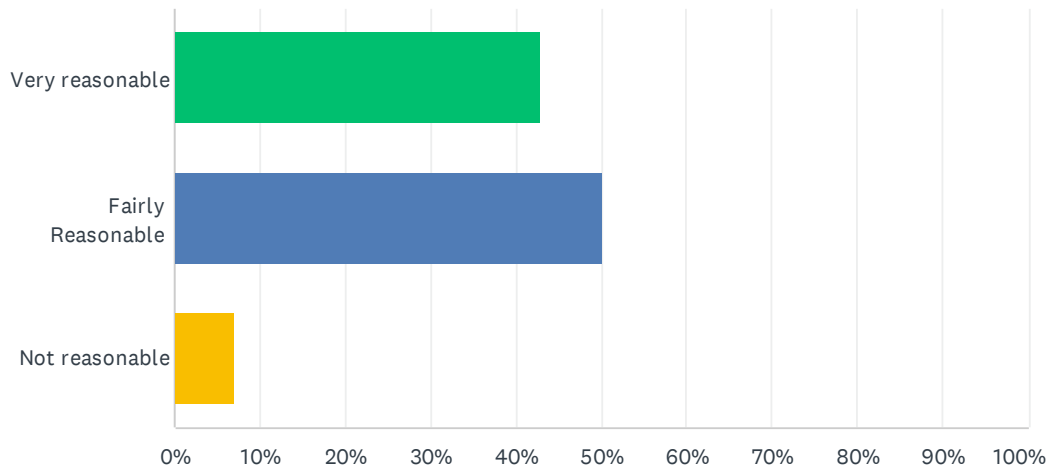
Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely useful	21.43%	3
Very useful	57.14%	8
Moderately useful	14.29%	2
Slightly useful	7.14%	1
Not at all useful	0.00%	0
<b>TOTAL</b>		<b>14</b>

### Q3 Was the amount of time this process took reasonable?

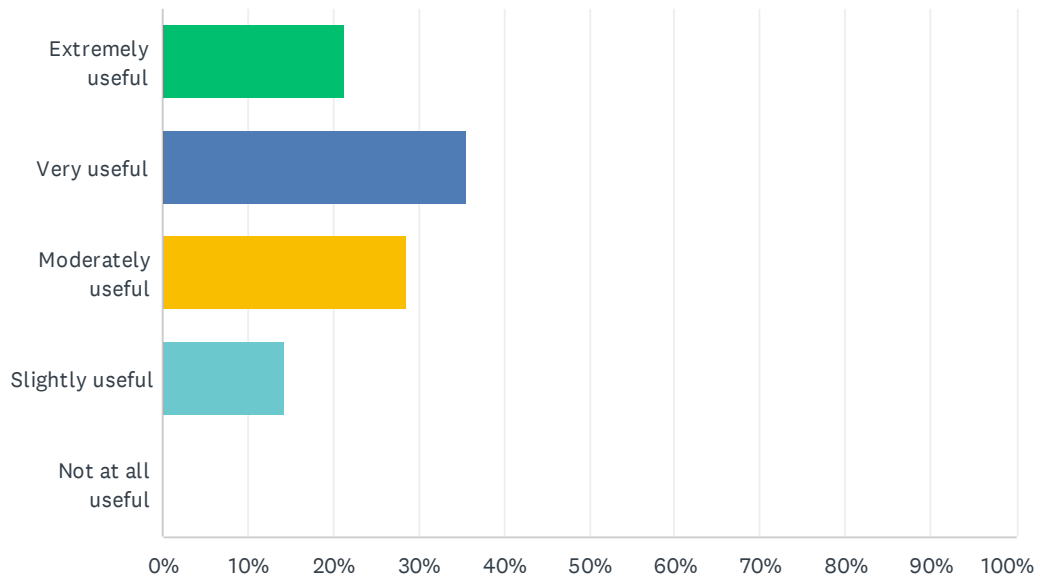
Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very reasonable	42.86%	6
Fairly Reasonable	50.00%	7
Not reasonable	7.14%	1
<b>TOTAL</b>		<b>14</b>

## Q4 Did you find the chair and staff feedback useful?

Answered: 14 Skipped: 0

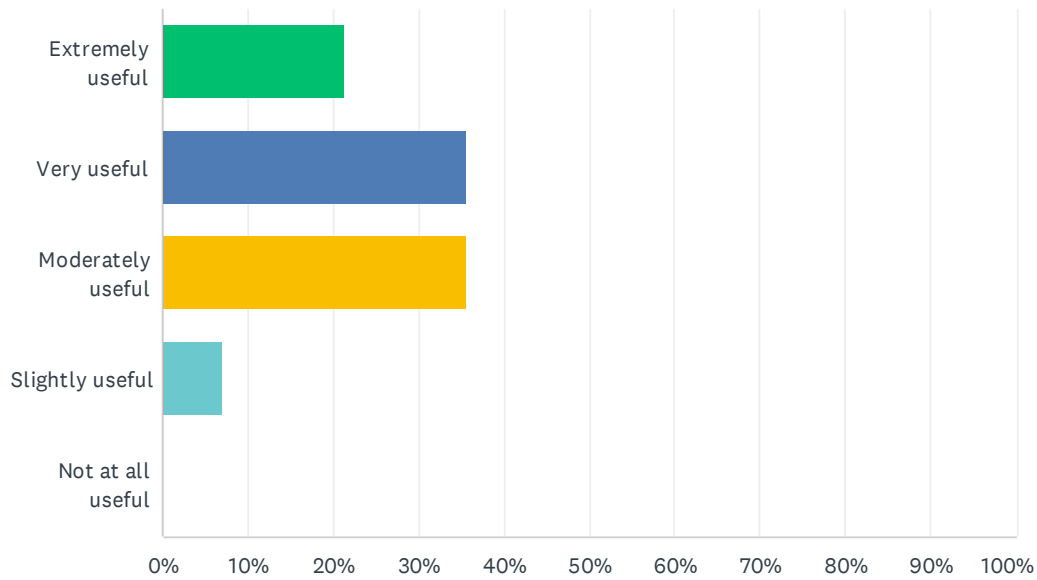


ANSWER CHOICES	RESPONSES	
Extremely useful	21.43%	3
Very useful	35.71%	5
Moderately useful	28.57%	4
Slightly useful	14.29%	2
Not at all useful	0.00%	0
<b>TOTAL</b>		<b>14</b>



## Q5 Did you find the individual feedback meeting useful?

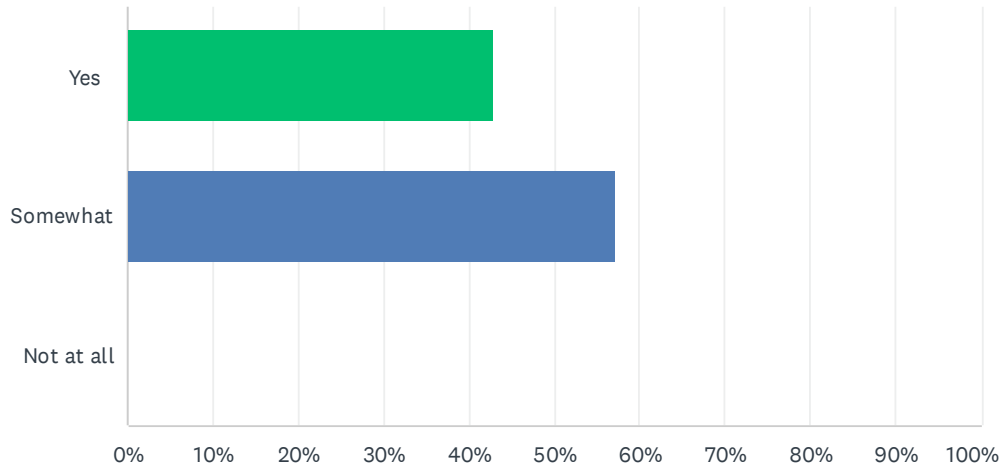
Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely useful	21.43%	3
Very useful	35.71%	5
Moderately useful	35.71%	5
Slightly useful	7.14%	1
Not at all useful	0.00%	0
<b>TOTAL</b>		<b>14</b>

## Q6 Did this process help you identify competence areas that you want to further develop?

Answered: 14 Skipped: 0

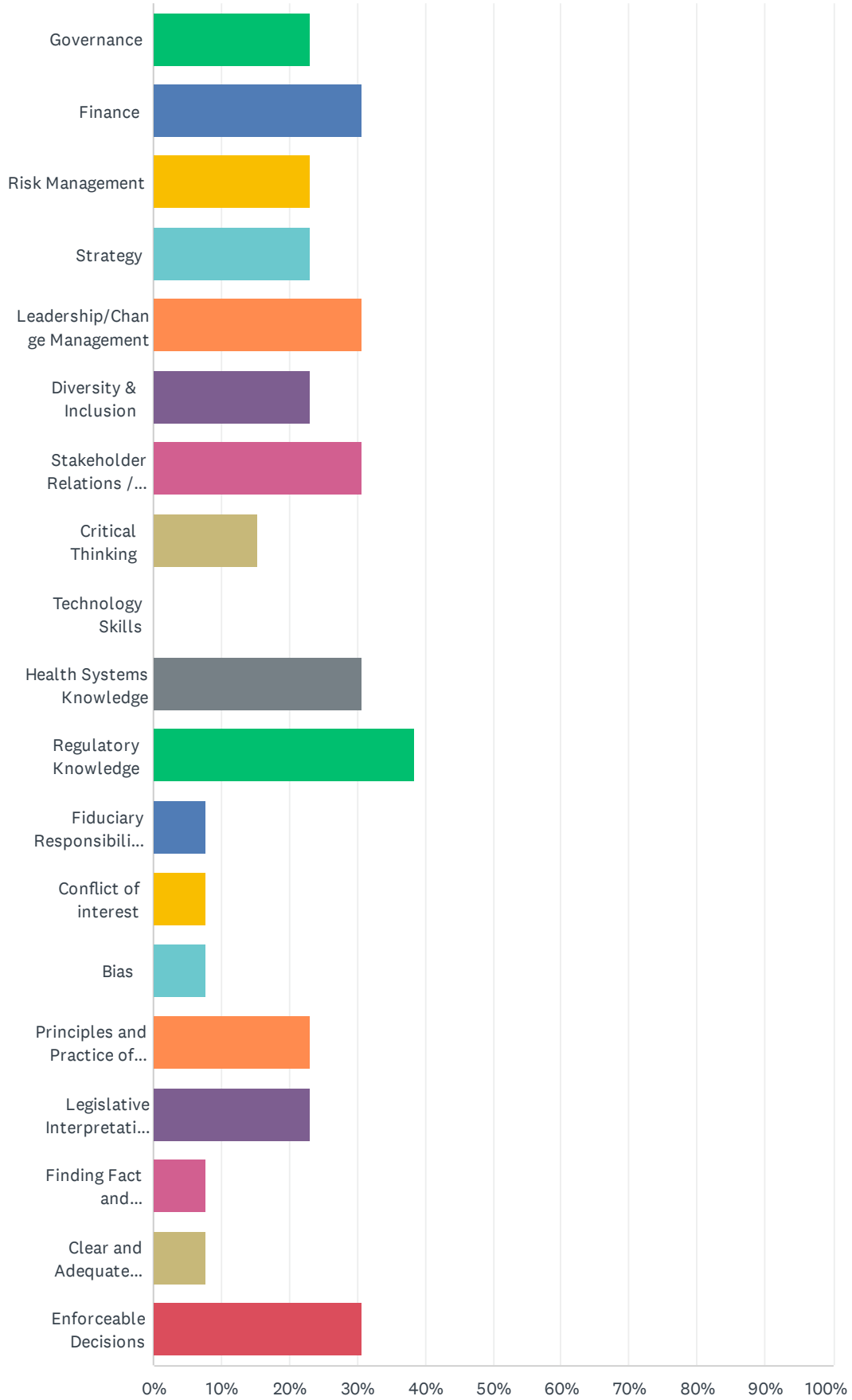


ANSWER CHOICES	RESPONSES	
Yes	42.86%	6
Somewhat	57.14%	8
Not at all	0.00%	0
<b>TOTAL</b>		<b>14</b>

## Q7 If so, what competence areas?

Answered: 13 Skipped: 1

# CRPO self-reflection process



CRPO self-reflection process

ANSWER CHOICES	RESPONSES	
Governance	23.08%	3
Finance	30.77%	4
Risk Management	23.08%	3
Strategy	23.08%	3
Leadership/Change Management	30.77%	4
Diversity & Inclusion	23.08%	3
Stakeholder Relations / Communications	30.77%	4
Critical Thinking	15.38%	2
Technology Skills	0.00%	0
Health Systems Knowledge	30.77%	4
Regulatory Knowledge	38.46%	5
Fiduciary Responsibilities	7.69%	1
Conflict of interest	7.69%	1
Bias	7.69%	1
Principles and Practice of Right-Touch Regulation	23.08%	3
Legislative Interpretation and Sources of Authority	23.08%	3
Finding Fact and Managing/Weighing Evidence	7.69%	1
Clear and Adequate Reasons	7.69%	1
Enforceable Decisions	30.77%	4
Total Respondents: 13		

# Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.b.
<b>Issue:</b>	Council and Committee Competency Framework
<b>Attachment(s):</b>	<a href="#">Council Evaluation Components</a> <a href="#">Council Competency Matrix</a> <a href="#">Committee Competency Matrix</a>
<b>Reference(s):</b>	See reference list on last page of this BN
<b>Action:</b>	Information <input type="checkbox"/> Discussion <input type="checkbox"/> Direction <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

## Purpose & Public Interest Rationale:

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

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

## Background

Council adopted a comprehensive competency framework in August 2020. It has been used since then to support professional development and orientation for Council and committee members, to guide recruitment and recommendations for non-elected committee appointments, as part of the Ministry-mandated pre-candidacy requirements for RPs who wish to stand for election, and as the basis of the Council's efforts to evaluate their effectiveness.

Six attributes were identified as being required for effective participation in Council work:

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

The full set of Council competencies, which all members are expected to have or to be actively working toward developing, 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:

1. Fiduciary responsibilities
2. Conflict of interest
3. Bias
4. Principles and practice of right-touch regulation
5. Legislative interpretation and sources of authority
6. Finding fact and managing/weighing evidence
7. Clear and adequate reasons
8. Enforceable decision

Each committee must be comprised to provide the needed mix of experience and skills to fulfill its mandate. The “Committee Composition” matrix was developed to identify attributes that should be present for at least one member appointed to each statutory and standing committee.

For all committees, diversity within the following attributes and expertise must be represented:

- Culture
- Education gender diversity
- Region
- Registrant practice
- Sector
- Ability
- Adjudication and hearing skills
- Committee or panel leadership
- Governance expertise
- Standards / scope of practice
- Practice modalities

Specific attributes and expertise relevant to the function of each committee were also identified as follows:

#### **Registration**

- Psychotherapy practice
- Education curriculum
- International health professional / graduate
- Indigenous practice

#### **Quality Assurance**

- Quality improvement
- Quality assurance program
- Standards / scope of practice
- Indigenous practice

#### **ICRC**

- Traumatic experience awareness
- Lived health care experience
- Professional standards / ethics
- Indigenous practice

#### **Discipline**

- Procedural fairness
- Traumatic experience awareness

- Indigenous practice

#### **Nominations and Elections**

- Networking / social influence
- Marketing and communications
- Candidate screening
- Recruitment / succession planning
- Elections administration & oversight

#### **Examinations**

- Standards / scope of practice
- International health professional / graduate
- Education curriculum
- Education / examination

#### **Client Relations**

- Traumatic experience awareness
- Sexual violence awareness

## Executive

- Innovation and trends in governance
- Finance and audit experience
- Regulation and system context
- Political awareness

- Heightened confidentiality
- Psychotherapy practice
- Risk management / oversight
- Business acumen
- Organizational decision-making
- Executive HR
- Recruitment / succession planning

## Recommendations:

The Executive Committee, in its role as governance stewards, considered if the competency framework needs to be revised. They also considered how the competencies are being used (particularly as related to self-reflection and assessment) with a view to implementing any changes needed ensure that model continues to support Council and committee members in being effective in their work of public protection.

Based on review of the existing standards by Council and committee members (in the course of completing the self-reflection and competence assessments), by staff and by our evaluation consultants at Pollinate, Executive was provided with a list of questions to focus discussion on possible revisions. Notes (in blue) from their discussion are provided here to support Council's understanding of the recommendations

### ***Regarding the attributes and competency lists:***

- **Are changes needed to the attributes?**
  - o the attributes all contribute to participation
  - o there is an interdependency between the attributes (you need to be confidence in order to challenge)
  - o 'critical' and 'challenging' might trigger negative sense
- No change being recommended
- More education should be provided related to key concepts
  
- **Would it be appropriate to reduce the number of specific competencies?**
  - o Maximum of 10 might be more reasonable
  - o Critical thinking is a skill that may require more support than can be provided in context of professional development so perhaps should be removed
  - o Finance is necessary for fiduciary duty of every Council member but should only be expected at a basic level for members-at-large
    - perhaps wording should be more specific re: expectations
  - o DEI is an overarching principle of how we move in the world in general
    - are the demonstrable behaviours helpful?
  - o Technology skills are a 'yes/no' and can be supported with IT support
  - o Stakeholder relations and communications are not competencies that members use on Council so their inclusion is not well-supported
- Critical thinking should be deleted. Impact of critical thinking assessed through competencies related to making decisions and solving problems using sound, inclusive reasoning and judgment



- Finance thresholds should be established and basic level left in Council competency. More advanced level of knowledge should be included in the Executive Committee competencies.
  - o basic finance 'primer' should be standing education item for full Council in advance of presentation of budgets and / or audits
- Technology skills are required in order for participation in Council business. This competence should be removed from the list since they are aspirational. IT support is provided and all Council and committee members must have a basic level of computer literacy.
- Stakeholder relations and communications needs to be revised to convey the need to be able to consider the impact of regulatory decisions (both at the policy level and in individual matters that affect members of the public and registrants)
- **Would it serve any purpose to 'bucket' competencies together as a way of reducing the number of specific competencies?**
  - o If so, what would the buckets be?
  - o Basic
  - o Leadership
- The full set of Council competencies, could be split as follows

Basic

- |                          |                            |
|--------------------------|----------------------------|
| 1. Governance            | 4. Stakeholder Impact      |
| 2. Finance               | 5. Regulatory Knowledge    |
| 3. Diversity & Inclusion | 6. Health System Knowledge |

Leadership

- |                    |                                   |
|--------------------|-----------------------------------|
| 1. Governance      | 5. Leadership / Change Management |
| 2. Finance         | 6. Diversity & Inclusion          |
| 3. Risk Management | 7. Stakeholder Impact             |
| 4. Strategy        | 8. Regulatory Knowledge           |
|                    | 9. Health System Knowledge        |

- **Should the competencies be divided into 'general' and 'specialty' competencies to further divide governance work from core regulatory work?**
  - o Every member needs to understand basic tenets of good governance and so they need to be present in some format
  - o Maintaining expectation that every Council member has or is working toward governance competence could be accomplished with 'basic' / 'leadership'
- **Should the frameworks be revised to include more observable behaviors to support members in their understanding of the competencies as they relate to the regulatory context?**
  - o Not if it just makes the matrix longer or more complex
  - o More common understanding is what is needed
- The matrices should be reviewed and revised to be clearer about expectations
- More education should be provided to support shared understanding of the competencies. This education should be wrapped around the self-reflection and assessment process to ensure effective use of the tools.

***Regarding self-reflection and evaluation:***

- **Should this be limited to key competencies only?**
  - o **If so, which would be considered key?**
  - o Basic
  - o Leadership competencies can be evaluated for leaders
  - o Leadership aspiration can be part of a succession planning discussion
- Members of the Executive Committee could be evaluated against the leadership competencies
- Council members-at-large could be evaluated against the basic competencies
  - o Thresholds could be established for 'core' competencies (both for committee and Council) to support members in working to develop priority areas
- Members-at-large who are interested in leadership roles could self-reflect on the leadership competencies and a general discussion could be had at the review meeting, with a view to supporting succession planning
  
- **Should competencies for Council be evaluated separately than for committees?**
  - o Note that this would mean an increased number of discrete evaluations, but each one would be shorter.
  - o Note that this would also allow for the incorporation of non-elected committee members
  - o They should be evaluated to ensure that they produce useful results
  - o Limitations of combining them was evident in the pilot
- The tools need to be divided to separate out committee from Council competencies
- Input from Pollinate on how to structure the revised evaluations could assist in developing a process that would provide more useful feedback with manageable increases in time and efforts

**Next Steps:**

Council is being asked to discuss the proposed revisions and provide direction to the Executive Committee about making changes to the competencies and the assessment processes.

## References:

A number of existing competence models were reviewed in the process of developing CRPO-specific competencies. These included:

- [Royal College of Dental Surgeons of Ontario Board and Committee Competencies](#) (2017, revised 2020)
- [United Kingdom Department of Education A Competency Framework for Governance](#) (January 2017)
- [Advisory Group for Regulatory Excellence Eligibility and Competency-based Appointment Framework](#) (December 2017)
- [College of Nurses of Ontario Attributes & Competencies Framework and Profile](#) (March 2018, revised 2020)
- National Association of Pharmacy Regulatory Authorities Nomination of External Directors (March 2019)
- [Professional Standards Authority Good practice in making council appointments Principles, guidance and the scrutiny process for regulators making appointments which are subject to section 25C scrutiny](#) (March 2019, revised July 2022)
- [BC College of Nurse Practitioners Board and Committee Composition Matrices](#) (April 2019, updated June 2022)
- Federation of Law Societies of Canada Panel competency resource (2019)

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.c.
<b>Issue:</b>	Key Performance Indicators
<b>For:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

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, the MOH noted 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.

### Recommendations:

The Executive Committee and staff are 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 fiscal year, upon review of the usefulness and relevance of the information they provide, the KPIs could be modified before being finalized for the coming calendar year and CPMF reporting period.

In addition to satisfying the requirements of the CPMF, any KPIs selected should be aligned with the priorities identified by Council in September.



### Registration

The Registration Committee was asked to consider collecting and reporting on performance indicators related to regulation changes created by [O. Reg. 508/22: Registration Requirements](#), registration outcomes for internationally educated applicants, and appeals of committee decisions.

The rationale for these areas of focus is:

- the Office of the Fairness Commissioner already requires reporting of a comprehensive set of indicators and does a comprehensive review of every college's registration practices
- to ensure that CRPO has adequate resources to meet legislative requirements
- to monitor the quality and fairness of registration related decisions
- to support operational planning, staff training, panel support and Registration Committee's oversight of a core regulatory function

### **Quality Assurance**

The QA Committee was asked to consider collecting and reporting on performance indicators related to the Practice Advisory Service (PA service).

The rationale for this is as follows:

- the CPMF already has a comprehensive set of measures that address QA assessment and remediation activities
- the QA program enhancement project is being implemented in 2023 and will be subject to process evaluation over the course of the year; it is not practical to add performance evaluation until the program is fully operational in its new format
- the PA service has not been formally evaluated since it was implemented
- the service has seen steady growth year over year and will likely remain busy as registrant numbers increase
  - fiscal 2019 / 2020 - 1,650 enquiries
  - 2020 / 2021 - 2,412 enquiries
  - 2021 / 2022 - 2,460 enquiries
  - as of mid-November, 1,823 enquiries on track to receive 2,900+ enquiries by end of fiscal 2022 /2023
- the increase in enquiries has resource implications and will impact College budget and staffing
- significant changes (including revisions to the Standards of Practice; shifts in the mental health services landscape including proposed changes to MAiD legislation and growing use of psychedelic assisted psychotherapy; evolving expectations related to electronic practice and information protection; increased acuity of clients cared for in community based mental health settings, etc.) will likely lead to increased and more complex practice enquiries that will need to be addressed by the service
- to support operational planning, advisor training and QA Committee oversight of the service

### **ICRC**

The ICRC was asked to consider collecting and reporting on performance indicators related to the implementation of changes coming from the trauma-informed review that is currently underway. Staff have suggested that the collection of these measures might start in the new calendar year (i.e., some time after January 2024) when the review has been finished, the committee has had the opportunity to consider how best to implement and recommended changes and the changes have been put in place.

The rationale for this approach was as follows:

- the CPMF already has a comprehensive set of measures that address the processing complaints and reports
- the trauma-informed review is expected to result in process changes and the impact of these will be important in shifting the approach and impact on complainants, registrants and witnesses

Given that part of the expected work related to the review will be to determine how to assess the impact of the College's conduct-related processes, waiting for the results will allow the committee's KPI selection to be informed by the comprehensive review.

## **Governance**

The Executive Committee reviewed the current evaluation framework to determine where reporting would be useful in determining next steps in the process. Given that the first three-year cycle has just been completed, the proposed area of KPI focus is largely related to engagement in order to inform improvements to the evaluation process. Future measures related to areas of governance development (e.g., mentoring, representation of equity-deserving communities) could be introduced in coming reporting cycles.

## **Operations**

In addition to the reporting provided through the annual financial audit, staff have proposed two current operational KPIs. The first is related to the process for evaluating complaints and reports and allocating restricted reserve funds to ensure that the College can fulfil its regulatory obligations. Monitoring the effectiveness of the process for assessing risk and evaluating costs for each matter will allow staff to revise and improve the process. The second KPI is related to the CRPO website. As a major overhaul is planned, taking baseline measures of how useful the site is will support evaluation of the changes that are being contemplated.

## **Next Steps:**

Once the Council approves the proposed KPIs, staff will work with each committee to ensure that the collection and reporting plans are in place and support them in decision-making. Staff will also develop reports for Council that can be implemented and rolled out as committee plenaries take place.

REQUIREMENT	KPI	TARGET	RATIONALE
<p><b>Strategic alignment: EFFECTIVE INFRASTRUCTURE</b>                      - support timely registration decisions                      - ensure that those who meet the registration requirements receive a certificate to practice</p>			
<p><u>ONTARIO REGULATION 508/22: REGISTRATION REQUIREMENTS</u>  <b>Timely decisions and responses</b>                      2. (1) The Registrar shall, within 15 days after receiving an application for registration, provide the applicant with a written acknowledgment of receipt of the application along with either,                      (a) confirmation that the applicant has submitted all of the required materials and information; or                      (b) details regarding what other materials or information are required from the applicant in order to complete the application.</p> <p>(2) If an applicant provides materials or information in response to a notice under clause (1) (b), the Registrar shall, within 15 days after receiving the materials or information, provide the applicant with a written acknowledgement of receipt along with either,                      (a) confirmation that the applicant has submitted all of the required materials and information; or                      (b) details regarding what other materials or information are required from the applicant in order to complete the application.</p>	<p>- time between applicants’ submission of materials and Registrar’s response</p> <ul style="list-style-type: none"> <li>This will monitor whether CRPO is in compliance with the regulation requiring staff to inform an applicant in writing within 15 days whether their application is complete or further information/documentation is required.</li> </ul>	<p>within first 15 days</p> <ul style="list-style-type: none"> <li>Recognized program - 80%</li> <li>Mapping tool – 80%</li> <li>LM – 100%</li> <li>Temp – 100%</li> </ul> <p>within second 15 days</p> <ul style="list-style-type: none"> <li>Recognized program - 90%</li> <li>Mapping tool – 90%</li> <li>LM – 100%</li> <li>Temp – 100%</li> </ul> <p>**Reported quarterly**</p>	<p>Current rates for these routes (January and February completed applications with disposition – referral or approval - reached):</p> <ul style="list-style-type: none"> <li>Recognized program - 65%</li> <li>Mapping tool – 43%</li> <li>LM – 100%</li> <li>Temp – none submitted - process measure</li> </ul> <ul style="list-style-type: none"> <li>Recognized = 96%</li> <li>Mapping = 52%</li> <li>LM = 100%</li> <li>Temp – none submitted - process measure - stretch goal: target to achieve by year end</li> </ul>



<p>(3) The Registrar shall make their decision under subsection 15 (1) of the Code to register an applicant or refer the application to the Registration Committee within 30 days (3)</p>	<p>- time for a Registrar’s decision on an application</p> <ul style="list-style-type: none"> <li>This will monitor whether CRPO is in compliance with the regulation requiring an application approval or referral to panel within 30 days after an application is deemed complete for recognized, labour mobility and temporary applications.</li> </ul>	<p>within 30 days</p> <ul style="list-style-type: none"> <li>Recognized program - 100%</li> <li>LM – 100%</li> <li>Temp – 100%</li> </ul> <p><b>**Reported quarterly**</b></p>	<p>Current rates for these routes (January and February completed applications):</p> <ul style="list-style-type: none"> <li>Recognized program - 99%</li> <li>LM – 100%</li> <li>Temp – none submitted</li> <li>- process measure</li> </ul>
<p>(4) Subsection (3) does not apply if the Registrar needs to verify the authenticity or accuracy of the materials and information or assess an applicant’s educational program or prior learning experience for equivalency with programs or experiences that have already been approved, but,</p> <p>(a) the Registrar must complete their verification or assessment within a reasonable period of time; and</p> <p>(b) the Registrar must make the decision described in subsection (2) within 15 days after completing the verification or assessment.</p>	<p>-time to complete verification or assessment of an applicant’s educational program or prior learning experience for equivalency</p> <ul style="list-style-type: none"> <li>This will monitor whether CRPO is taking a reasonable time to verify or assess an n applicant’s educational program or prior learning experience for equivalency.</li> </ul> <p>- time for a Registrar’s decision on an application</p> <ul style="list-style-type: none"> <li>This will monitor whether CRPO is in compliance with the regulation requiring an application approval or referral to panel within 15 days after a completing the verification or assessment.</li> </ul>	<p>within 30 days</p> <ul style="list-style-type: none"> <li>95%</li> </ul> <p><b>**Reported quarterly**</b></p> <p>within 15 days</p> <ul style="list-style-type: none"> <li>Mapping tool – 95%</li> </ul> <p><b>**Reported quarterly**</b></p>	<p>Current rates for this route (January and February completed applications):</p> <ul style="list-style-type: none"> <li>90%</li> <li>- process measure</li> </ul> <p>Current rates for this route (January and February completed applications):</p> <ul style="list-style-type: none"> <li>Mapping tool – 94%</li> </ul> <p><a href="#">FARPACKTA</a> 5(1) establishes 90% of applications as the requirement for regulators to make timely decision for IEPs</p> <ul style="list-style-type: none"> <li>- process measure</li> </ul>

REQUIREMENT	KPI	TARGET	RATIONALE
<p><b>Strategic alignment: TRUSTED AUTHORITY and SYSTEM PARTNERSHIPS</b></p> <ul style="list-style-type: none"> <li>- promote equity, diversity and inclusion in the provision of psychotherapy services</li> <li>- ensure that those who meet the registration requirements receive a certificate to practice</li> <li>- support the mental health system in being more accessible</li> </ul>			
<p><u>FAIR ACCESS TO REGULATED PROFESSIONS AND COMPULSORY TRADES ACT, 2006, S.O. 2006, C. 31:</u> SUPPORTING ACCESS OF INTERNATIONALLY TRAINED INDIVIDUALS TO REGULATED PROFESSIONS</p> <p><b>Supporting access</b> <b>17</b> (1) For the purposes of the administration of this Act, the Minister may support the access of internationally trained individuals to regulated professions by, for example,</p> <ul style="list-style-type: none"> <li>(a) providing information and assistance to internationally trained individuals who are applicants or potential applicants for registration by a regulated profession with respect to the requirements for registration and the procedures for applying;</li> <li>(b) conducting research, analyzing trends and identifying issues related to the purposes of this Act or to the registration of internationally trained individuals by regulated professions; and</li> <li>(c) providing information to organizations that deal with internationally trained individuals, such as ministries, government agencies, regulated professions, community agencies, educational and training institutions and employers, on government programs and services that support the registration of internationally trained individuals in the regulated professions and on fair registration processes within such organizations. <u>2021, c. 35, Sched. 3, s. 6.</u></li> </ul>	<ul style="list-style-type: none"> <li>- percent of applicants seeking assessment of equivalence of international education and training and the outcome of those assessments                             <ul style="list-style-type: none"> <li>- how many were found to have substantial equivalence</li> <li>- how many were conditional approvals or required TCLs</li> <li>- how many were refused</li> </ul> </li> <li>• This will monitor if CRPO registration decisions regarding internationally educated applicants are comparable with decisions regarding applicants educated in Canada.</li> </ul>	<ul style="list-style-type: none"> <li>• % +/- from standard set by approval rates in mapping tool applications sent to panel                             <ul style="list-style-type: none"> <li>- how many were found to have substantial equivalence                                     <ul style="list-style-type: none"> <li>○ staff level</li> <li>○ panel level</li> </ul> </li> <li>- how many were conditional approvals or required TCLs                                     <ul style="list-style-type: none"> <li>○ panel</li> </ul> </li> <li>- how many were refused                                     <ul style="list-style-type: none"> <li>○ panel</li> </ul> </li> </ul> </li> </ul> <p><b>**Reported annually**</b></p>	<p>This will provide information to support analytics of whether CRPO is appropriately supporting access to the profession by approaching review of applications from internationally trained applicants in a way that is transparent, objective, impartial and fair.</p> <ul style="list-style-type: none"> <li>- initial benchmarking / outcome measure</li> <li>- monitored with Registration Committee while baseline is being established</li> </ul>

REQUIREMENT	KPI	TARGET	RATIONALE
<p><b>Strategic alignment: TRUSTED AUTHORITY and CLEAR COMMUNICATIONS</b>                      - regulate in a transparent, principled, proportionate, unbiased, proactive manner                      - promote confidence in professional regulation</p>			
<p><u>SCHEDULE 2</u>  <b>HEALTH PROFESSIONS PROCEDURAL CODE</b>  <b>Appeal to Board</b>  <b>21</b> (1) An applicant who has been given a notice under subsection 20 (1) of an order may require the Board to hold a review of the application and the documentary evidence in support of it, or a hearing of the application, by giving the Board and the Registration Committee notice in accordance with subsection (2).  <b>Disposal by Board</b>                      (6) The Board shall, after the hearing or review, make an order doing any one or more of the following:                      1. Confirming the order made by the panel.                      2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify.                      3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.                      4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate. 1991, c. 18, Sched. 2, s. 22 (6); 2007, c. 10, Sched. M, s. 27 (3).</p>	<p>- percent of confirmed decisions by the Health Professions Appeal and Review Board (HPARB).</p> <ul style="list-style-type: none"> <li>This will monitor whether CRPO is making enforceable decisions and providing clear and adequate reasons</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul> <p><b>**Reported annually**</b></p>	<p>To date, CRPO has 100% of regular route decisions confirmed by HPARB. If a college had a low rate of confirmed decisions, it could provide an indication that there are concerns regarding procedural fairness.</p> <ul style="list-style-type: none"> <li>outcome measure</li> <li>reporting cases where decision has been issued</li> </ul>

REQUIREMENT	KPI	TARGET	RATIONALE
<p><b>Strategic alignment: EFFECTIVE INFRASTRUCTURE, TRUSTED AUTHORITY and CLEAR COMMUNICATIONS</b></p> <ul style="list-style-type: none"> <li>- communications with stakeholders are clear, transparent and dynamic</li> <li>- resource for the provision of safe, ethical and competent psychotherapy care</li> <li>- registrants have clarity about the role and purpose of CRPO</li> </ul>			
<p>CPMF Suitability to Practice Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<ul style="list-style-type: none"> <li>- time to provide an <u>initial</u> response to non-urgent email and telephone inquiries</li> <li>- time to provide a <u>substantive</u> response to non-urgent email and telephone inquiries</li> <li>-time to provide a <u>substantive</u> response to urgent email and telephone inquiries</li> <li>• This will monitor whether CRPO’s practice advisory has the resources to respond to the number of inquiries being received within a reasonable timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>within 3 business days                             <ul style="list-style-type: none"> <li>• 85%</li> </ul> </li> <li>within 5 days of assignment                             <ul style="list-style-type: none"> <li>• 85%</li> </ul> </li> <li>within 3 business days                             <ul style="list-style-type: none"> <li>• 85%</li> </ul> </li> </ul> <p style="text-align: center;">**Reported quarterly**</p>	<p>Timely responses are important in supporting RPs in safe and effective practice.</p> <p>The practice advisory is meant to be an educational resource, not a crisis response service. Information provided by the College or the College’s practice advisors is not intended to replace the advice of a lawyer, expert in professional practice or other appropriately qualified professional.</p> <ul style="list-style-type: none"> <li>- process measure</li> </ul>
	<ul style="list-style-type: none"> <li>- percent of RPs and members of the public making enquiries report that the response was useful*</li> <li>• This will monitor whether users understand the scope and aim of CRPO’s practice advisory service.</li> </ul> <p>*This will require the implementation of a brief satisfaction survey for all PA service users. Questions could be as follows:</p>	<ul style="list-style-type: none"> <li>% in indicating that they found the PA service response ‘useful’ or ‘very useful’                             <ul style="list-style-type: none"> <li>• 75%</li> </ul> </li> <li>% of questions that are in scope                             <ul style="list-style-type: none"> <li>• 85%</li> </ul> </li> </ul> <p style="text-align: center;">**Reported quarterly**</p>	<p>Responses from the PA service should be useful in supporting RPs in safe practice and the public in understanding what they should expect from an RP. Measuring user experience will support the PA in evaluating response quality.</p> <ul style="list-style-type: none"> <li>- initial benchmarking / outcome measure</li> </ul> <p>RPs need more information and education about the PA service’s scope and limitations. This early information will allow benchmarking both to improve the PA service and to determine if future communication / education efforts have any impact.</p> <ul style="list-style-type: none"> <li>- balancing measure</li> </ul>

REQUIREMENT	KPI	TARGET	RATIONALE
<p><b>Strategic alignment: EFFECTIVE INFRASTRUCTURE and TRUSTED AUTHORITY</b>                      - Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.                      - Council decisions are made in the public interest.</p>			
<p>CPMF Governance Measure:                       1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<ul style="list-style-type: none"> <li>- percent of Council members receiving full orientation within 3 months of term start</li> <li>- percent Council members completing Annual Council Effectiveness evaluation</li> <li>- percent Council members completing annual competence self-reflection</li> <li>- percent Council and committee members completing Meeting Pulse Evaluations                             <ul style="list-style-type: none"> <li>• This will monitor engagement with the evaluation framework.</li> </ul> </li> <li>- Council Effectiveness evaluation category with ‘disagree’ responses                             <ul style="list-style-type: none"> <li>• This will monitor changes in effectiveness in each of the evaluation categories.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• 100%</li> <li>• 100%  **Reported annually**</li> <li>• 95%  **Reported quarterly**</li> <li>• &lt; 10%  **Reported annually**</li> </ul>	<p>CRPO makes efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance and support integrity in decision making.</p> <p>Full engagement in the process is required if it is to have the intended impacts on:</p> <ul style="list-style-type: none"> <li>- competence development</li> <li>- Council and individual education planning</li> <li>- quality improvement efforts related to meeting materials, Chair effectiveness and decision-making in the public interest</li> <li>- process measures</li> </ul> <p>As a high-functioning Council that has varying terms for members, CRPO needs to monitor to ensure that engagement and effectiveness are maintained.</p> <ul style="list-style-type: none"> <li>- outcome measure</li> </ul>

REQUIREMENT	KPI	TARGET	RATIONALE
<p><b>Strategic alignment: EFFECTIVE INFRASTRUCTURE and CLEAR COMMUNICATIONS</b></p> <ul style="list-style-type: none"> <li>- the College has the reserves it needs in order to meet its legislative requirements</li> <li>- public can locate information about Regulated Psychotherapists and access CRPO’s services</li> <li>- registrants have clarity about the role and purpose of CRPO</li> </ul>			
<p>CPMF Governance Measure:</p> <p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>	<p>- accuracy of annual complaints and reports budget allocation</p> <ul style="list-style-type: none"> <li>• This will monitor the College’s management of restricted reserve funds to ensure adequate budget to appropriately dispose of all complaints and reports.</li> </ul>	<ul style="list-style-type: none"> <li>• &lt; 20% variance</li> </ul> <p>**Reported annually**</p>	<p>Complaints and reports are increasing as the registrant base grows. While accurate assumptions guide budget allocation and competent staff manage costs, the nature of the complaints and reports process means that some cost variance is inevitable. CRPO has a healthy reserve fund and would be able to absorb more than 20% variance if needed.</p>
<p>CPMF Governance Measure:</p> <p>3.2 Information provided by the College is accessible and timely.</p>	<p>- percent of users indicating that they found what they were looking for on most-used pages of crpo.ca website</p> <ul style="list-style-type: none"> <li>• This will monitor improvements in website quality of information and ease of navigation.</li> </ul>	<ul style="list-style-type: none"> <li>• 75%</li> </ul> <p>**Reported quarterly**</p>	<p>CRPO currently tracks percent of users who find what they are looking for on the public register page <a href="#">Find a Registered Psychotherapist</a>. Current response rates are 58% of visitors responding to a ‘widget’ survey indicate they did find what they were looking for.</p> <ul style="list-style-type: none"> <li>- outcome measure</li> <li>- stretch goal: to be achieved once web improvements are completed</li> </ul>

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.d.
<b>Issue:</b>	College Performance Measurement Report
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams

### Purpose & Public Interest Rationale:

Measuring and reporting progress toward CRPO's activities and progress in areas that are seen to be best practices in regulatory excellence, as well as articulating any performance improvement commitments serves to:

- help the public understand how well CRPO is doing the work of regulating psychotherapy
- strengthen accountability and oversight for Council and staff
- identify areas for improvement and development

### Background:

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

CRPO's third CPMF report, covering the calendar year 2022, is attached for Council's information. It will be submitted to the Ministry following its release to Council and posted to the College's [College Performance Measurement page](#).

The Executive Committee discussed the release of the CPMF report as an opportunity to better engage with stakeholders. In addition to submitting the report to government and posting it to the College's site, they directed staff to share the plan with key organizations.

### Next Steps:

Work toward meeting the final remaining standards is underway and Council will receive progress reports at future meetings.

Staff will prepare a summary to accompany the dissemination of the report to key stakeholders and offer to meet or present to their leadership groups.

# College Performance Measurement Framework (CPMF) Reporting Tool



Reporting Year: January 2022 – December 2022



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# Introduction

## The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

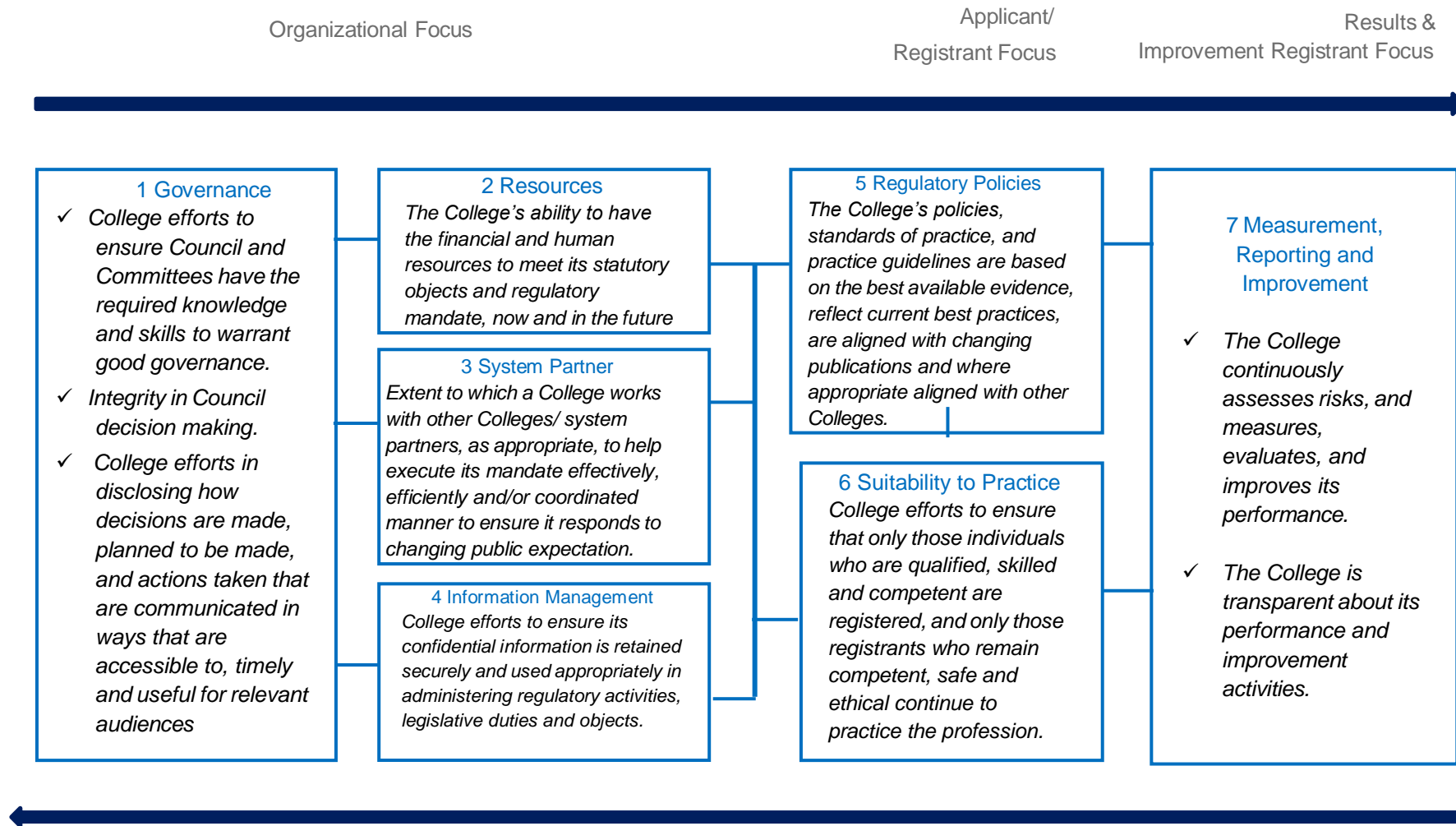
**Table 1:** CPMF Measurement Domains and Components

1	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	<b>Standards</b>	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	<b>Measures</b>	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	<b>Evidence</b>	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	<b>Context measures</b>	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	<b>Planned improvement actions</b>	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2: CPMF Domains and Standards**

<b>Domains</b>	<b>Standards</b>
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

## The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published. For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

## Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

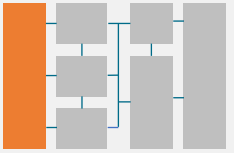
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

## What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

## Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency and suitability criteria; and</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> <li>• <a href="#">CRPO Council Competency Matrix</a></li> <li>• <a href="#">Eligibility to Stand for Election</a></li> <li>• <a href="#">Conflict of Interest Disclosure</a></li> <li>• <a href="#">Time Commitment Guideline</a></li> </ul> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
ii. attending an orientation training about the College's	The College fulfills this requirement:	Yes	



	<p>mandate and expectations pertaining to the member's role and responsibilities.</p>	<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). The orientation training is comprised of a one-hour webinar (also available in other formats – see below) and self-study at the candidate's own pace to prepare for the competency questionnaire (knowledge test) prior to submitting their nomination. CRPO is committed to removing barriers for RPs who wish to contribute to the work of Council while ensuring that anyone standing for election meets competence and suitability criteria. Accordingly, the College developed multiple ways for interested RPs to complete the required orientation training. These include a live webinar presented by staff and two current Council members (presented in March 2022) as well as materials in audio, video and print format. After accessing the information from one of these sources, any RP who wishes to stand for election must complete and submit a questionnaire that tests their knowledge of the concepts presented.</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> <li>• <a href="#">written materials in accessible format</a></li> <li>• <a href="#">narrated video</a></li> <li>• <a href="#">CRPO Pre-candidacy Questionnaire</a></li> </ul>
	<p>b. Statutory Committee candidates have:</p>	<p>The College fulfills this requirement:</p>
	<p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Yes</li> <li>• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> <li>• <a href="#">CRPO Committee Competency Matrix (required for non-Council committee appointees)</a></li> <li>• <a href="#">CRPO Committee Composition Matrix</a></li> <li>• <a href="#">CRPO Discipline &amp; Fitness to Practise Hearing Panel Competency Matrix</a></li> </ul>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional):</i></p>

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="779 316 2198 370">The College fulfills this requirement:</td> <td data-bbox="2198 316 2628 370" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="779 370 2628 1198"> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>New Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive initial orientation to the committee as well as participating in a 6-month long series of “touchpoints” to ensure they are functioning effectively as committee members.</p> <p>Please see the <a href="#">New Council / committee member training schedule</a> for details of this process.</p> <p>Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant.</p> <ul style="list-style-type: none"> <li>• <a href="#">Examination Committee Orientation</a></li> <li>• <a href="#">Quality Assurance Committee Orientation</a></li> <li>• <a href="#">Registration Committee Orientation</a></li> <li>• <a href="#">Inquiries Complaints and Reports Orientation</a></li> </ul> <p>Discipline Committee training is done through sessions provided by independent legal counsel and the Health Professions Regulators of Ontario.</p> <p><small>*College operations continue to be remote. Once CRPO returns to regular in-person meetings, committee members may receive a combination of remote and in person orientation training.</small></p> </td> </tr> <tr> <td data-bbox="779 1198 2198 1247"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2198 1198 2628 1247" style="text-align: center;">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="779 1247 2628 1304"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>New Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive initial orientation to the committee as well as participating in a 6-month long series of “touchpoints” to ensure they are functioning effectively as committee members.</p> <p>Please see the <a href="#">New Council / committee member training schedule</a> for details of this process.</p> <p>Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. 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The College fulfills this requirement:	Yes									
<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>New Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive initial orientation to the committee as well as participating in a 6-month long series of “touchpoints” to ensure they are functioning effectively as committee members.</p> <p>Please see the <a href="#">New Council / committee member training schedule</a> for details of this process.</p> <p>Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant.</p> <ul style="list-style-type: none"> <li>• <a href="#">Examination Committee Orientation</a></li> <li>• <a href="#">Quality Assurance Committee Orientation</a></li> <li>• <a href="#">Registration Committee Orientation</a></li> <li>• <a href="#">Inquiries Complaints and Reports Orientation</a></li> </ul> <p>Discipline Committee training is done through sessions provided by independent legal counsel and the Health Professions Regulators of Ontario.</p> <p><small>*College operations continue to be remote. Once CRPO returns to regular in-person meetings, committee members may receive a combination of remote and in person orientation training.</small></p>										
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.									
<p><i>Additional comments for clarification (optional):</i></p>										

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
			<ul style="list-style-type: none"> <li>• Duration of orientation training. Initial orientation is typically 3-hours of meeting time plus self-study at the member’s own pace.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). The format of the orientation is a mix of: <ul style="list-style-type: none"> <li>• self-study of materials prior to general Council onboarding</li> <li>• 3 staff and Chair-led remote orientation sessions, culminating with completion of worksheets to assess knowledge</li> <li>• <a href="#">Council orientation modules worksheet</a></li> </ul> </li> </ul> <p>In addition to the above orientation to Council duties, public appointments also receive support in preparing for their work on the ICRC committee. This involves a remote meeting with senior staff and a learning module that provides an introduction to the profession.</p> <ul style="list-style-type: none"> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> <li>• <a href="#">Council Orientation: CRPO 101</a></li> <li>• <a href="#">Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation</a></li> <li>• <a href="#">Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures</a></li> <li>• <a href="#">Professional Practice Standards</a></li> <li>• <a href="#">Psychotherapy Act, 2007</a></li> <li>• <a href="#">RHPA – Schedule 2, Health Professions Procedural Code</a></li> <li>• <a href="#">Controlled Act Task Group Documents</a></li> <li>• <a href="#">Summary article Bill 87: Protecting Patients Act</a></li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:	
	Met in 2021, continues to meet in 2022 <ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated. Since 2020, CRPO’s Council has been using a framework that includes meeting evaluation tools (for every Council, committee plenary and panel meeting), a Council effectiveness survey and an annual committee ‘renewal’ assessment (through the review of the terms of reference and work plan). In 2022, Council implemented the final components of the framework:               <ul style="list-style-type: none"> <li>• <a href="#">an annual competence self-reflection to be completed by every Council member</a></li> <li>• <a href="#">an annual competence evaluation to be completed by a committee chair and senior staff member for every Council member</a></li> </ul>               The combined results of the three (one self-reflection, two evaluations) will be used to develop a plan in February 2023 to support each Council member in competence development, as well as to inform ongoing training that will be provided to Council and committee members.             </li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.               <ul style="list-style-type: none"> <li>• <a href="#">May 26, 2022 Council Meeting Materials – Item 8.0 Evaluation Framework</a> (related to final component)</li> <li>• <a href="#">December 8, 2022 Council Meeting Materials – Item 3.8 Council Evaluation Framework</a></li> </ul> </li> <li>• Evaluation and assessment results are discussed at public Council meeting: Yes</li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <ul style="list-style-type: none"> <li>• <a href="#">March 31, 2022 Council Meeting Materials – Item 4.0 Evaluation Framework: Annual Council Effectiveness Survey Report</a></li> </ul> </li> </ul>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
Additional comments for clarification (optional)		

		<p>b. The framework includes a third- party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>		
			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i></li> </ul> <p>A full external evaluation is scheduled, as part of the Council Evaluation Framework, for every third year.</p> <p>Additionally, all of the elements of the evaluation framework are supported by a third-party with expertise in governance and organizational performance. They attend Council to present the annual Effectiveness Survey each year and have also been engaged to provide coaching in delivering and acting on the individual Council member assessment results.</p> <ul style="list-style-type: none"> <li>• Please indicate the year of last third-party evaluation.</li> </ul> <p>The evaluation was completed in January 2023 with the report scheduled to be provided to Council in March 2023.</p>			
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>			

	<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. <ul style="list-style-type: none"> <li><a href="#">January 27, 2022 Council Meeting Materials – Item 9.0 Evaluation Framework: Annual Effectiveness Survey</a></li> <li><a href="#">March 31, 2022 Council Meeting Minutes – Item 1.0 Evaluation Framework: Annual Effectiveness Survey</a></li> <li><a href="#">May 26, 2022 Council Meeting Materials – Item 8.0 Evaluation Framework: Annual Council Effectiveness Survey Report and Individual Competence Assessment Development</a></li> <li><a href="#">June 23, 2022 Council Meeting Minutes – Item 6.0 Council Evaluation Project</a> – documenting presentation from evaluation consultant</li> <li><a href="#">December 8, 2022 Council Meeting Materials – Item 3.b. Council Evaluation Framework</a></li> </ul> </li> <li>Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.  <p>Council receives a quarterly report on the themes identified through the aggregate results of the 5-Minute Meeting Pulse evaluation that is completed after every Council, committee plenary and panel meeting. They also receive a report and education session to support understanding and making best use of the Annual Council Effectiveness Survey Results. These reports identify opportunities to support Council and committee members in developing competence.</p> <p>Training that was provided to the full Council in 2022 as a result of opportunities identified through the evaluation framework include:</p> <ul style="list-style-type: none"> <li>Governance: Consensus building, January 27, 2022 - How the Consensus Process Works</li> <li>System Partnerships: Public Protection and Stakeholder Relationships, May 26, 2022</li> <li>Discipline Proceedings: Understanding Joint Submissions, February 14, 2022</li> </ul> <p>Training that was provided to individual committee members included:</p> <ul style="list-style-type: none"> <li>Suitability to Practice: Discipline Orientation Workshops <ul style="list-style-type: none"> <li>Basic, October 14, 2022</li> <li>Advanced, November 4, 2022</li> </ul> </li> <li>Suitability to Practice: Reasons Writing Workshop, October 7, 2022</li> </ul> </li> </ul>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<p><i>Additional comments for clarification (optional):</i></p> <p>The Individual Competence Assessment component of the framework was used for the first time in fall 2022. The goal of this component is to provide a useful evaluation and individual competence development plan for each council member. This assessment includes a knowledge self-assessment (based on the <a href="#">CRPO Council Competency Matrix</a>, <a href="#">CRPO Committee Competency Matrix</a>, <a href="#">CRPO Committee Composition Matrix</a>, and <a href="#">CRPO Discipline &amp; Fitness to Practise Hearing Panel Competency Matrix</a>) and individual reflection, as well as a competence evaluation completed by a statutory committee Chair and a senior staff member.</p> <p>The results of the assessment will be delivered in individual meetings with each Council member, the Vice President and the Registrar and will be used to affirm positive attributes, to encourage reflection on where professional development is indicated and to direct staff and Chairs in providing ongoing educational support to individual Council members and to the Council as a whole.</p>
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		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. CRPO is actively involved in the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. Our Registrar is a member of the HPRO Anti-Racism in Health Regulation project steering committee. This project has provided valuable information for our College to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training: <ul style="list-style-type: none"> <li>BE Thought Leaders: Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.</li> <li>TRAIN for the future: Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action.</li> </ul> </li> <li>Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>CRPO’s Council has been proactive in assessing its effectiveness and addressing opportunities for improvement through ongoing education with a view to building capacity to reflect evolving public expectations with respect to diversity, equity and inclusion.</p> <p>The following education was provided to all Council and non-elected committee members March 30-31, 2022:</p> <ul style="list-style-type: none"> <li>Regulatory Policies: Trauma informed regulation</li> <li>The Neurobiology of Trauma and the implications on memory, behaviour and trauma informed approaches to responding to complainants</li> <li>Indigenous Trauma</li> <li>Understanding Racial Trauma in Complaints of Clinician</li> <li>Trauma within the Context of Intimate Partner Violence</li> <li>Synthesizing learning through a regulatory lens</li> </ul> <p>Regulatory Policies: Bias workshop #3, June 23, 2022</p> <ul style="list-style-type: none"> <li>Mitigating Bias</li> </ul>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	





	ii. accessible to the public.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number             <ul style="list-style-type: none"> <li><a href="#">Code of Conduct</a></li> <li><a href="#">Conflict of Interest</a></li> </ul> </li> </ul>	Met in 2021, continues to meet in 2022
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).  <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated. 2021</li> <li>Please provide the length of the cooling off period. The 'cooling off' period is one year.</li> <li>How does the College define the cooling off period?             <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> </ul> </li> </ul> <p>The requirement for a 'cooling off' period is established through by-laws by defining holding certain positions with a professional association as a conflict of interest.</p> <p><a href="#">16.03 – Conflicts Relating to Involvement with a Professional Association</a></p> <p>A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy.</p> <p>The 'cooling off' period is enforced through the eligibility for election criteria.</p> <p><a href="#">10.04 – Eligibility for Election</a></p> <p><a href="#">(viii) the Member has resigned, no less than one year before the date of the election, any responsible position such as director, board member, officer or employee that the Member holds with a Professional Association relating to psychotherapy</a></p>	Met in 2021, continues to meet in 2022

			<p>Any RP proposing to stand for election to Council must attest that they do not have a conflict of interest in relation to a position or employment with a professional association.</p> <p><u><a href="#">Eligibility to Stand for Election – Candidate Attestation</a></u></p> <ul style="list-style-type: none"><li>- Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li><li>- Where not publicly available, please briefly describe the cooling off policy.</li></ul> <p>CRPO Council Meeting Materials September 21, 2021: <u><a href="#">By-Law Amendments</a></u></p>
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>i. The completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. Questionnaires include definitions of conflict of interest;</li> <li>iii. Questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated. 2021</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>Yes</b></li> </ul> <p>Council members are expected to complete a conflict of interest worksheet and make a declaration prior to the meeting through the Council’s board portal. The Chair reviews conflicts of interest and asks Council members to make a declaration related to the agenda items at the beginning of every Council meeting.</p> <ul style="list-style-type: none"> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> <li>• <a href="#">December 8, 2022 Council Meeting Materials - - Conflict of Interest Disclosure Form and Worksheet</a></li> </ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		d. Meeting materials for Council	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

		<p>enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. In 2019, CRPO adopted formal <a href="#">Regulatory Objectives</a>. Regulatory objectives are specific and measurable efforts needed to achieve the goal of public protection dictated by the RHPA. Establishing and communicating regulatory objectives allows a regulator to demonstrate how the work they do is in the public interest. Stated objectives also support accountability within a right-touch approach: if an initiative cannot be measured against one of the objectives, it likely should not be undertaken. These objectives reviewed and validated in September 2022 and so continue to be used as the basis for ensuring that decisions are made in the public interest. In addition, Council adopted a briefing note template that includes an opening statement as to the public interest rationale of every item and decision being contemplated. This template is used for all Council meeting agenda items and is included in publicly posted material.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. Every issue brought to Council meetings is introduced by a briefing note that explicitly outlines the public interest rationale. See <a href="#">December 8, 2022 Council Meeting Minutes - - Briefing Note for Council</a> for an example.</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p>	

	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Partially	
		<ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed. 2022</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <ul style="list-style-type: none"> <li>• <a href="#">May 26, 2022 Council Meeting Materials – Item 9 Risk Register Implementation</a></li> <li>• <a href="#">May 26, 2022 Council Meeting Materials – Item 9 Appendix: Notes on Risk Frequency</a></li> </ul> </li> </ul>		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes	
		<p><i>Additional comments for clarification (if needed)</i></p> <p>The College continues to work toward a comprehensive, strategic approach to risk management. In identifying and addressing and opportunities and vulnerabilities that CRPO faces, Council and staff will be involved in framing risk management priorities. In 2023, the College will be further engaged in discussions of risk management, including adding in formal reporting on operational risks, establishing and articulating risk tolerance, continuing committee-level risk reviews and establishing more formalized reporting to Council.</p> <p>See Measure 14.2 for a detailed plan related to identifying, assessing and managing risk.</p>		

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted. <a href="#">Council Meetings</a></li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Updates on the implementation of Council decisions are included in meeting materials. Interested individuals can also request specific updates by email, as noted on the <a href="#">Council Meetings Policies and Guidelines</a> page of the website.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2021, continues to meet in 2022</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

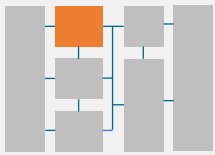
		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on</li> <li>iv. matters or materials that will be brought forward to or affect Council; and</li> <li>v. if decisions will be ratified by Council.</li> </ol>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> <li>• <a href="#">January 27, 2022 Council Meeting Materials – Executive Committee Report to Council</a></li> <li>• <a href="#">March 31, 2022 Council Meeting Materials – Executive Committee Report to Council</a></li> <li>• <a href="#">May 26, 2022 Council Meeting Materials – Executive Committee Report to Council</a></li> <li>• <a href="#">September 21, 2022 Council Meeting Materials – Executive Committee Report to Council</a></li> <li>• <a href="#">December 8, 2022 Council Meeting Materials – Executive Committee Report to Council</a></li> </ul>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		



Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: <span style="float: right;">Met in 2021, continues to meet in 2022</span> <ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> <li><a href="#">Council Agenda Packages, Highlights and Meeting Minutes</a></li> </ul> Council meeting dates are posted in the fall for the following full calendar year. Meeting agendas are posted two weeks in advance and full meeting material packages one week in advance of meetings. Materials from February 2016 forward are currently available.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span>	
	<i>Additional comments for clarification (optional)</i>	
	b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <span style="float: right;">Met in 2021, continues to meet in 2022</span> <ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> <li><a href="#">Current Discipline Hearings</a></li> <li></li> </ul>
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span>		
<i>Additional comments for clarification (optional)</i>		
<i>Additional comments for clarification (optional)</i>		

Measure:		
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> <li>Please insert a link to the College’s DEI plan.</li> <li><a href="#">Regulatory Objectives</a></li> <li><a href="#">Fostering Excellence, Trustworthiness and Accessibility: CRPO Strategic Plan 2023 – 2026</a></li> </ul> <p>CRPO’s current regulatory objectives provided the basis for a DEI plan; the strategic plan was written anticipating the development of a DEI strategy and plan once a DEI working group was established.</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> <li><a href="#">December 8, 2022 Council Meeting Materials – Item 2.c DEI Working Group Appointments</a></li> <li><a href="#">Diversity, Equity and Inclusion Working Group – Terms of Reference</a></li> </ul> <p>At its December 2021 meeting, Council approved the creation of a Diversity Equity and Inclusion Working Group (DEI WG) and directed staff to allocate budget and human resources to support this initiative.</p> <p>Council directed the Executive Committee, in their role as governance stewards, to oversee the work of establishing an approach that would provide a forum for CRPO to effectively engage with and be informed by registrants with lived experience of barriers that exist for racialized or members of other marginalized communities seeking to enter the profession, working in mental health and for clients receiving care.</p> <p>The Executive Committee and staff spent 2022 working with a proto-group comprised of 9 RPs with lived experience as regulated professionals and members of equity-deserving communities. This proto group developed terms of reference and participated, along with members of the Nominations and Elections Committee, in recruiting and recommending 15 RPs to be appointed to the DEI WG.</p> <p>CRPO’s Council is operating on the principle that a reliable and relevant way of soliciting and integrating perspectives of communities that face individual and systemic discrimination, barriers and inequities is needed for any relevant DEI plan. This direction will ensure that the CRPO’s work is informed by these disparities as a way of being able to address them. Accordingly, Council chose to wait until the DEI WG was comprised and engaged to make recommendations as to developing comprehensive regulatory and operational DEI plans.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes

			<p><i>Additional comments for clarification (optional)</i></p> <p>The DEI WG established at the December 8, 2022 meeting will convene in January 2023. The members will be tasked with undertaking an assessment of CRPO’s progress toward integrating and appropriately resourcing DEI initiatives. Once this has been completed, Council will look to the DEI to make recommendations for the development of a specific DEI strategy.</p> <p>CRPO is actively involved in the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CRPO’s DEI WG will use in q1 of fiscal 2023 -2023 to support efforts to ensure we have a planned and resourced set of commitments to DEI, reflecting our particular needs. Specifically, we anticipate using the materials to evaluate our current strengths and gaps in q1 for action planning in q2 and 3 and beginning implementation during our annual planning activities at the end of q3.</p>	
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>CRPO is actively involved the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The Registrar is a member of the steering for the HPRO Anti-Racism in Health Regulation project, which provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting period to enable a customized assessment of equity impact, reflecting our particular needs. Specifically, the DEI WG will be leading a based a preliminary assessment to identify priority areas for a more thorough review of strengths and gaps in q2 of fiscal 2023-2024, for action planning in q3-q4 and beginning implementation following that to close the gaps identified</p>				



Measure:

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

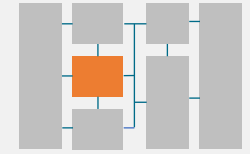
DOMAIN 2: RESOURCES STANDARD 4	Required Evidence	College Response			
	<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table>			Yes
			Yes		
		<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.               <ul style="list-style-type: none"> <li><a href="#">January 27, 2022 Council Meeting Materials – Item 7.0 2022-2023 Budget</a></li> <li><a href="#">June 22, 2022 Council Meeting Materials – Item 8.0 2022-2023 Budget Revisions</a></li> <li><a href="#">September 21, 2022 – Council Meeting Materials – Item 7.0 Registrar’s Report</a> Appendix CPMF Update Strategic Planning Preparation Report</li> </ul> </li> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> <p>In preparation for the strategic planning session, Council was presented with an update on priority projects that were in progress or planned for the coming year. These were reviewed against the <a href="#">regulatory objectives</a> and the CPMF standards to determine their suitability. Council agreed that the following initiatives were to be prioritized and directed staff to ensure that appropriate committee, staff, consultant and budget be allocated to ensure the availability of adequate resources.</p> <ul style="list-style-type: none"> <li>Complete development of Council Evaluation Framework</li> <li>Continue standards review</li> <li>Develop and begin to act on Diversity, Equity and Inclusion strategy</li> <li>Implement Regulatory Risk Register and use it to report to Council</li> <li>Continue Registrant Management System implementation</li> <li>Undertake trauma-informed review of core regulatory processes</li> <li>Complete Quality Assurance Program enhancement project</li> </ul>			
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>			Choose an item.		
	Choose an item.				
<p><i>Additional comments for clarification (optional)</i></p>					

		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.	
			<ul style="list-style-type: none"> <li>• <a href="#">Executive Limitations Policy: Reserve Fund</a></li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated. March 2021</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. <ul style="list-style-type: none"> <li><a href="#">Registrar and CEO Succession Planning</a></li> </ul> </li> <li>Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <ul style="list-style-type: none"> <li><a href="#">December 8, 2022 Council Meeting Materials – Item 2.f Registrar and CEO Succession Planning Policy</a></li> </ul> </li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CRPO’s Council is committed to a governance model that precludes board involvement in operational decisions at the level that this indicator suggests is required. In accordance with by-law 8.02 Duties of the Registrar, as the chief executive officer the Registrar “has duties and responsibilities as are conferred by the Act, the RHPA, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.” This includes responsibility for the human resource planning.</p> <p>The Executive Committee receives quarterly financial reports from staff, which include relevant information related to human resource planning. And Council reviews and approves the annual budget, which includes monies for staffing (salaries, benefits, training, professional development).</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.               <ul style="list-style-type: none"> <li><a href="#">December 8, 2022 Council Meeting Materials – Item 3.c. Cybersecurity Management Plan and Council and Committee Laptop Policy</a></li> </ul> </li> </ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>CRPO strives for active engagement with other health regulatory colleges and system partners. The strategic plan developed by the College identified <a href="#">collaboration with system partners to contribute to better access to mental health services</a> as a priority. Accordingly, over the course of 2022, CRPO worked to build on existing relationships among other regulatory and system partners to advance collective best practices and advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services.</p> <p><b><a href="#">Health Profession Regulators of Ontario (HRPO)</a></b> CRPO collaborates with and learns from other Ontario health regulatory colleges through HPRO. Specific engagement with HPRO included:</p> <ul style="list-style-type: none"> <li>- Membership in the Citizen Advisory Group – allowing access to consultations with an engaged and informed group of public representatives</li> <li>- Staff membership in regulatory practice groups (corporate services, registration, quality assurance, communications)</li> <li>- Staff membership in HPRO Investigations &amp; Hearings network – allowing access to listserv resources and information sharing and meetings</li> <li>- Registrar attendance at HPRO Board and bi-weekly check in meetings</li> </ul>



- Registrar member of HPRO Anti-BIPOC racism project steering committee
- Staff attendance at CPMF working group meetings
- Collaboration with other colleges whose registrants use applied behaviour analysis in their practice and may be affected by the decision to create a protected title for ABA practitioners
  - o **Outcome: the ability to leverage work that was being done by other colleges through HPRO with the goal of incorporating best practices and increasing consistency in core regulatory functions.**

**Pan Canadian Psychotherapy Regulators Group** The Registrar chairs this group, which includes registrars from other regulated provinces and representatives from associations working toward regulation in yet-to-be-regulated provinces. Specific engagement included:

- Collaboration with the [Canadian Counselling and Psychotherapy Association](#) to support efforts toward regulation in unregulated provinces
- CRPO staff providing consultations on ‘lessons learned’ from the grandparenting process
- Sharing of governance and core regulatory policies and resources
- Completion of a comprehensive comparison of the entry-to-practice competency frameworks used across the country with a view to a shared review and revision effort in fiscal 2023 - 2024
  - o **Outcome: increased confidence in future labour mobility applications from newly regulated and yet-to-be regulated provinces.**

**Professional Associations**

Staff and Council President hosted an annual meeting to update representatives of all psychotherapy professional associations

Quarterly updates with representative from the [Partnership of Registered Psychotherapist Associations](#) and [Ontario Society of Registered Psychotherapists](#) and [Ontario Association of Mental Health Professionals \(OAMHP\)](#)

- o **Outcome: increased awareness of CRPO’s areas of focus, allowing associations them to better support members of the profession**

Staff presented at the annual association conference for the OAMHP, annual association conference for the Canadian Association of Marriage and Family Therapy, and at an education day for pastoral counsellors

- o **Outcome: increased awareness of CRPO’s areas of focus and regulatory specific professional development for attendees**

Cooperative efforts with the [Ontario Association of Mental Health Professionals](#). Specific engagement included:

- delivery of monthly [Peer Circles](#) to support registrants in being better able to make judgement about how to meet the standards of practice related to consent, confidentiality and information sharing
- provided review of validated supervisor training under development by OAMHP
  - o **Outcome: supported registrants in applying standards of practice and quality and availability of regulatory professional development offerings**

**Psychotherapy Education and Training Programs**

Staff and the Registration Committee Chair hosted an annual meeting to update representatives of all psychotherapy education programs

Staff made 10 presentations for education programs, reaching over 788 students at 8 schools

- **Outcomes: Students provided with direct access to CRPO staff; strengthened understanding of the clinical experience component of programs, providing support to students pre-application; programs aware of standards update, able to provide input**

**Government agencies**

Office of the Coroner - Staff received and responded to report, planning specific advice to registrants directions on continuing education requirements

- **Outcome: will support RPs' awareness of their duty to report children in need of protection.**

Canadian Institute for Health Information - Staff met with CIHI staff and agreed to provide aggregate data regarding registered practitioners.

- **Outcome: CRPO now providing comparable and actionable data to CIHI to make available to its stakeholders for the purpose of improving health system performance.**

Controlled Substances Directorate Health Canada – Staff met with the Director General and their team to discuss the status of psychedelic assisted psychotherapy research and regulation.

- **Outcome: CRPO better informed about this emerging modality and more prepared to provide appropriate guidance to registrants**

**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 6).*

**Health Profession Regulators of Ontario (HRPO)** as noted in standard 5, CRPO's engagement with HPRO supports the development and maintenance of relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), the Ministry of Health, and the Financial Services Regulator - FSRA, who all use HPRO as a central conduit for sharing information.

Membership in the Citizen Advisory Group (CAG), in particular, allows CRPO direct access to consultations with an engaged and informed group of public representatives.

- **Outcome: Carried out CAG consultations on two draft revised practice standards, on Unnecessary Treatment and The Complaints Process, receiving valuable perspectives from members of the public that will inform revisions to these standards.**
- **Psychotherapy Education and Training Programs** CRPO maintains an active relationship with education and training programs, particularly the 28 [recognized / accepted programs](#), in order to regularly exchange information and address issues such as scope of practice in clinical experience placements. **Outcome: CRPO has access to timely information about issues faced by individuals seeking to enter the profession, informing registration related policy development and amendment (e.g., [Clinical experience recognition](#), [Clinical Experience for Registration Policy](#))**

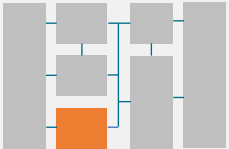
**Professional Associations** regular engagement with representatives from professional associations allows the regular exchange of information

- **Outcome: CRPO is aware of advocacy efforts and RP concerns and can provide useful information in timely communiques**
- [January 19, 2022](#)
- [February 19, 2022](#)
- [March 15, 2022](#)

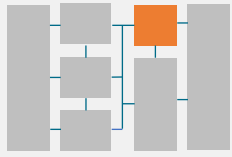
- [April 12, 2022](#)
- [May 17, 2022](#)
- [July 19, 2022](#)
- [September 20, 2022](#)
- [October 25, 2022](#)
- [December 20, 2022](#)

**Targeted consultations** between September and December 2022 staff consulted with approximately 10 RP subject-matter experts, one law professor, one non-profit organization, three professional associations and the other psychotherapy-practising colleges regarding draft revised Professional Practice Standards and the Jurisprudence Manual.

- **Outcome: CRPO is better able to incorporate diversity of perspective and relevant best practices into the review and revision of the Professional Practice Standards.**

	<b>Measure:</b> <b>7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.</b>					
<b>STANDARD 7</b>	<b>Required Evidence</b>	<b>College Response</b>				
	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: <table border="1" data-bbox="755 435 2596 626"> <tr> <td data-bbox="755 435 2252 488"> </td> <td data-bbox="2252 435 2596 488"> <b>Yes</b> </td> </tr> <tr> <td colspan="2" data-bbox="755 488 2596 626"> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> <li><a href="#">Privacy Policy</a> (amended February 2021)</li> </ul> </td> </tr> </table>		<b>Yes</b>	<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> <li><a href="#">Privacy Policy</a> (amended February 2021)</li> </ul>	
		<b>Yes</b>				
	<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> <li><a href="#">Privacy Policy</a> (amended February 2021)</li> </ul>					
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" data-bbox="755 626 2596 680"> <tr> <td data-bbox="755 626 2252 680"> </td> <td data-bbox="2252 626 2596 680"> Choose an item. </td> </tr> </table>		Choose an item.			
	Choose an item.					
	<i>Additional comments for clarification (optional)</i>					

		<p>ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>CRPO staff maintain a cyber-security risk management plan that considers the necessary creation, sharing and storage of information for the purposes of administering the RHPA, the Psychotherapy Act and related regulations.</p> <p>Elements covered by this plan include:</p> <ul style="list-style-type: none"> <li>policies to address security, incident response, audit and review cycle, and insurance</li> <li>staff training</li> <li>remote access set up and management</li> <li>email communications</li> <li>work from home workspaces</li> <li>hiring policies</li> <li>Council, committee, and assessor technology access and support</li> </ul> <p>Additionally, CRPO uses a third-party provider to provide all Council and committee with a standard laptop to be used for all College business. The related operational policy (<a href="#">Council and Committee Laptop Policy</a>) governs member and College obligations related to College information.</p>	<p>Yes</p>
			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Met in 2021, continues to meet in 2022

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
- [Policy Review Cycle](#) approved March 2021

Triggers for policy review include:

- evidence initiated review process that includes stakeholder feedback, legal review, research, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining
- time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process

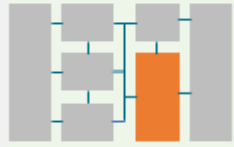
*If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p><i>Benchmarked Evidence</i></p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> <li>• <a href="#">Standard Review Policy</a> approved September 2021</li> </ul> <p>The evidence-initiated review process outlined by the policy dictates that CRPO gathers evidence relating to standards on an ongoing basis. Evidence may be generated from a variety of sources, including but not limited to:</p> <ul style="list-style-type: none"> <li>• stakeholder feedback</li> <li>• legal developments</li> <li>• research articles</li> <li>• the practices of other regulators or professional associations</li> <li>• expert opinions</li> <li>• concerns raised by stakeholders (e.g., public, education programs, professional associations, government)</li> <li>• data from CRPO’s departments</li> </ul> <p>This College data (drawn from complaints and reports, discipline cases, Practice Advisory inquiries, Peer Practice reviews and concerns related to applications for registration) is regularly reviewed by staff and shared with Council through the risk register. See <a href="#">May 5, 2022 Council Meeting Materials- Item 9 Risk Register Implementation</a> for the most recent comprehensive report to Council.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> <li>Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. CRPO works with <a href="#">Regulatory Objectives</a> are used to define specific and measurable efforts needed to achieve the goal of public protection. The objectives include promoting equity, diversity and inclusion in the provision of psychotherapy services in the following ways: <ul style="list-style-type: none"> <li><b>Objective #4 Promote equity, diversity and inclusion in the provision of psychotherapy services</b> Discrimination that persists in the provision of health care and social services in Ontario creates barriers to access to mental health care. In particular, these biases can negatively affect individuals from racialized communities, those with low-income, the elderly, members of the LGBTQ community and those with mental illness. By engaging with the public, registrants and other stakeholders, CRPO works toward freedom from discrimination through the promotion of diversity and inclusivity in psychotherapy education and practice. Holding RPs to standards that respect the diversity and dignity of all persons ensures that they can competently and respectfully serve individuals and families from across the diverse spectrum of age, race, culture, background, sexual orientation and gender identity.</li> <li><b>Objective #5 Regulate to support the mental health system in being more accessible</b> There is an increasing acknowledgment of the difficulties that many Ontarians face in accessing needed mental health services. CRPO is aware that barriers to access to care with RPs exist across the province for a variety of reasons. When considered in relation to ability to receive needed mental health services, the importance of the psychotherapeutic relationship and the benefits of continuity of care, these barriers constitute a risk of harm to the public. By effectively regulating RPs, CRPO ensures that qualified individuals are authorized and available to practice, that they maintain their competence and that any issues with competence or conduct are addressed promptly and appropriately. This allows stakeholders in the health care system to be confident in the quality of care provided by RPs and supports leveraging the growing number of RPs within the system broadly, resulting in improved access to appropriate continuity of care with providers and in the setting of choice.</li> </ul> </li> <li>Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. CRPO's <a href="#">Code of Ethics</a> calls on registrants to "to respect the privacy, rights and diversity of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times." <a href="#">Professional Practice Standard 3.7 Affirming Sexual Orientation and Gender Identity</a> establishes the requirement that registrants have adequate training, experience and supervision to provide services relating to an individual's sexual orientation or gender identity.</li> </ul>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>

			<p><i>Additional comments for clarification (optional)</i></p> <p>CRPO is actively involved in the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within policies, guidelines, standards, etc. The Registrar is a member of the HPRO Anti-Racism in Health Regulation project steering committee. This project has provided valuable information for the College to use in ensuring that the principles and values of DEI are reflected in the care provided by the registrants of the College. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy design with input from stakeholders who are members of equity-deserving communities.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College’s DEI WG will use in the next reporting period to ensure we apply a DEI lens in reviewing, developing and amending our practices, prioritized according to our particular needs. Specifically, we have identified priority <a href="#">Professional Practice Standards</a> - which will undergo a comprehensive review and revision over the course of 2023 - for a more thorough review by the DEI WG and other stakeholders starting in q1 of fiscal 2023-2024.</p>
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Measure:  
**9.1 Applicants meet all College requirements before they are able to practice.**

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>Please insert a link and indicate the page number <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> <p><a href="#">Supporting Documents Checklist</a>            This checklist provides individuals with a clear path to submitting documents (e.g., transcripts/credential assessments, letters of standing) to support their application. An overview of the documents required for each application type is included on page 2 of the checklist.</p> <p><a href="#">Clinical Supervisor Attestation Form</a>            Clinical supervisors or education program officials are required to complete and sign these forms, which are then uploaded by the applicant.</p> <p><a href="#">Direct Client Contact Confirmation Form</a>            Employers, clinical supervisors, or education program officials must complete and sign these forms, which are then uploaded by the applicant.</p> <p><a href="#">Clinical Experience Recognition</a>            Students of CRPO recognized programs that have been granted clinical experience recognition are not required to submit Clinical Supervisor Attestation Forms and Direct Client Contact Confirmation Forms. The programs provide confirmation directly to CRPO of the number of hours a student has completed.</p> <p><a href="#">Statutory Declaration Form</a>            Applicants must submit a notarized or commissioned copy of this form, declaring that the information and supporting materials provided in their application are truthful, accurate, and complete.</p> <p>All staff processing registration applications receive training that includes, among other things, recognizing suspect educational credentials and using online plagiarism checking algorithms. Every application to CRPO undergoes at least a two-level staff review.</p>	Met in 2021, continues to meet in 2022

<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <ul style="list-style-type: none"> <li><a href="#">Suitability to Practise Policy</a> approved May 26, 2022 This policy provides clarity as to whether conduct is relevant to one’s suitability to practise psychotherapy. The policy aids the Registrar and the Registration Committee in making decisions as to whether an applicant’s or registrant’s conduct is relevant to their suitability to practise psychotherapy. The policy also informs applicants and registrants about what criteria will be assessed as it relates to conduct.</li> <li><a href="#">Program Definition Policy</a> reviewed May 6, 2022 This policy sets out the Registration Committee’s interpretation of the word “program” as used in Section 6(1)(1)(iv) of the Regulation and aids staff and panels of the Registration Committee in deciding whether applicants have met the education requirements for registration. This policy is also intended to provide potential applicants with a way to assess for themselves whether they have completed sufficient training in psychotherapy prior to submitting an application for registration.</li> <li><a href="#">Program Recognition Policy</a> approved November 5, 2020 CRPO’s recognition process allows graduates of a <u>recognized program</u> to know that the education requirements for registration will be met upon completion of the program. This policy aids program reviewers and members of the Registration Committee in deciding whether a program has met the requirements for recognition. This policy is also intended to assist programs in determining whether they are eligible for recognition.</li> <li><a href="#">Clinical Experience for Registration Policy</a> approved November 5, 2020 This policy clarifies what clinical experience the College considers adequate for acquiring and refining required entry-to-practice competencies. CRPO uses this policy to verify and approve clinical experience for registration purposes. The policy provides transparency to applicants and registrants who can use it to ensure their direct client contact and clinical supervision hours will meet expectations.</li> <li><a href="#">Language Proficiency Policy</a> reviewed January 27, 2023 This policy clarifies how reasonable fluency in English or French is demonstrated on an application and should enable applicants to determine whether they meet the language proficiency requirement. CRPO’s policy provides multiple ways for applicants to demonstrate they meet English or French proficiency required to ensure inter-professional collaboration, appropriate care in an emergency, and ability to maintain accessible health records. As of January 1, 2023, CRPO will accept tests that are approved under the <i>Immigration and Refugee Protection Act</i> (Canada).</li> </ul> </li> </ul>	

			<ul style="list-style-type: none"> <li>Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>Registration requirements are reviewed in accordance with the <a href="#">Policy Review Cycle</a>. This requires review every three years, unless otherwise stipulated or unless a trigger event dictates earlier review.</p> <p>An update about the clinical supervision review was provided to Council at the <a href="#">September 21, 2022 meeting</a>.</p>
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
<i>Additional comments for clarification (optional)</i>			

Measure:

9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.

c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

The College fulfills this requirement:

Yes

- Please briefly describe the currency and competency requirements registrants are required to meet.

Registrants in the Registered Psychotherapist category are required to maintain 750 [currency hours of broadly defined activities related to psychotherapy](#) on a rolling three-year basis.

Inactive registrants also need to be mindful of their currency hours. If an Inactive registrant is short of 750 currency hours in the three years prior to requesting to return to active practice, their request may be referred to the Registration Committee.

Registrants who have completed fewer than 750 currency hours in the previous three calendar years may be required to complete upgrading activities or undergo a peer and practice assessment.

- Please briefly describe how the College identified currency and competency requirements.

The currency requirement for Registered Psychotherapists is set out in section [8\(1\)\(2\) of the Registration Regulation](#). The 750 hour figure is based on extensive consideration by the Council regarding the minimum amount of practice necessary to maintain current competence in the profession. This reflects an average of less than five hours of practice (broadly defined) per week over three years. The College also considered the number of hours used for similar purposes by other professions with an analogous scope and complexity of practice and found that 750 hours over three years tended to be at the lower end of the range. Since the 750 hour requirement is on a rolling three year basis, if a registrant is short on hours one year they could make up the difference in the other two years. If a registrant is short on currency over the three year period, the Registrar can grant exceptions in exceptional circumstances if the registrant has demonstrated they have the knowledge, skill and judgment to practise psychotherapy in a safe and professional manner.

- Please provide the date when currency and competency requirements were last reviewed and updated.

The [Return to Active Practice Policy](#) was approved October 28, 2021. In applying to return to practice, registrants must complete a self-assessment and are encouraged to address any gaps in knowledge of the Professional Practice Standards that the assessment identifies.

			<ul style="list-style-type: none"> <li>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>The initial application and annual renewal require an applicant/registrant to self-declare that currency and good character requirements are met. A registrant returning to active practice from inactive or revocation is also required to self-declare currency. The requirements are set out in CRPO's <a href="#">Registration Regulation</a> (see sections 4(1)1, 4(2), 5(1), 6(1)(2), 7(2)(1), 8(1)(2), 20(4), 27(a)). Staff verify currency self-declared on the initial application with the applicant's supporting documentation (e.g., transcript). If an applicant/registrant self-declares not meeting the currency requirement, staff request further information and/or documentation for currency they do have. If an applicant/registrant makes a disclosure in response to good character questions, staff request further information, contact third parties, and/or request a criminal record check depending on the disclosure.</p>
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
<i>Additional comments for clarification (optional)</i>			

<sup>2</sup> A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>• Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report. <ul style="list-style-type: none"> <li>• <a href="#">2021 Fair Registration Practices Report</a></li> </ul> </li> </ul> <p>The OFC has placed CRPO in the low-risk category for the April 1, 2022 to March 31, 2023 assessment period. The OFC identified that there is no potential risk to fair registration after reviewing CRPO’s historical performance and information in response to forward-looking risk factors. CRPO is in the full compliance category with the objectives of the legislation. The OFC did not issue any compliance recommendations to CRPO in the last assessment cycle, which took place in July 2017, nor has the OFC written any since that date.</p> <ul style="list-style-type: none"> <li>• Where an action plan was issued, is it: No Action Plan Issued</li> </ul>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (if needed)</i>		



<p>Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Partially</p>
	<ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: Choose an item. <i>If not, please provide a brief explanation:</i> There were no new or revised standards in 2022. CRPO began a comprehensive review of the <a href="#">Professional Practice Standards</a> in 2022. The review was integrated with the enhancement of the Quality Assurance Program and included minor revisions to the <a href="#">Professional Practice and Jurisprudence</a> handbook and learning modules.</li> </ul> <p>As part of the QA Program enhancement project, CRPO created a series of sample situational judgement cases that provide RPs with a chance to self-assess their knowledge of five priority standards. The <a href="#">CRPO Quality Assurance Assessment</a> cases have been reviewed by 450 registrants.</p>
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>The College's Jurisprudence Module resources underwent a major overhaul to ensure they were up-to-date and to make them more accessible. The revised resources will be presented in q4 of fiscal 2022-2023. An updated JRP test (required of all applicants and available to any registrant who wishes to assess and improve their understanding of jurisprudence and the Professional Practice Standards) will be available in English and in French by q3 of fiscal 2023-2024.</p> <p>The work of reviewing and revising all of the standards will include consultation with registrants and other stakeholders (public, professional association, education programs, etc.) and will incorporate a DEI focus for some standards. These consultations will support the development of a plan to support registrants in understanding and implementing any required changes to their practice. Support will be made available after the completion of the review process, which is targeted for the end of q3 fiscal 2023-2024. Seven additional situational judgment cases will be prepared and made available to RPs in q1 fiscal 2023-2024 in preparation for the case-based assessment.</p>

**Measure:**  
**10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation<sup>3</sup>.**

a. The College has processes and policies in place outlining:  
 i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;

The College fulfills this requirement: Yes

- Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number.

The priority areas of focus for the QA assessment are drawn from:

- [Standards Section 1: Professional Conduct](#)
- [Standards Section 3: Client-Therapist Relationship](#)
- [Standards Section 2: Competence](#)

The specific areas of risk within these standards were reviewed by the Quality Assurance Committee using a risk register (risk frequency and risk severity) based on data as described below.

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)

The risk areas were used to develop a blueprint for the new Case Based Assessment (CBA). Registrants completing the CBA are presented with proportionally more cases corresponding to “high-risk” Practice Standards.

Standard	Weight (%)	Number of cases selected
Section 1: Professional Conduct	29	10
Section 2: Competence	20	4
Section 3: Client-Therapist Relationship	21	6
Section 4: Clinical Supervision	11	3
Section 5: Record-Keeping and Documentation	12	5
Section 6: Business Practices	7	2

			<ul style="list-style-type: none"> <li>Is the process taken above for identifying priority areas codified in a policy: <b>No</b></li> <li><i>If yes, please insert link to the policy.</i></li> </ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
		Blueprint development will be revisited each year as new cases are created.	

<sup>3</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> </ul> <p>The right-touch, risk-based 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 <a href="#">Professional Practice Standards</a> 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.</p> <p>CRPO worked with experts from <a href="#">Martek Assessments</a> to create the plan and undertake the development work for the QA approach. The first phase of the process was to have the QAC participate in a workshop to:</p> <ul style="list-style-type: none"> <li>review best practices related to the assessment of ongoing competence</li> <li>identify potential factors that could undermine the validity of the processes and any remediation decisions made based on the assessment model</li> <li>identify a path to enhance the fairness, defensibility and sustainability of the assessment process</li> <li>determine how to provide more meaningful QA opportunities for registrants, while ensuring that College resources are appropriately focused on RPs who have been identified as having gaps in their knowledge, skills or judgement</li> </ul> <p>Over the course of the development of the CBA, 45 contracted RPs were involved as case writers, case developers, and answer sequencers. Eight professional and 3 publicly appointed members of the Quality Assurance Committee were involved in reviewing risk, approving case weighting and program policies. This approach 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.</p> <p>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 (outlined above), which looks at risk frequency and risk severity, was applied to determine which Standards represent a higher risk of being breached.</p>	Yes
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			<ul style="list-style-type: none"> <li>Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). 2022 and continues in 2023  <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>Public <b>No</b> (public appointees to Council who are members of the Quality Assurance Committee have been actively engaged in the process)</li> <li>Employers <b>No</b></li> <li>Registrants <b>Yes</b></li> <li>other stakeholders <b>Yes</b></li> </ul> </li> </ul>
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
			<i>Additional comments for clarification (optional)</i>  <p>During this reporting period, CRPO undertook a complete overhaul of the Quality Assurance Program (QAP) with a view to more effectively administering the assessment components in a manner that is aligned with risk-based, right-touch regulation. Consequently, all related policies, processes and tools were evaluated and revised to be based on the best available evidence, reflect current best practices and be aligned with changing public expectations. The revised policies will be published in q4 fiscal 2022 – 2023, the case-based assessment will be in full operation in May 2023 and the Peer Practice Review and coaching tools will be ready in q3 and q4 fiscal 2023-2024.</p> <p>Over the course of fiscal 2023 – 2024, CRPO will continue to evaluate the process using the results of the approximately 2,000 registrants who will be writing the two assessment sittings (one in May and the other in October). Demographic, practice history and accommodations data will be collected for both sittings and used, along with analysis of the results, to ensure that the program is effectively and fairly assessing risk.</p>
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: <span style="float: right;">Yes</span> <ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria. Peer-assisted review will be the first line remediation activity required of registrants who demonstrate that they have gaps in their knowledge, skills or judgement based on the Case-Based Assessment. Peer-assisted review activities with a CRPO peer coach (assessor) may include a behaviour-based interview, a clinical records review, and supportive coaching. Registrants will be selected to participate in a peer-assisted review, in accordance with the following criteria: a) They score more than one standard deviation below the required score of 80% on their first attempt of the CBA and choose not to complete a second CBA. b) They score more than one standard deviation below the required score of 80% on their second attempt of the CBA.</li> </ul>
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
			<i>Additional comments for clarification (optional)</i> The revised policies related to this will be published in q4 fiscal 2022 – 2023.

Measure:

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

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

The College fulfills this requirement:

Yes

- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities **OR** please briefly describe the process.  
CRPO has compliance monitoring staff who are assigned to each registrant who has been directed to undertake remediation activities. Staff work with registrants to ensure that they understand what they have been directed to do, have access to the resources they require (e.g., a College-approved supervisor, professional development courses, etc.). The staff team also provides support to any registrant who requires an [accommodation](#) to complete the requirements.  
In this reporting period, staff monitored
  - 55 ICRC cases (28 remained active at year end + 27 closed)
  - 77 Registration Committee cases (52 remained active at year end + 25 closed)
- Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process.  
Compliance staff:
  - monitor remediation milestones (e.g., reports from College-mandated supervisors, successful completion of required courses, etc.) and conduct follow up if milestones are not met
  - report to department managers and Registrar as to progress through required remediationOnce all elements have been completed or at the end of the remediation deadline, a final report is made to the Registrar who relies on the results of each of the required elements to confirm satisfactory completion of remediation activities. In cases where the RP is directed to write a reflection paper, the Registrar refers to the [Reflection Paper Instructions](#) provided by Conduct staff when the committee’s decision is shared with them.  
Any registrant not successfully completing an element the prescribed remediation will be reviewed and it is determined whether an undertaking to complete them is required, if an extension is warranted or if the matter should be referred for investigation by the ICRC.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (if needed)</i></p> <p>Once the QA Program enhancement is completely launched, it will include a re-assessment for any RP who is found to have deficits in knowledge, skill or judgement through a QA process. The new right-touch, risk-based program was piloted in November 2022 and will be fully operational in May 2023.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. <ul style="list-style-type: none"> <li>• <a href="#">Filing a Complaint about a Psychotherapist</a></li> <li>• <a href="#">If You Have Ever Been Sexually Abused by a Psychotherapist</a></li> </ul> </li> <li>Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p>Staff are directed by a Formal Complaints Infrastructure: Procedure document that requires the review of a formal complaint form by next business day and response to the complainant to confirm receipt within two business days. Within the first week of receipt of the complaint, staff gather any previous communication with the complainant, complete a copy of the Complaint Risk Assessment Tool, screen for possible interim order and determine next steps for the investigation.</p> <p>Staff use a Redactions and Disclosure Checklist to ensure that all information is received and properly prepared before disclosure of information to registrants and complainants.</p>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes	
<i>Additional comments for clarification (optional)</i>		Choose an item.	



		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued.</p> <p>Additionally, in the initial letter sent to the complainants and registrants, both are encouraged to contact staff to provide feedback throughout the process.</p> <p>When a complaint is received, the College confirms receipt via email within 24-48 hours. If the complaint is from a client alleging sexual abuse, information about the sexual abuse fund is provided in this initial email.</p> <p>Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint. The letter includes:</p> <ul style="list-style-type: none"> <li>a second confirmation of receipt of the complaint.</li> <li>information about next steps (e.g., the registrant will receive a copy of your complaint, the College will collect client record (notify staff if you do not wish to have your record obtained by the College), a copy of the ICRC's decision will be sent in writing, request for any outstanding documents related to the complaint, request for witness names and contact information if not already included in submission).</li> <li>If the complainant is alleging sexual abuse, a link is provided to <a href="#">Sexual Abuse by Registered Psychotherapists</a>, which includes information about, and resources related to the Therapy and Counselling Fund</li> <li><a href="#">Form A: Funding for Therapy or Counselling Application</a></li> <li><a href="#">Form B: Therapist/Counsellor Information</a></li> <li><a href="#">Application for Funding for Therapy or Counselling for Primary Partner</a></li> </ul> <p>This letter also includes:</p> <ul style="list-style-type: none"> <li>An acknowledgement that this process is difficult and encouragement to complainants to seek support as needed. The website provides links to Client Sexual Abuse Resources</li> <li>Frequently Asked Questions (range of outcomes available to ICRC including that the ICRC cannot require registrant to pay money or provide a refund, confirmation that a lawyer is not required, information about why staff cannot speculate or predict outcomes, information about appealing the decision).</li> <li>Relevant legal provisions.</li> </ul> <p>Once the investigation is complete and the registrant responds to the complaint, staff determine what information, if any, is disclosed to the complainant for reply. Confidentiality and safety concerns are reviewed carefully at this stage of the process. If the complainant is provided an opportunity to reply, a letter is provided to the complainant which explains that a response is optional.</p> <p>A <a href="#">Protocol for Recording Interviews</a> is provided to complainants, registrants and witnesses prior to interview.</p>	<p>Yes</p>
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			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate ( <u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u> ). 97.5%	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>				

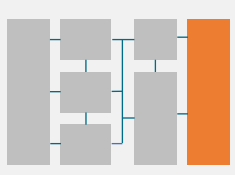
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process. <ul style="list-style-type: none"> <li>• The public can email or phone staff at any time throughout the complaints process and will receive a response within 5 business days. In the last year, CRPO expanded its Professional Conduct department to increase its capacity to offer timely and responsive support.</li> <li>• Wherever possible, CRPO will accommodate a request to speak with a male or female staff member.</li> <li>• You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing.</li> <li>• Interviews can be booked outside of regular office hours to accommodate the witness’s schedule.</li> <li>• When disclosing difficult information, staff call the person to explain the information may be difficult to read and ask if the person has supports in place. We also offer to send the materials to the person’s new therapist so they can review the documents in a supportive environment.</li> <li>• If a complainant requires accommodation putting their complaint in writing or in a permanent medium, staff will arrange and pay for a contractor to assist.</li> <li>• We do not send sensitive information on Fridays because mental health supports (and staff/investigators) are less accessible over the weekend.</li> <li>• Translation services available for complainant preferred language.</li> <li>• CRPO recently obtained the services of a file sharing platform which allows for secure bi-directional file sharing. This provides a simplified solution for complainants to securely send staff complaint materials.</li> <li>• Designated staff at CRPO manage all formal requests for accommodation to ensure accessible services, information and communication to individuals with disabilities. Accommodation will be customized to each person according to their needs.</li> </ul> </li> </ul> <p>Additional Supports Offered in Sexual Abuse Files</p> <ul style="list-style-type: none"> <li>• When using a contract investigator, staff inform the client they will be contacted by an outside party regarding the investigation within the next few business days. This also provides an opportunity for the client to ask any questions of staff.</li> <li>• Where possible, investigators ensure clients alleging sexual abuse have access to all documents which will be reviewed in the interview, in advance.</li> <li>• Follow an interview format that suits the client (e.g., if the investigator requires 3 hours’ worth of interview time, the investigator will ask if the client is more comfortable booking 2 sittings).</li> </ul> <p><a href="#">Client sexual abuse resources</a> and other <a href="#">crisis resources</a> are also available on the CRPO website.</p>	

		<p>The above approach has been codified and is monitored through a formal Process and Procedures for Contract Investigators.</p> <ul style="list-style-type: none"> <li>Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>The support resources are available on CRPO’s website accessible at any time, particularly supports related to sexual abuse of clients. Supports related to participation in the investigation process are typically offered when the investigator makes initial contact with a potential witness. Staff are always available to answer questions, including prior to a formal complaint being submitted. Accommodation requests can be made at any point in the complaints process.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>
<p><b>Measure:</b></p>		
<p><b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b></p>		
<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li><a href="#">How to File a Complaint</a></li> <li><a href="#">Complaints Form</a></li> </ul> <p>All parties can contact staff via phone or email and will receive a response within 3 business days. This is an improvement from previous years when responses would be guaranteed within 5 business days.</p> <ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>When appropriate, the full investigation (including a copy of the registrant’s response) is disclosed to the complainant who is provided an opportunity to respond to the materials. When a matter is referred to Discipline, all parties are directed to the Discipline page of CRPO’s website.</p> <p>When disclosing to clients alleging sexual abuse that the matter has been referred to Discipline hearing, information in the cover letter details privacy/publication bans.</p> <p>Extension Letters (60-day and 30-day) as required by legislation include detailed information about the status of each file and what next steps can be expected. Information is provided to support complainants through the process and / or to prepare them for next steps for example:</p>	<p>Yes</p>

			<ul style="list-style-type: none"> <li>• noting delays to the investigation</li> <li>• confirming a meeting has been scheduled to consider a decision</li> <li>• confirming that ICRC has begun deliberations</li> <li>• providing the ICRC meeting date and noting the panel will require (# weeks) to finalize its written decision and reasons.</li> <li>• explaining that the College has retained an expert to provide an opinion on the Registrant’s alleged conduct</li> <li>• noting that following the investigation, the Registrant will be asked to provide a response to the information gathered</li> <li>• confirming whether the registrant’s submissions and a copy of the investigator’s report will be disclosed to the complainant for any reply they wish to make</li> </ul> <p>Information is available online for complainants to access at any point:</p> <ul style="list-style-type: none"> <li>• <a href="#">Before you Make a Complaint</a></li> <li>• <a href="#">After You File a Complaint</a></li> <li>• <a href="#">What if I Disagree with the Decision?</a></li> <li>• <a href="#">How Long Will This Take?</a></li> <li>• <a href="#">Confidentiality</a></li> <li>• <a href="#">Feedback About the Complaints Process</a></li> </ul> <p>Frequently Asked Questions are also posted to help provide information in a clear, accessible format:</p> <ul style="list-style-type: none"> <li>• <a href="#">Should I file a complaint or a report?</a></li> <li>• <a href="#">Can you protect my identity from the psychotherapist if I make a complaint or report to CRPO?</a></li> <li>• <a href="#">Do I need a lawyer for the complaints process?</a></li> <li>• <a href="#">How long does it take for CRPO to make a decision on a complaint?</a></li> <li>• <a href="#">What is the purpose of the complainant replying to the psychotherapist's response to a complaint?</a></li> <li>• <a href="#">What decision is likely to be made regarding my complaint?</a></li> </ul> <p>A close captioned video is available to support complainants in understanding the process:</p> <ul style="list-style-type: none"> <li>• <a href="#">Filing a Complaint About a Registered Psychotherapist (video)</a></li> </ul>	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

<p>Measure: 12.1 The College addresses complaints in a right touch manner.</p>		
<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
	<p>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</p> <p>The ICRC uses a formal <a href="#">Risk Assessment Framework</a> that was updated in February 2022. It is supported through the use of tools that include:</p> <ul style="list-style-type: none"> <li>• Internal Formal Complaint Risk Assessment</li> <li>• Staff consider various factors (e.g. nature of the allegations, prior history, indication of client harm) to determine how the complaint should be prioritized.</li> <li>• Internal Report Risk Assessment</li> <li>• Staff consider a range of factors to determine whether there are reasonable and probable grounds to believe misconduct has occurred. This assessment determines whether a formal investigation is warranted or if the concerns can be addressed in other ways.</li> <li>• ICRC Panel Worksheets</li> <li>• A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports.</li> <li>• ICRC Outcome Checklist</li> <li>• A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions).</li> <li>• Internal procedure for files involving safety concerns</li> <li>• A procedure used to prevent privacy breaches and facilitate the safe disclosure of information in files where the complainant is not the client or where safety concerns have been identified. Identified files are flagged and coded accordingly. Any communication with parties involved in these files requires the review of two senior staff.</li> </ul>	
	<p>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable). 2022</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 6:          SUITABILITY TO PRACTICE	STANDARD 13	Measure: <b>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</b>		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.            Where allegations against members received by the College are of a nature that may appear to warrant criminal and/or provincial offence charges, the <a href="#">Reporting Information on Possible Criminal Acts</a> policy directs if and how information will be disclosed to law enforcement.            Where a complaint or report involves members of CRPO and the College of Psychologists of Ontario, staff rely on an internal protocol to direct how information is shared. The protocol dictates that the college which received the complaint or report (“Source College”) may report information about that complaint or report to the other college (“Other College”). Should the Other College wish to conduct an investigation, the Source College will decide on a case-by-case basis what further information to provide.            In cases where there is information received about another regulated health professional which may indicate capacity or other concerns, the College will consider, on a case-by-case basis, whether that information ought to be reported to the relevant regulator. Where the College learns that a member or former member is registered in another jurisdiction, the College will, on a case-by-case basis, inform the other regulator(s) about investigations and/or outcomes of investigations.</li> <li>Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).            In the current reporting period, CRPO shared information with the Ontario College of Social Workers and Social Service Workers to alert them to allegations about an individual who held registration with both regulators.</li> </ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (if needed)</i>			

		<b>Measure:</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>			
		<b>Required Evidence</b>	<b>College Response</b>		
<b>DOMAIN 7: MEASUREMENT,</b>	<b>ST A</b>	<b>a. Outline the College’s KPIs, including a clear rationale for why each is important.</b>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">No</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>CRPO is currently undergoing the development of a robust performance and evaluation framework associated with the risk register implementation, strategic plan priorities and efforts to comply with the CPMF standards. The Key Performance Indicators (KPIs) that will be developed will include process and outcome measures with the objective of ensuring that indicators are robust, rigorous and demonstrate correlation with the strategic objective.</p>		No
			No		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes	
		<b>b. The College regularly reports to Council on its performance and risk review against:</b>		<i>Additional comments for clarification (if needed)</i> See 14.2 a below.	
<b>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</b>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Partially</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> <li><a href="#">September 21, 2022 – Council Meeting Materials – Item 7.0 Registrar’s Report</a> Appendix CPMF Update Strategic Planning Preparation Report</li> <li><a href="#">May 26, 2002 Council Meeting Materials – Item 9 Appendix: Notes on Risk Frequency</a></li> <li><a href="#">March 31, 2022 Council Meeting Materials – Item 4.0 Evaluation Framework: Annual Council Effectiveness Survey Report</a></li> </ul>		Partially		
	Partially				
<b>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</b>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes		
<b>iii. its risk management approach.</b>		<i>Additional comments for clarification (if needed)</i> See 14.2 a below.			



Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid blue;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> <li><a href="#">May 26, 2002 Council Meeting Materials – Item 9 Appendix: Notes on Risk Frequency</a></li> <li><a href="#">March 31, 2022 Council Meeting Materials – Item 4.0 Evaluation Framework: Annual Council Effectiveness Survey Report</a></li> </ul> <p>The Council’s current risk management approach includes a review of the risk register and Council effectiveness survey results on an annual basis, annual reporting of progress toward and quarterly Registrar’s reports and recommendations on additional risk issues.</p> <p>Through the Registrar’s report, the Council reviews metrics and other data related to: Finance, Human Resources, Communications, Registration, Practice Advisory Service, Quality Assurance, Compliance Monitoring and System/Stakeholder issues.</p>	Partially
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
<p>In Q4 of fiscal 2022-2023, the College’s Registration, Quality Assurance and ICR committees each reviewed their terms of reference, the 2023-2026 strategic plan and regulatory objectives as well as the risk register data report made in May to inform the selection of KPIs. CRPO is taking a practical approach so that development is contextual and iterative. The KPIs will 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 may be modified before being finalized for the following fiscal year.</p> <p>The proposed KPIs will be presented to the Executive Committee for the identification of governance related KPIs and discussion of operational measures. Following this review, the proposed set of initial KPIs will go to Council for approval at its March 29, 2023 meeting.</p> <p>Staff will undertake the work required to begin the collection and formal reporting on the KPIs starting at its June 2023 meeting. The KPIs will be integrated into risk register reporting at the September 2023 Council meeting.</p>		

<b>Measure:</b> <b>14.3 The College regularly reports publicly on its performance.</b>		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> <li>• Please insert a link to the College's dashboard or relevant section of the College's website.</li> <li>• <a href="#">Annual reports</a></li> <li>• <a href="#">Council Meetings</a> – meeting materials, minutes and brief highlights</li> <li>• <a href="#">Annual Council Effectiveness survey results reports</a></li> <li>• <a href="#">Discipline hearings</a></li> <li>• <a href="#">Fair Registration Practice</a> reports</li> <li>• <a href="#">Communiques</a></li> <li>• <a href="#">College Performance Measurement Framework</a> reports</li> </ul>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>		

## Part 2: Context Measures

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

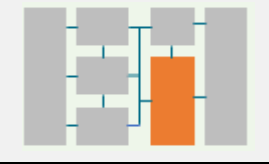
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

**Table 1 – Context Measure 1**

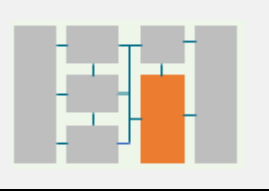
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. self-assessment new registrant requirement	2178	
ii. self-assessment QA cycle requirements	2859	
iii. learning plan development	2859	
iv. learning record	2859	
v. Peer and Practice Review Level 1	NR	
vi. Peer and Practice Review Level 2	NR	
vii. Peer and Practice Review Case-based assessment	178	
viii. Peer and Practice Review modified (educational upgrading)	6	

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

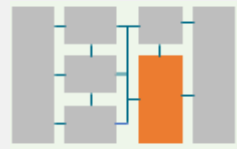
[NR](#)

*Additional comments for clarification (if needed)*

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022	3037	27%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
<a href="#">NR</a>			
Additional comments for clarification (if needed)			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	
<a href="#">NR</a> <i>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</i> <i>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</i>			
<i>Additional comments for clarification (if needed)</i> In light of the QA program project enhancement, the QAC deferred random selection of registrants to complete a Peer Practice Review pending the introduction of a risk-based, right-touch approach to identifying which RPs should undergo review. As a result, the committee did not issue directions to complete remedial activities in 2022.			

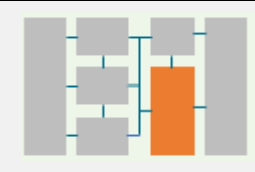
**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	9	5%	0	0%	
III. Communication	NR	NR	0	0%	
IV. Competence / Patient Care	32	20%	NR	NR	
V. Intent to Mislead including Fraud	31	19%	NR	NR	
VI. Professional Conduct & Behaviour	59	36%	7	30%	
VII. Record keeping	11	7%	NR	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	22	13%	NR	NR	
X. Unauthorized Practice	NR	NR	0	0%	
XI. Other <please specify>	0	0	0	0%	
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>76</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	



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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2022	75	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	27		
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	14		
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0%
II. Formal complaints that were resolved through ADR	0		0%
III. Formal complaints that were disposed of by ICRC	9		11%
IV. Formal complaints that proceeded to ICRC and are still pending	12		15%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	

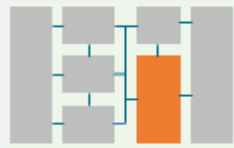
VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0%	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar's Investigation</a></p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i>  <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

**Table 6 – Context Measure 10**

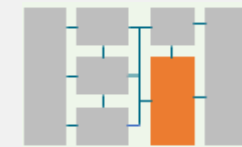
DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	0	0	0	0	0	NR
II. Billing and Fees	NR	NR	0	0	0	NR	NR
III. Communication	0	0	0	NR	0	0	0
IV. Competence / Patient Care	27	NR	NR	7	NR	0	6
V. Intent to Mislead Including Fraud	12	NR	NR	NR	0	NR	NR
VI. Professional Conduct & Behaviour	47	13	NR	6	0	NR	6
VII. Record Keeping	NR	NR	0	0	0	NR	0
VIII. Sexual Abuse	0	0	0	0	0	NR	0
IX. Harassment / Boundary Violations	10	NR	0	0	NR	0	0

X.	Unauthorized Practice	NR	0	0	0	0	0	3
XI.	Other <please specify>	0	0	0	0	0	0	0
<ul style="list-style-type: none"> <li>• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.</li> </ul> <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</p> <p><a href="#">NR</a></p>								
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>								
<p>Additional comments for clarification (if needed)</p>								

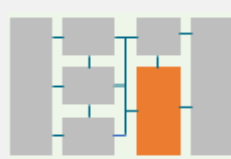
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b>		
<i>If College method is used, please specify the rationale for its use:</i>		
<b>Context Measure (CM)</b>		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	<b>Days</b>	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2022	319	
II. A Registrar’s investigation in working days in CY 2022	388	
<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>		
<a href="#">Disposal</a>		
<i>Additional comments for clarification (if needed)</i>		
-		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	448	
II. A contested discipline hearing in working days in CY 2022	N/A	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  -		

**Table 9 – Context Measure 13**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

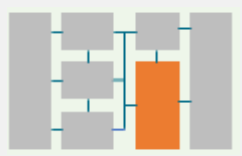


*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		<p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>
Type	#	
I. Revocation	0	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p><a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -</p>		
<p>Additional comments for clarification (if needed)</p>		

## Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.e.
<b>Issue:</b>	CRPO fiscal 2023-2024 Update to Council Per Diems
<b>Attachment(s):</b>	DRAFT revisions to Remuneration of Council and Committee Members policy
<b>References:</b>	<a href="#">CRPO By-laws</a> , see art 9.02 & 12.08
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	J. Falkenburger
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

To provide the resources necessary to ensure RPs contribute to CRPO governance in a competent, committed, and continuous manner.

### Background:

#### Governance Expenditures

A proposed increase to the per diem for Council and committee work is in line with Council discussions of routine incremental increases to Council/committee remuneration. Based on the approved budget staff are proposing the following increases.

#### **Chair**

<b>Meeting</b>	<b>Current</b>	<b>Recommended</b>	<b>% Increase</b>
Full Day	\$355.00	\$375.00	6%
Half Day	\$177.50	\$187.50	6%

#### **Member Meeting**

Full Day	\$265.00	\$280.00	6%
Half Day	\$132.50	\$140.00	6%

<b>Prep ALL</b>	<b>Current</b>	<b>Recommended</b>	<b>% Increase</b>
Full Day	\$265.00	\$280.00	6%
Half Day	\$132.50	\$140.00	6%

Travel, accommodations, and meals have not been reviewed in this cycle as in person meetings have only happened twice in this past fiscal. Hotel costs have been reviewed and approved prior to both meetings to ensure professional members have a sufficient allowance to cover the costs based on current hotel offerings. These expenses will be reviewed in the coming year as part of the 2024/2025 budget preparation.

### **Proposed Motions:**

1. That Council approve, pursuant to by-law articles 9.02 and 12.08, setting the amounts payable for attendance at and preparation for the transaction of College business, as follows:

- The Chair Full Day attendance per diem is set to \$375 (Half Day amount: \$187.50)
- The Member Full Day attendance per diem is set to \$280 (Half Day amount: \$140)
- The Chair and Member Full Day preparation per diem is set to \$280 (Half Day amount: \$140)

<b>Type of policy:</b> Operations	<b>Approved by:</b> Council
<b>Date approved:</b> May 26, 2022	<b>Next review date:</b> January 2024
<b>Amendment Dates:</b> November 20, 2020; March 25, 2021; May 26, 2022, March 2023	

## Remuneration of Council and Committee Members

### Purpose

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

### Policy Statement

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

### Scope

This policy applies to elected professional members of Council and committees and appointed non-Council committee members.

### Legal Authority

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

### Procedure

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

#### Rates for Attendance

The per diem for attendance for the President or a committee/panel chair, when chairing a meeting,<sup>1</sup> is \$375.

The per diem for attendance for all other members is \$280.

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

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

#### Rates for Preparation

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

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

Preparation time for each scheduled meeting is payable at a one to one ratio to the scheduled meeting time. Per diem is interpreted as the amount payable for work periods in excess of three hours; when three hours of work or less is involved, one-half of the established per diem rate will be paid of the per diem of \$280.

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

### Rate for Extended Travel Time

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

### President's Annual Honorarium

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

### **Guidelines**

1. Council and committee members shall submit their per diem claims on a platform provided by the College.
2. Submissions for remuneration for each month must be submitted to the College within three (3) days following the end of that month, and only include claims related to that month.<sup>3</sup> Claims for each month shall be consolidated into one submission.<sup>4</sup>
3. All submissions for remuneration will be reviewed for approval by the Registrar or designate prior to payment.
4. Meetings involving deliberations of a panel will be considered as a scheduled meeting.
5. Review of panel decisions by the chair or a designate will be paid in hourly increments of the regular Council member rate, with the time allotment designated by the panel chair and totaled by month.
6. Discipline decision writing will be paid in hourly increments of the regular Council member rate, with the time allotment designated by the panel chair.
7. Review of formal motions in writing (e.g. approval of minutes, appointment of an investigator), will be paid as one half-hour increment of the regular Council member rate.
8. Other than for Council meetings, committee meetings, panel meetings, formal CRPO presentations, hearings and decision writing, and College mandated orientation, evaluation, and professional development, all claims for remuneration for conducting College business must be pre- approved by the Registrar.<sup>5</sup>

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

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

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



9. Where the College cancels a scheduled without notice of at least two business days, members expected to attend are entitled to request and receive a maximum of the scheduled meeting per diem for attendance.
10. College staff will prepare and distribute T4s to all members in February for government tax purposes.
11. Per diem rates will be reviewed annually.

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.f.
<b>Issue:</b>	Investment Policy
<b>Attachment(s):</b>	DRAFT Investment Policy
<b>References:</b>	<a href="#">CRPO By-laws</a> , see art 4.10
<b>Action:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	J. Falkenburger
<b>Submitted by:</b>	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 while investing the College's reserve and other funds to maximize potential interest revenue. Funds not immediately required by the College may be invested.

### Background:

Staff is proposing a new investment policy, that would allow the Director or Operations & HR in conjunction with the Registrar, CEO to invests funds in GIC within the College's bank of record. The GIC offers a fixed rate of interest for a specific term, with both principal and interest payments guaranteed. Current interest rates for GIC will yield up to 3% more than current accounts. Staff will be investing using a custom laddering approach to stagger the maturity of investments and manage required cash flow. The ladder is 90 days, 180 days, 270 days, 1 year.

### Proposed Motions

That Council approve the investment policy as presented.

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

## Investment Policy

### **Purpose**

To responsibly manage finances and plan for the future of the College.

### **Relevant Legislation**

[CRPO By-law article 4.10](#) allows the College to invest surplus funds not immediately required for operational purposes once a strategy has been approved by Council on the recommendation of Executive Committee.

### **Investment Strategy and Process**

Surplus funds, including those allocated to a Reserve Fund, may be invested as follows:

#### *Strategy*

The main goals of the strategy are to ensure sufficient cashflow, minimize risk of loss, and maximize interest.

At present the College shall solely direct investment funds into Guaranteed Investment Certificates (GICs). CRPO will utilize a laddering strategy to stagger maturity dates.

This policy may be amended in the future to allow a broader scope of authorized investments.

#### *Allowable Investments and Limitations*

The College shall retain enough cash on hand to sustain a minimum of three months of operating expenses.

CRPO may only purchase GICs from the College's bank of record.

Individual GICs are not to be invested for a term exceeding two years.

Upon coming due, principal investments and their accrued interest may be re-invested in alignment with this policy or reallocated to either CRPO's High Interest Savings Account or the Operating Account.

#### *Process*

Investment recommendations are to be authorized by the Director, Operations & HR, and Registrar & CEO.

#### *Review Period*

This policy shall be reviewed every two years after first being approved by Council.

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.h.
<b>Issue:</b>	Posting Non-College Conduct on the Public Register
<b>Attachment(s):</b>	Non-College Conduct Policy
<b>References:</b>	<ul style="list-style-type: none"> <li>• <a href="#">Regulated Health Professions Act, 1991, section 23</a></li> <li>• <a href="#">O. Reg. 261/18: INFORMATION PRESCRIBED UNDER SUBSECTION 23 (2) OF THE HEALTH PROFESSIONS PROCEDURAL CODE</a></li> <li>• <a href="#">CRPO By-laws, article 21.08</a></li> </ul>
<b>Action:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	P. Bialik, M. Pioro
<b>Submitted by:</b>	Staff

### Purpose & Public Interest Rationale:

To provide a transparent, consistent framework for posting information generated by other legal bodies on CRPO's public register.

### Background:

Staff is proposing an updated policy for posting non-college conduct on the public register, as the policy has come due for review under the College's policy review cycle.

The content of the policy is largely dictated by legislation.

### Proposed Motions

That Council approve the revised policy, *Posting Non-College Conduct on the Public Register*, as presented.

Type of policy: Regulatory	Approved by: Council
Date approved: November 21, 2019	Next Review date: X
Amendment dates: X, 2023	

## Posting Non-College Conduct on the Public Register

### Purpose

To provide a transparent, consistent framework for posting information generated by other legal bodies on CRPO's public register.

### Relevant Legislation

[Regulated Health Professions Act, 1991, section 23](#)

[O. Reg. 261/18: INFORMATION PRESCRIBED UNDER SUBSECTION 23 \(2\) OF THE HEALTH PROFESSIONS PROCEDURAL CODE](#)

[CRPO By-laws, article 21.08](#)

### Scope

This policy applies to information received about a registrant's conduct governed by outside bodies (e.g., courts of law, other regulators).

### Policy

*Charges under the Criminal Code (Canada) and Controlled Drugs and Substances Act (Canada)*

Should a registrant be charged with an offence under the relevant legislation, the College will publish the following on the public register:

- The fact, content, date, and place of the charge; and
- Any existing conditions of release following a charge, or subsequent to a finding of guilt and pending appeal or variations to such conditions.

The College will include a notation on the public register specifying that the charge has not been proven, may be withdrawn, or an individual may be found not guilty.

The College will remove information pertaining to charges under the *Criminal Code (Canada)* and *Controlled Drugs and Substances Act (Canada)* no more than five business days after being satisfied that the charge(s) have been withdrawn or dismissed.

*Findings of guilt under the Criminal Code (Canada) and Controlled Drugs and Substances Act (Canada)*

The College will post on the public register the following:

- Findings of guilt under the *Criminal Code (Canada)* or the *Controlled Drugs and Substances Act (Canada)*.

The College will remove information pertaining to findings of guilt under the *Criminal Code (Canada)* and *Controlled Drugs and Substances Act (Canada)* no more than five business days after being satisfied that:

- A record suspension has been ordered by the Parole Board of Canada;
- A pardon has been received for the conviction in question; or
- The conviction has been overturned on appeal.

### *Information from other regulators*

CRPO registrants currently licensed or registered to practice another profession in Ontario or a profession in another jurisdiction will have the fact of their licensure or registration noted on the public register.

The College will remove information pertaining to dual or multiple registration or licensures upon receiving confirmation that the registrant is no longer licensed or registered with that body.

Registrants who have been the subject of any disciplinary finding, finding of professional misconduct, or incompetence by any other regulator or licensing authority in any jurisdiction will have a notation made on the public register including the following information:

- The fact of the finding;
- The date of the finding;
- The jurisdiction in which the finding was made; and,
- The existence and status of any appeal.

The College will remove information pertaining to disciplinary findings, findings of professional misconduct, or incompetence by any other regulator or licensing authority in any jurisdiction under the following condition:

- A successful appeal that has reversed the initial decision.

### *Exclusions and Exceptions*

Information may not be posted if it could identify a third party or violate a publication ban; if it could jeopardize the safety of a person; or if it is obsolete and no longer relevant to the registrant's suitability to practise.

### *Process*

If the Registrar receives information about a registrant's conduct that is required to be posted on the public register, the College may follow up with the registrant or third parties seeking further information, including relevant court filings if applicable.

The College will provide notice to the registrant that it intends to post the information and an opportunity to respond.

If the registrant provides a response within the allotted timeframe, the Registrar will consider the registrant's response before making a final decision regarding whether and what information to post on the public register. If the registrant fails to respond within the allotted timeframe or the Registrar nonetheless concludes that the information is required to be posted on the public register, publication on the public register will occur.

If the Registrar determines that the information is not required to be posted on the public register, then the information will not appear on the public register.

Registrants seeking to remove information under any of the grounds specified in this policy may contact [complaints@crpo.ca](mailto:complaints@crpo.ca).

# Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.i.
<b>Issue:</b>	Non-Council reappointments to Discipline and Fitness to Practise Committees
<b>Attachment(s):</b>	-
<b>References:</b>	<a href="#">Discipline and Fitness to Practise Hearing Panel</a> <a href="#">Competency Matrix</a>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Staff

## Purpose & Public Interest Rationale:

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

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

## Background:

- In December 2022, CRPO Council agreed to participate in the OPSDT pilot project where its lawyer-adjudicators are also appointed to the discipline committees at other health colleges, and an independent committee chair assigns panels, manages cases, and provides mentorship.
- At the January 25, 2023, Council meeting, Council appointed David Wright of the [Ontario Physicians and Surgeons Discipline Tribunal](#) (OPSDT) as Chair of the Discipline and Fitness to Practise Committees beginning April 3, 2023, for a term of approximately one year.
- Council also appointed lawyer-adjudicators Raj Anand, Shayne Kert, Sherry Liang, Sophie Martel, and Jennifer Scott, as members of the Discipline Committee and the Fitness to Practise Committee beginning April 3, 2023, for a term of approximately one year.
- Carol Cowan-Levine, RP, has served as a non-Council member since June 2019. In March 2021, C. Cowan-Levine was appointed Chair of the Discipline and Fitness to Practise Committees. With the discipline tribunal pilot scheduled to begin April 3, 2023, the Executive

Committee recommends the appointment of C. Cowan-Levine as member of the Discipline and Fitness to Practise Committees beginning April 3, 2023, for a term of approximately one year. This appointment will assist in succession planning throughout the pilot.

### **Proposed Motions**

That Council appoint Carol Cowan-Levine, RP, as a member of the Discipline and Fitness to Practise Committees for a term of approximately one year, beginning April 3, 2023.



Council Members 2022-2023	Executive	Client Relations	Discipline	Examination
<b>Professional</b> 1. Heidi Ahonen, RP 2. Shelley Briscoe-Dimock, RP 3. Kathleen (Kali) Hewitt-Blackie, RP 4. Avni Jain, RP 5. Kenneth Lomp, RP (President) 6. Michael Machan, RP (Vice President) 7. Miranda Monastero, RP 8. Judy Mord, RP 9. Radhika Sundar, RP  <b>Public</b> 10. Steven Boychyn 11. Sherine Fahmy 12. David Keast 13. Henry Pateman 14. Keri Selkirk 15. Jeffrey Vincent	<b>Professional</b> Kathleen (Kali) Hewitt-Blackie, RP Kenneth Lomp, RP (Chair) Michael Machan, RP  <b>Public</b> David Keast Keri Selkirk	<b>Professional</b> Shelley Briscoe-Dimock, RP Judy Mord, RP (Chair) Radhika Sundar, RP  <b>Public</b> Steven Boychyn Keri Selkirk	<b>Professional</b> Heidi Ahonen, RP Shelley Briscoe-Dimock, RP Kathleen (Kali) Hewitt-Blackie, RP Avni Jain, RP Kenneth Lomp, RP Michael Machan, RP Miranda Monastero, RP Judy Mord, RP Radhika Sundar, RP  <b>Public</b> Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent  <b>Non-Council</b> Carol Cowan-Levine, RP David Wright (Chair)  <b>Adjudicators</b> Raj Anand Shayne Kert Sherry Liang Sophie Martel Jennifer Scott	<b>Professional</b> Heidi Ahonen, RP (Chair) Kathleen (Kali) Hewitt-Blackie, RP Michael Machan, RP Miranda Monastero, RP  <b>Public</b> Steven Boychyn Keri Selkirk  <b>Non-Council</b> Vacant
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<b>Professional</b> Heidi Ahonen, RP Avni Jain, RP Michael Machan, RP (Chair) Radhika Sundar, RP  <b>Public</b> David Keast Henry Pateman  <b>Non-Council</b> Elda Almario, RP Jamie Consoli, RP Muriel McMahon, RP Ahilaruban (Ahil) Nageswaran, RP Sasha Sky, RP Glenn Walsh, RP	<b>Professional</b> Heidi Ahonen, RP Shelley Briscoe-Dimock, RP Kathleen (Kali) Hewitt-Blackie, RP Avni Jain, RP Kenneth Lomp, RP Michael Machan, RP Miranda Monastero, RP Judy Mord, RP Radhika Sundar, RP  <b>Public</b> Steven Boychyn Sherine Fahmy David Keast Henry Pateman	<b>Professional</b> Shelley Briscoe-Dimock, RP (Chair) Kathleen (Kali) Hewitt-Blackie, RP Kenneth Lomp, RP Miranda Monastero, RP Judy Mord, RP  <b>Public</b> Steven Boychyn Sherine Fahmy David Keast Keri Selkirk Jeffrey Vincent  <b>Non-Council</b>	<b>Professional</b> Avni Jain, RP Michael Machan, RP Judy Mord, RP Radhika Sundar, RP  <b>Public</b> Sherine Fahmy (Chair) David Keast Henry Pateman	<b>Professional</b> Heidi Ahonen, RP Kathleen (Kali) Hewitt-Blackie, RP Avni Jain, RP Kenneth Lomp, RP (Chair) Miranda Monastero, RP  <b>Public</b> Sherine Fahmy David Keast Jeffrey Vincent  <b>Non-Council</b> Felipe Cepeda, RP Kayleen Edwards, RP Brenda Sedgwick, RP

	<p>Keri Selkirk Jeffrey Vincent</p> <p><b>Non-Council</b> Carol Cowan-Levine, RP David Wright (Chair)</p> <p><b>Adjudicators</b> Raj Anand Shayne Kert Sherry Liang Sophie Martel Jennifer Scott</p>	<p>Abimbola (Abi) Ajibolade, RP David Bruce, RP Janet Cullen, RP Nicolas El-Kada, RP Ibukun Ogunsina, RP Christohper Rudan, RP Kafui Sawyer, RP Leslie Vesely, RP</p>		
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Professional Practice Working Group	Diversity, Equity and Inclusion Working Group			
<p><b>Professional</b> Shelley Briscoe-Dimock, RP Kenneth Lomp, RP Michael Machan, RP Judy Mord</p> <p><b>Public</b> David Keast Keri Selkirk</p>	<p><b>Professional</b> Ronnie Ali, RP Rose Marie Anthony, RP Jessica Cashmore, RP (Qualifying) (co-chair) Laurinda Cheng, RP (co-chair) Jamie Consoli, RP Darlene Denis-Friske, RP Joyeuse Nereah Felix, RP (Qualifying) Enrique Garcia, RP Linah Hashimi, RP Hina Islam, RP (Qualifying) Laura McNeilly, RP Erefaa Ogbuaku Jnr, RP Gabrielle Ondrade, RP (Qualifying) Malini Ondrovcik, RP Carla Ribeiro, RP</p>			

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

<b>Total Non-Council:</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>6</b>	
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© Committee chair

○ Indigenous Registration Pathways panel appointment

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.j.
<b>Issue:</b>	Non-Council Member Appointments to ICRC
<b>Attachment(s):</b>	-
<b>References:</b>	<ul style="list-style-type: none"> <li>• <a href="#">Non-Council Member Appointments Policy</a></li> <li>• CRPO by-laws</li> </ul>
<b>For:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams / A. Fournier
<b>Submitted by:</b>	Nominations and Elections Committee, Executive Committee

### Purpose & Public Interest Rationale:

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

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

### Background:

On December 20, 2022, via the CRPO Communique, registrants were informed of Council's direction to recruit the following:

- Examination: + 1 non-council appointment
- Inquiries, Complaints & Reports: + 4 non-council appointments

Twelve (12) registrants applied and ten (10) participated in the interview process. The interviews were conducted by pairings of Nominations and Elections committee members the week of January 16, 2023, and were scored using the non-Council interview scoring tool. The scores were compiled and reviewed by the Nominations and Elections Committee on January 23.

The Committee recommended the appointment of four (4) RPs to the ICRC; however, no applicants met the criteria for the Examination Committee non-Council appointment. The Nominations and Elections Committee recommended that a targeted callout to internationally trained RPs who have completed the Bridge to Registration and Employment in Mental Health (BREM) program be posted. The call for expressions of interest was extended and closed on

March 10, with interviews taking place later this month. An update will be provided at a future Council meeting. The Executive Committee supported these recommendations.

### **Next Steps:**

The Nominations and Elections Committee and Executive Committee is asking that Council ratify the appointments the following individuals to the ICRC as non-Council members:

- Janet Cullen, RP
- Ibukun Ogunsina, RP
- Christopher Rudan, RP
- Leslie Vesely, RP

### **Proposed Motions**

That Council ratify the appointment of Janet Cullen, RP, Ibukun Ogunsina, RP, Christopher Rudan, RP, and Leslie Vesely, as a members of the Inquiries, Complaints and Reports Committee for a term of approximately one year.

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	2.k.
<b>Issue:</b>	Diversity, Equity and Inclusion Working Group co-chair acclamations
<b>Appendix:</b>	-
<b>References:</b>	<a href="#">DEIWG terms of reference</a>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams / A. Fournier
<b>Submitted by:</b>	DEIWG, Executive Committee

### Purpose & Public Interest Rationale:

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

### Background:

- **September 21, 2022:** Council approved the terms of reference for the Diversity, Equity and Inclusion Working Group. The DEI proto group, working with members of the Nominations and Elections Committee, used the terms of reference to recruit RPs to the working group.
- **October-November 2022:** Sixty-three RPs responded to the call for interest and 41 made submissions or participated in an interview. Following the completion of the interviews and reviews of alternative submissions, the proto group and members of the Nominations and Elections Committee met and reviewed the results. A thorough process was undertaken - considering the terms of reference, the competencies, and the practice setting - to determine which 15 individuals would be offered an appointment.
- **December 8, 2022:** Council approved the appointment of 15 RPs to the DEIWG. Staff provided orientation for the new appointments.
- **January 17, 2023:** the DEIWG held their first meeting, facilitated by Darcy Belisle. As per the terms of reference, which stipulate that "the DEI Working Group will select Co-Chairs from among its members and in their selection will consider the principles of inclusion and balance along elements of identity including but not limited gender, race, ability, sexuality, age," WG members were asked to provide an expression of interest if they were interested in a co-chair appointment.
- **February 21, 2023:** two DEIWG members submitted a co-chair expression of interest. Laurinda Cheng, RP, and Jessica Cashmore, RP (Qualifying) were both acclaimed as DEIWG co-chairs.
- **March 9, 2023:** Executive Committee accepted the acclamations.

### **Next Steps:**

The Executive Committee recommends that Council ratify the acclamations of Laurinda Cheng, RP, and Jessica Cashmore, RP (Qualifying) as co-chairs of the DEIWG.

### **Proposed Motions**

That Council accept the acclamation of Jessica Cashmore, RP (Qualifying) and Laurinda Cheng, RP, as co-chairs of the Diversity, Equity and Inclusion Working Group for a term of approximately one year.



## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	3.b.
<b>Issue:</b>	Council Observer Guidelines
<b>Attachment(s):</b>	Revised Council Observer Guidelines
<b>References:</b>	<a href="#">CRPO Council Meeting Policies</a> <a href="#">Regulated Health Professions Act, 1991</a>
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams, A. Fournier
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

All CRPO Council meetings are open to the public, with agendas and meetings materials made available on the CRPO website in advance. Livestreaming Council meetings increases transparency and accessibility to those who reside outside of the Greater Toronto Area, and enhances public protection by making attending Council meetings available to all Ontarians with internet access.

### Background:

The *Regulated Health Professions Act, 1991* states:

*7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).*

The CRPO posts Council agendas two weeks prior to the Council meeting date and posts all meeting materials at least one week prior to the Council meeting date.

In February 2020, Council approved livestreaming all Council meetings and since this time, the College has only offered a livestream observer option in the interest of public health and safety due to the COVID-19 pandemic.

CRPO has not since opened the public gallery for in-person Council meetings and all Council meetings will continue to be livestreamed for observers on CRPO's YouTube channel.

Over the last three years, staff have developed livestreaming procedures to ensure virtual Council meetings run smoothly. As such, staff has made changes to the Council observer livestream process and the observer guidelines. The changes are as follows:

- Observers are now being asked to register in advance using an [online form](#) to receive a link to view the livestream.

**Recommendation:**

This item is being presented for information.

<b>Type of document:</b> guideline	<b>Approved by:</b> Executive
<b>Date approved:</b> Sept. 16, 2013	<b>Next Review date:</b> Sept, 2024
<b>Amendment dates:</b> Sept. 16, 2021, March 9, 2023	

## Council Observer Guideline

### Purpose

The purpose of this guideline is to provide rules of conduct for individuals observing College Council meetings.

### Relevant Legislation

[Regulated Health Professions Act](#)

[Health Professions Procedural Code](#)

### Scope

This guideline applies to members of the public observing Council meetings.

### Procedure for Observing In-Person Council Meetings

Due to limited space in the board room, anyone wishing to observe must reserve a spot and receive confirmation that they have a seat before attending any Council meeting. Staff will be able to accept reservations once the agenda is posted, approximately two weeks prior to the meeting. Due to space consideration, we ask that each organization or association only send one representative. Council meetings are held at 375 University Avenue, Suite 803, unless otherwise noted.

### Observer Guidelines for In-Person Council Meetings

1. Observers do not participate in the meeting or engage in Council discussions when the meeting is in session. Observers must also refrain from passing notes or other information to Council members during the meeting.
2. Observers are asked to turn off or silence cell phones and other devices and keep side conversations to a minimum.
3. Observers are asked to limit comings and goings during the meeting. There are scheduled morning and afternoon breaks and an approximately one-hour break for lunch. Observers are asked to make their own arrangements for these breaks.
4. Observers may not audio- or video-record Council meetings. This includes taking photographs, video, and voice recordings. Note-taking is acceptable.
5. Council meetings are open to the public, except for any in camera portion in accordance with the *Health Professions Procedural Code* of the *Regulated Health Professions Act, 1991*, section, 7(2). If known in advance, in camera items are noted on the agenda. The agenda is posted approximately two weeks prior to the meeting. Meeting materials are posted approximately one week prior to the meeting.
6. The College is a fragrance-free environment. This applies to all staff, Council members and visitors.

### **Procedure for Observing Council Meetings via Livestream**

Livestreaming Council meetings increases transparency and accessibility to those who reside outside of the Greater Toronto Area and enhances public protection by making attending Council meetings available to all Ontarians with internet access. Observers are asked to register in advance to receive a link to view the livestream.

## Registrar's Report to Council

March 29, 2023

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*Respectfully submitted by Deborah Adams*

### **Public Interest Rationale**

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

### **Project Updates**

#### **Quality Assurance Program enhancement project**

This project continues to be on track, with dates set for the first two assessment periods (May 26 through June 4 and October 27 through November 5). A verbal update on the project 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 underway and interviews being scheduled with individuals (complainants, witnesses and RPs) involved in the complaints-process.

#### **Staffing Update**

There have been two additions to the staff team since last report: one QA Program Assistant, and one Registration Coordinator, both of whom are bilingual.

### **Regulatory Developments**

[Bill 36, Health Professions and Occupations Act](#) British Columbia has introduced the bill to create a streamlined regulatory regime. This Bill fundamentally restructures the governance and operation of health professions in British Columbia. It is expected that psychotherapists will be regulated under one of the amalgamated colleges that this act will create. The BC Association of Clinical Counsellors and the Canadian Counselling and Psychotherapy Association are working in partnership to submit an Application for Designation as a Health Profession. Staff have been consulting, when requested, about the experience of regulating in Ontario.

### **Practice Advisory Data**

From January 1 to March 9<sup>th</sup>, we received 658 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	658

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
  - Competence of RP(Qualifying)
  - Conducting other services in a psychotherapy practice such as counselling, coaching, and mentorship
- Cross border practice
  - RPs working remotely with clients outside Ontario
  - RPs outside Ontario working remotely with clients in Ontario
- Fees
  - Sliding Scale Fees and Block Fee Arrangements
- Closing, Selling or Relocating a Practice
  - Leaving a group practice site or a practicum site
  - Contingency planning

### Quality Assurance Data

QA Reporting Cycle: Monitoring Breakdown for 2022

Registrants registered in even-numbered years (i.e., 2016, 2018, 2020) were due to report their professional development (PD) requirements by 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 above. Numbers were exported March 13, 2023*

As of March 13, 2023, 2770 registrants have submitted their attestations.

Registration Year	Number of Registrants that Submitted Attestations
2016	879
2018	928
2020	963
Total Number of Registrants Submitted Attestations: 2770	

Registration Year	Number of Registrants
2016	899
2018	971
2020	983
Total Number of Registrants Monitored in 2022: 2853	

**Peer and practice review**

1,100 registrants have been randomly selected to participate in a peer and practice review by completing the Spring 2023 case-based assessment (CBA), scheduled for May 26 to June 4, 2023.

Registrants who are randomly selected to participate in a peer and practice review by completing the Fall 2023 CBA (October 27 to November 5) will be notified in April 2023.

**Registration****Applications:**

	<b>January</b>	<b>February</b>
<b>Applications started</b>	320	310
<b>Total applications submitted</b>	268	320
<b>Applications from recognized programs submitted</b>	241	295
<b>Applications from non-recognized programs submitted</b>	26	24
<b>Labour mobility applications</b>	1	1

Total registrants as of March 7, 2023:

- RP 7,935
- Qualifying 3,602
- Inactive 190

### **Compliance Monitoring**

Files currently being monitored are as follows:

<b>Registration Committee:</b>	
Clinical supervision/monitoring	38
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	19
Education	9
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	46
Undertaking	0
Conditional Approval	0
Learning Plan (Educational Upgrade)	8
<b>ICRC:</b>	
Clinical supervision/monitoring:	17
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	3
Not Completed: result of resignation/revocation	20
On Hold: other reasons (e.g. on leave or Interim Order)	1
In Breach	1
Undertaking	6
Caution (only)	0
Remedial agreement	3
SCERP	19
Terms, Conditions and Limitations	0
Interim Order	4
Interim Suspension	1
<b>QA:</b>	
Clinical supervision/monitoring	0
Reflective Paper/Report	0
Review Standards	0
Submit revised advertising material	0
<b>Discipline:</b>	
Education	2
Clinical Supervision	2
Costs	2
Suspension	0
<b>Fitness to Practise:</b>	
Monitoring (not practising)	0



## **STAKEHOLDER ENGAGEMENT**

### ***Stakeholder Meetings***

- *January 10:* Registration staff presented in French to 20 students from Saint Paul University
- *January 31:* regular check in meeting with the Partnership of Registered Psychotherapist Associations (PRPA) association representative.
- *February 10:* Registration staff presented to 27 students from the Ontario Institute for Studies in Education, University of Toronto
- *February 16:* regular check in meeting with the Ontario Association of Mental Health Professionals (OAMHP) representatives.
- *February 23:* Registration staff presented in French to 10 students from the University of Hearst
- *March 3:* Registration staff presented to 20 students from the University of Ottawa
- *March 8:* Registration staff presented in French to students (number unknown) from the University of Ottawa

### ***Inter College Collaboration***

- *January 2023:* Quality Assurance Staff reviewed and provided feedback and input on two new proposed draft standards and guidelines on virtual care and social media for College of Dieticians of Ontario
- *February 13, 2023:* I had an introductory meeting with the Registrar of the [College of Patent Agents and Trademark Agents](#).
- *March 20, 2023:* I have been invited to present to the Council of the College of Kinesiologists of Ontario on the work that CRPO has done to implement a competence model and evaluation framework.
- *March 7, 2023:* S. Teece, M. Pioro and I met with the Registrar and Director of Policy, Governance and Tribunals to discuss possible collaboration in responding to direction from Ontario's Child and Youth Death Review and Analysis unit at Office of the Chief Coroner. See the article *Expert review concerning the death of a child* article in the [February Communiqué](#)
- Staff are working with other regulatory colleges whose registrants may be engaged in applied behaviour therapy and will be affected by the regulation of ABA providers through the College of Psychologists of Ontario. The goal will be to provide guidance around the requirement to register. First steps in the work with these colleges is to survey registrants on if and how they use ABA techniques. CRPO is hosting the survey.

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

- HPRO Anti-BIPOC Racism Project – early drafts of the Equity Impact Assessment and other DEI tools have been developed through this project group. I continue to attend bi-weekly meetings to contribute to the work and to bring learning back to CRPO.
- The HPRO CPMF working group concluded its meetings as colleges completed work on their 2022 report.
- A strategic planning session was held in February with the goal of developing a plan to work more effectively to collaborate and to support regulatory processes across the province.

### **Staff Training & Education**

- *January 18:* Three members of the senior management team attended *Enhancing the Public Interest While Avoiding Dysfunction: Public Members and the Regulation of the Professions* by the Canadian Network of Agencies for Regulation (CNAR)
- *February 8:* Two members of the senior management team and one member of the Governance team attended *Gender Diversity & Gender Inclusive Communications* by CNAR
- *February 15:* One member of the governance team attended *Governance in Regulation: Making Governance Matter* by Harry Cayton via CNAR.
- *March 1 and 2:* Several staff attended the virtual Canadian Centre for Diversity and Inclusion (CCDI) Unconference 2023 – The Future of DEI: Pause. Reflect. Project.
- *March 2:* One member of the senior management team attended the Law Society of Ontario On-demand webcast regarding Administrative Law and Practice.

Pages

Nov 23, 2022 - Mar 7, 2023

All Users  
100.00% Pageviews

Explorer

Pageviews



Page	Pageviews ↓	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	<b>416,996</b> % of Total: 100.00% (416,996)	<b>371,578</b> % of Total: 100.00% (371,578)	<b>00:02:05</b> Avg for View: 00:02:05 (0.00%)	<b>270,412</b> % of Total: 100.00% (270,412)	<b>80.88%</b> Avg for View: 80.88% (0.00%)	<b>64.85%</b> Avg for View: 64.85% (0.00%)	<b>\$0.00</b> % of Total: 0.00% (\$0.00)
1. /	<b>80,997</b> (19.42%)	<b>75,134</b> (20.22%)	00:01:39	<b>72,125</b> (26.67%)	79.12%	74.69%	<b>\$0.00</b> (0.00%)
2. /recognized-accepted-programs/	<b>29,626</b> (7.10%)	<b>27,956</b> (7.52%)	00:03:18	<b>22,693</b> (8.39%)	94.20%	83.81%	<b>\$0.00</b> (0.00%)
3. /find-a-registered-psychotherapist/	<b>29,386</b> (7.05%)	<b>26,416</b> (7.11%)	00:03:16	<b>20,112</b> (7.44%)	88.82%	83.39%	<b>\$0.00</b> (0.00%)
4. /applying-to-crpo/	<b>22,334</b> (5.36%)	<b>18,323</b> (4.93%)	00:01:59	<b>13,373</b> (4.95%)	68.12%	52.67%	<b>\$0.00</b> (0.00%)
5. /practice-matters/	<b>9,817</b> (2.35%)	<b>8,669</b> (2.33%)	00:03:37	<b>7,119</b> (2.63%)	86.21%	73.71%	<b>\$0.00</b> (0.00%)
6. /new-members-registered-psychotherapist-qualifying/	<b>9,721</b> (2.33%)	<b>8,904</b> (2.40%)	00:02:28	<b>6,756</b> (2.50%)	90.46%	73.48%	<b>\$0.00</b> (0.00%)
7. /registration-exam/	<b>9,341</b> (2.24%)	<b>7,535</b> (2.03%)	00:02:59	<b>5,591</b> (2.07%)	79.98%	64.46%	<b>\$0.00</b> (0.00%)
8. /supervision/	<b>7,400</b> (1.77%)	<b>6,773</b> (1.82%)	00:02:53	<b>5,066</b> (1.87%)	89.57%	73.23%	<b>\$0.00</b> (0.00%)
9. /pdtemplates/	<b>7,270</b> (1.74%)	<b>4,783</b> (1.29%)	00:02:55	<b>2,870</b> (1.06%)	52.40%	47.70%	<b>\$0.00</b> (0.00%)
10. /education-programs/	<b>7,090</b> (1.70%)	<b>6,166</b> (1.66%)	00:01:07	<b>4,062</b> (1.50%)	56.78%	43.13%	<b>\$0.00</b> (0.00%)

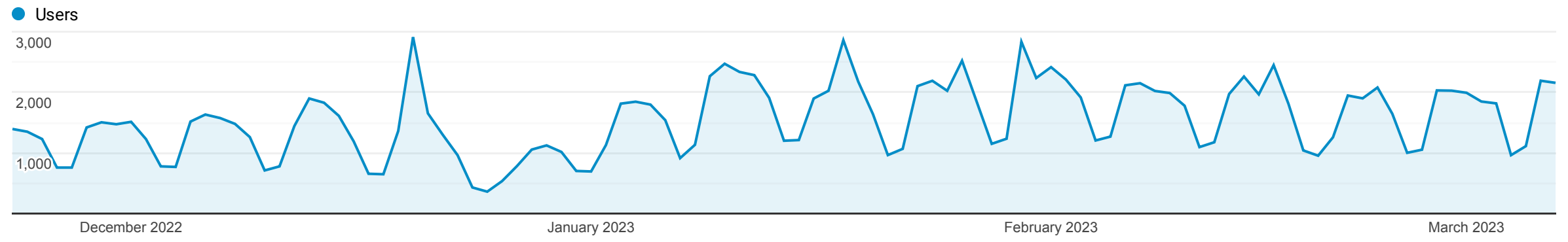
Rows 1 - 10 of 9019

## Audience Overview

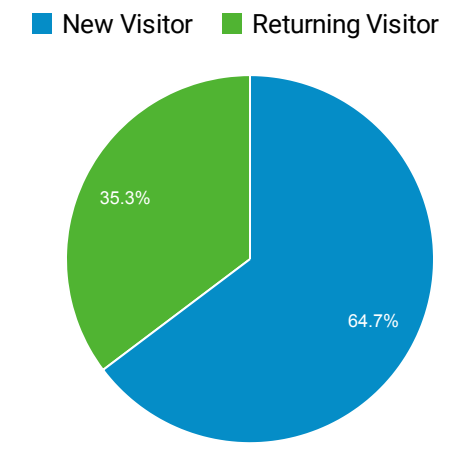
Nov 23, 2022 - Mar 7, 2023

All Users  
100.00% Users

### Overview



<b>Users</b> 99,600	<b>New Users</b> 91,455	<b>Sessions</b> 270,797	<b>Number of Sessions per User</b> 2.72
<b>Pageviews</b> 416,996	<b>Pages / Session</b> 1.54	<b>Avg. Session Duration</b> 00:01:08	<b>Bounce Rate</b> 80.88%



Language	Users	% Users
1. en-ca	44,859	44.84%
2. en-us	43,330	43.31%
3. en-gb	6,146	6.14%
4. en	1,957	1.96%
5. zh-cn	901	0.90%
6. fr-ca	586	0.59%
7. fr-fr	520	0.52%
8. en-in	277	0.28%
9. en-au	239	0.24%
10. zh-tw	135	0.13%

## Briefing Note for Council

<b>Meeting Date:</b>	March 29, 2023
<b>Agenda Item #</b>	3.e
<b>Issue:</b>	College Website Update Launch
<b>Appendix:</b>	-
<b>References:</b>	<a href="https://www.crpo.ca/">https://www.crpo.ca/</a>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams

### Purpose & Public Interest Rationale:

Timely, comprehensive and easy to understand information support:

- the public in access the services and support of the College
- registrants in meeting their regulatory obligations
- applicants in seeking registration
- all stakeholders in holding the College accountable

### Background:

While CRPO's website has been modified and expanded over the last six years, it has not had a significant refresh. Improvements are needed in accessibility features, navigation options, and the degree of interactivity available to users.

Staff undertook a targeted RFP to source and select vendors to assist with the re-design and re-build of the sight. Initial meetings with the chosen firms have begun and a plan is in place to complete the work over the course of the new fiscal year.

Council's strategic priorities will direct the approach taken to the design of the site. Most specifically, a focus on the 'clear communication' priority goals to support clear, transparent and dynamic interaction with stakeholders.

### Next Steps:

Staff will continue the work, consulting with relevant experts to ensure that the site is accessible and updating committees as areas of the site relevant to their mandate are being updated. Council will also receive regular updates as the work gets underway.

At this meeting, Council will be provided with an opportunity to review and comment on options for a refreshed logo.

# COUNCIL MINUTES

Wednesday, January 25, 2023

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

ZOOM videoconference

## **Council Members:**

Heidi Ahonen, RP, Professional Member  
Shelley Briscoe-Dimock, RP

Sherine Fahmy, Public Member

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

Avni Jain, RP, Professional Member

David Keast, Public Member

Kenneth Lomp, RP (President),  
Professional Member

Michael Machan, RP, (Vice-President)  
Professional Member

Judy Mord, RP, Professional Member

Henry Pateman, Public Member

Keri Selkirk, Public Member

Radhika Sundar, RP, Professional Member

Jeffrey Vincent, Public Member

## **Staff Members:**

Deborah Adams, Registrar & CEO

Jo Anne Falkenburger, Director of Operations  
& HR

Amy Fournier, Executive Coordinator  
(Recorder)

Virginia Strobel, Communications Coordinator

## **Regrets:**

Steven Boychyn, Public Member

Miranda Monastero, RP, Professional Member

## **Guests:**

Giovanni Salas, Pollinate Networks

Jacob Harvey, Pollinate Networks

### **1.a. Welcome and Opening Remarks**

M. Machan, Vice-President & Co-Chair, called the meeting to order at 9:37 a.m. and welcomed all present. It was noted that K. Lomp was experiencing technical difficulties and would join the meeting momentarily.

### **1.b. Approval of Draft Agenda**

M. Machan introduced the draft agenda. S. Briscoe-Dimock asked that the Executive Committee report to Council be moved from the Consent Agenda. The item will be discussed after the Registrar's Report.

#### **MOTION C-25JAN2023 – 01**

That the agenda of the January 25, 2023, meeting of Council be approved as amended.

Moved: K. Hewitt-Blackie

Seconded: H. Ahonen

CARRIED

### **1.c. Conflict of Interest Declarations**

None declared.

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

M. Machan and D. Adams introduced Giovanni Salas and Jacob Harvey of Pollinate Networks. G. Salas walked Council through the Council Competency Reflection aggregate results and provided Council with background information on the development of the evaluation components. G. Salas presented a list of potential competence related focus areas that will drive good governance.

**2.b. Use of Performance Indicators in the realm of competence assessment and development**

G. Salas provided an educational presentation on the use of key performance indicators in the realm of competence assessment. D. Adams provided additional information regarding the development of the specified Council and committee competency matrices. G. Salas provided information on how KPIs can drive quality by informing decision making around where attention needs to be focused to achieve these benchmarks.

**2.c. Key Performance Indicator and College Performance Measurement Framework update**

D. Adams introduced the item, providing context and details regarding the CPMFs requirement to develop separate KPIs to measure Council's effectiveness. KPIs can drive quality by helping understand where Council is effective and to inform decision making on where the Council's resources are focused. Committees have begun focused discussion regarding KPI development and are at various stages of working through their KPI development and selection. Significant components that will aid in KPI development include the QA enhancement project and the trauma-informed review. KPIs will be brought forward to Council over the next several months with a goal of developing a KPI dashboard to be categorized as follows: governance, core regulatory functions and operations.

**2.d. 2023-24 Expense and Revenue Budget**

J. Falkenburger, Director, Operations & Human Resources, introduced the proposed 2023-24 budget. Highlights included:

- Staff drafting no risk investment policy (to be approved at March meeting)
- Expense budget was thoroughly reviewed by Executive Committee
- Noted some line items were amalgamated
- Efforts to increase reserve fund have been successful – can begin working with balanced budget
- Continued growth in staff numbers to manage increased number of applicants and registrants
- Increase in number of committee panel and plenary meetings
- New website development
- Registration department increase to facilitate work of DEIWG, standards review
- QA enhancement program development and launch
- Increase in software costs
- Increase in staff travel to engage in professional development

Council was invited to ask questions and seek clarification.

**MOTION C-25JAN2023 – 02**

That Council approve the 2023-24 fiscal budget as presented.

Moved: S. Briscoe-Dimock

Seconded: J. Mord

CARRIED

**2.e. Signing Authority by-laws and policy**

J. Falkenburger presented proposed by-law changes regarding signing authority. Council was presented with the proposal to extend the independent signing authority of the Registrar (and any backup person, e.g., Deputy Registrar) from \$5,000 to \$10,000. Council was also asked to consider formalizing single signing authority for employment contracts.

**MOTION C-25JAN2023 – 03**

That Council amend by-law articles 3.02, 4.03, and 4.04, by replacing any reference to \$5,000 with \$10,000.

Moved: H. Ahonen

Seconded: J. Vincent

CARRIED

**MOTION C-25JAN2023 – 04**

That Council approve a policy, pursuant to by-law article 3.03 (Other Signing Authority), 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).

Moved: J. Mord

Seconded: K. Selkirk

CARRIED

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

D. Adams introduced the item and provided background regarding the proposed changes to the Registration Regulation to require an emergency class of registration. The Ministry of Health requested that the final version of the revised regulation be submitted by May 1, 2023. Council was presented with a proposed timeline to comply with the deadline and approved the plan as presented.

**MOTION C-25JAN2023 – 05**

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

Moved: D. Keast

Seconded: S. Briscoe-Dimock

CARRIED



**MOTION C-25JAN2023 – 06**

That Council directs staff to publish April 27, 2023 (1:00-2:00) as a Council meeting date.

Moved: K. Hewitt-Blackie  
Seconded: S. Briscoe-Dimock  
CARRIED

**2.g. Discipline Tribunal Planning**

D. Adams presented the item and provided an update on the progress of the discipline tribunal pilot planning and launch.

Council was presented with a roster of lawyer adjudicators from the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) that will be appointed to the Discipline and Fitness to Practise Committees, effective April 3, 2023. Staff will begin the orientation process with appointed adjudicators and ensure an operational policy is in place to receive the same remuneration as they do from OPSDT. A discipline training session is scheduled to take place at the March 30 Council education day to provide information and education on the tribunal process.

**MOTION C-25JAN2023 – 07**

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 Fitness to Practise Committee.

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

**2.h. Non-Council Member Reappointments**

K. Lomp introduced the item regarding the reappointment of non-Council committee members.

**MOTION C-25JAN2023 – 08**

That Council ratify the appointment of Jamie Consoli, RP, and Sasha Sky, RP, to the Registration Committee's Indigenous Pathways panel for a term of approximately one year.

Moved: D. Keast  
Seconded: K. Selkirk  
CARRIED

**Diversity Equity and Inclusion Working Group (DEIWG) update**

D. Adams noted that the DEIWG met on January 17, 2023, where the group discussed the appointment of co-Chairs and work plan development. A process will be established to ensure cross-pollination with committees and reporting to Council.

**3.a. Quality Assurance Enhancement Project update: Case Based Assessment Pilot Results**

D. Adams provided background information on the QA enhancement projects that began in April 2021. 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, the CBA pilot was developed.

D. Adams provided a presentation using the data collected during the pilot, noting that, over the course of the project RPs have been contracted as case writers, case developers, and answer sequencers to help ensure that a diverse collection of perspectives, modalities, communities of practices and lived experiences are represented. Results of the pilot were resoundingly reassuring. Next steps include reviewing the anonymous survey feedback from CBA pilot participants. The QA Committee will use the feedback to revise the tools and delivery of the assessment. Further updates will be provided to Council as the work progresses.

### 3.b. Registrar's Report

D. Adams presented her report and Council was invited to pose questions or seek clarification.

### 3.c. Executive Committee Report to Council

K. Lomp noted that the Executive Committee Report to Council was moved from the Consent Agenda to regular discussion at the request of S. Briscoe-Dimock

### 4.a. Consent Agenda

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

- Draft minutes of September 21, 2022
- Committee reports to Council

#### **MOTION C-25JAN2023 – M09**

That Council approve the consent agenda as presented.

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

### 5. Council Question Period

No questions were raised.
































### 6. Adjournment

#### **MOTION C-25JAN2023 – M010**

That the meeting be adjourned at 1:53 p.m.

Moved: M. Machan  
 Seconded: M. Monastero  
 CARRIED

### Conflict of interest disclosure form 25JAN2023

Name	Vote	Signature	Notes
 Ahonen,Heidi		NA	I do not have COL. Heidi Ahonen
 Boychyn,Steven	Pending	NA	
 Briscoe-Dimock,Shelley		NA	
 Fahmy,Sherine		NA	
 Falkenburger,Jo Anne	Pending	NA	
 Fournier,Amy	Pending	NA	
 Hewitt-Blackie,Kali		NA	no conflict on interest for Kali H-B
 Jain,Avni		NA	
 Keast,David		NA	
 Lomp,Kenneth Gunnar		NA	
 Machan,Michael		NA	
 Monastero,Miranda		NA	
 Mord,Judy		NA	No conflict
 Pateman,Henry		NA	
 Selkirk,Keri		NA	
 Sundar,Radhika		NA	
 Vincent,Jeffrey		NA	

Responses = [14 out of 22]  14  0  0  0

## Discipline Committee Report to Council

March 29, 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 January 25, 2023, there were no new referrals to Discipline.

#### Hearings:

Since the last Council meeting dated January 25, 2023, no hearings occurred.

At this time, the following matters have been scheduled:

CRPO v HWANG  
CRPO v KRAVETSKY

The following five (5) matters are awaiting scheduling:

CRPO v HARAMIC  
CRPO v JOY  
CRPO v HYNES  
CRPO v SAXTON  
CRPO v MUSCAT

#### Pre-hearing Conference & Motions:

Two (2) pre-hearing conferences occurred since the last Council meeting of January 25, 2023. No motions occurred since the last Council meeting of January 25, 2023.

#### Training

No committee training occurred since the last Council meeting of January 25, 2023.

#### The Committee Recommends:

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

Respectfully submitted,

Carol Cowan-Levine  
Chair, Discipline Committee

## Examination Committee Report to Council

March 29, 2023

### Committee Members

- Heidi Ahonen, RP (Chair)
- Steven Boychyn
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk

#### Committee meetings:

- February 8, 2023

#### Panel meetings:

- February 8, 2023
- March 2, 2023
- March 27, 2023

A full day combined plenary and panel meeting took place on February 8, 2023, via videoconference. Below are the outcomes of that meeting:

<b>Total files reviewed</b>	36
<b>Exam extension approved for first attempt</b>	29
<b>Exam extension approved for first and third attempt</b>	3
<b>Request for documentation</b>	4

#### Modified Peer and Practice Review Tool

The Committee was presented the draft Clinical Supervision Tool adapted from the modified peer and practice review (PPR) for RP (Qualifying) registrants and their clinical supervisors to use to assist with exam preparation. The Committee provided comments and guidance on the development of the tool and discussed the value the tool will have in clinical supervision.

A full day panel meeting took place on March 2, 2023, via videoconference. Below are the outcomes of that meeting:

<b>Total files reviewed</b>	36
<b>Exam extension approved for first attempt</b>	28
<b>Exam extension approved for third attempt</b>	2
<b>Appeals granted</b>	2
<b>Appeals denied</b>	3
<b>Educational upgrading steps directed for second failure candidate</b>	1

Results from the March 27<sup>th</sup> meeting will be included in the next report to Council.

**Formal Motions to Council:**

n/a

**The Committee Recommends:**

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

**Attachments:**

n/a

Respectfully submitted,

Heidi Ahonen, RP  
Chair, Examination Committee

## Executive Committee Report to Council

March 29, 2023

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

### Committee meetings:

- February 2, 2023 (3:00-4:30)
- March 9, 2023 (9:30-3:30)

The Executive Committee considered the following matters at the February and March meetings:

### Evaluation Framework:

- **Governance Report and Self-Reflection / Competence Evaluation Results Report**  
The Executive Committee reviewed the self-reflection evaluation results and discussed how to improve the delivery process. See agenda item 2.a.i. and 2.a.ii.
- **Quarterly Meeting Evaluation Report**  
The Executive Committee reviewed the Q4 Meeting Pulse reports. See agenda item 2.a.iii.

### Council and Committee Competency Framework

The Executive Committee reviewed the existing competency frameworks and suggested further edits. See agenda item 2.b.

### Key Performance Indicator development and College Performance Measurement Framework update

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

### Finance & HR:

- **Q3 Financial Statements**  
J. Falkenburger, Director of Operations & Human Resources, presented the Q3 financial statements to the Executive Committee for information. Executive was satisfied with the report and the financial stability represented.
- **CRPO fiscal 2023-24 update to Council per diems**  
The Executive Committee has committed to annually reviewing the remuneration of Council and Committee members. See agenda item 2.e.

- **Investment Policy**

The Executive Committee reviewed the proposed Investment Policy. See agenda item 2.f.

## **ACTION TAKEN IN BETWEEN COUNCIL MEETINGS**

### **Non-Council Committee Appointments**

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

The Executive Committee reached consensus, based on recommendations from the Nominations and Elections Committee to appoint the following individuals to the Inquiries, Complaints and Reports Committee:

- Janet Cullen, RP
- Ibukun Ogunsina, RP
- Christopher Rudan, RP
- Leslie Vesely, RP

See agenda item 2.j.

### **DEIWG co-chair acclamations**

The Executive Committee accepted the acclamation of DEIWG co-chairs, Laurinda Cheng, RP, and Jessica Cashmore, RP (Qualifying). See agenda item 2.k.

### **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 G. E. Lomp  
Chair, Executive Committee



## Fitness to Practise Committee Report to Council

March 29, 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 January 25, 2023, we have received no new referrals to the Fitness to Practise Committee.

**Hearings:**

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

**Pre-hearing Conference:**

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

**Motions:**

No Motions were received since the last Council meeting.

### Training

No committee training occurred since the last Council meeting.

### The Committee Recommends:

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

Respectfully submitted,

Carol Cowan-Levine  
Chair, Fitness to Practise Committee

## Inquiries, Complaints and Reports Committee Report to Council

March 29, 2023

### Committee Members

- Abimbola (Abi) Ajibolade, RP (Non-Council Committee Member)
- Steven Boychyn
- Shelley Briscoe-Dimock, RP (Chair)
- David Bruce, RP (Non-Council Committee Member)
- Janet Cullen, 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
- Ibukun Ogunsina, RP (Non-Council Committee Member)
- Christopher Rudan, RP (Non-Council Committee Member)
- Kafui Sawyer, RP (Non-Council Committee Member)
- Keri Selkirk
- Leslie Vesely, RP (Non-Council Committee Member)
- Jeffrey Vincent

#### Plenary meetings:

- N/A

#### Panel meetings:

- January 26, 2023
- February 9, 2023
- February 27, 2023
- March 15, 2023
- March 28, 2023

I would like to welcome ICRC's newest non-council Committee members, Janet Cullen, RP, Ibukun Ogunsina, RP, Christopher Rudan, RP and Leslie Vesely, RP. These new members will be undergoing training over the next few months, including observing upcoming panel meetings.

As part of the College's ongoing trauma-informed review project, two separate groups of ICRC members met with the Barbra Schlifer Commemorative Clinic (BSCC). Each group met for a 3-hour consultation to discuss the College's complaints and reports processes and their experiences as an ICRC panel member. The purpose of this project is to ensure the College is responsive to those who report having experienced trauma, and to ensure all processes for all parties involved in the ICRC process are trauma-informed and procedurally fair. The College will receive and implement the recommendations from BSCC's report. The project is expected to be completed this summer.

Respectfully submitted,

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

## Nominations & Elections Committee Report to Council

March 29, 2023

<b>Committee Members</b>
<ul style="list-style-type: none"><li>• Sherine Fahmy, Public Member (Chair)</li><li>• Avni Jain, RP</li><li>• David Keast, Public Member</li><li>• Michael Machan, RP</li><li>• Judy Mord, RP</li><li>• Henry Pateman, Public Member</li><li>• Radhika Sundar, RP</li></ul>



**Committee meetings:**

- January 23, 2023

The Nominations and Elections Committee met on January 23, 2023, to make recommendations to the Executive Committee regarding non-Council committee appointments to the Inquiries, Complaints and Reports Committee. The Committee recommended that the following applicants be offered a one-year appointment as non-Council committee members of the ICRC:

- Janet Cullen, RP
- Ibukun Ogunsina, RP
- Christopher Rudan, RP
- Leslie Vesely, RP

The Committee also recommended extending the non-Council member application deadline and conducting a more targeted callout to registrants to serve on the Examination Committee.

**Formal Motions to Council**

See agenda item 2.j.

**The Committee Recommends:**

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

Respectfully submitted,

Sherine Fahmy  
Chair, Nominations and Elections Committee

## Quality Assurance Committee Report to Council

March 29, 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:

- **January 19, 2023**

#### Panel meetings:

- **N/A**

The Quality Assurance Committee met on January 19, 2023, for a plenary meeting.

The QAC reviewed and commented on proposed revisions to the CRPO Professional Practice Standards; the Quality Assurance Workplan; and proposed key performance indicators for QA staff. The Committee reviewed recommendations from Ontario's Child and Youth Death Review and Analysis unit at the Office of the Chief Coroner and approved changes to the professional development cycle Attestation Form.

In addition, the QAC approved new and revised policies required to support a risk-based approach to the Quality Assurance Program, including the introduction of the case-based assessment (CBA) as the first stage of a peer and practice review.

Staff reports that peer coach training workshops have started, and 18 RPs are engaged in the training process with consultant Anthony Marini, Martek Assessments. Dates have been confirmed for the Spring 2023 CBA (May 26 to June 4, 2023) and Fall 2023 CBA (October 27 to November 5, 2023). 25 situational judgment cases went through the standard setting process with 11 RPs, who were trained in standard setting. Martek reviewed the data from this group and confirmed that the timing change (increasing the assessment timing from 3 to 4 hours) worked well and that overall, all cases performed at acceptable levels.

The next QA Plenary meeting has been scheduled for April 25, 2023.

#### The Committee Recommends:

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

Respectfully submitted,

Kenneth G.E. Lomp, RP  
Chair, Quality Assurance Committee

## Registration Committee Report to Council

March 29, 2023

### Committee Members

- Heidi Ahonen, RP
- Elda Almario, RP (Non-Council Committee Member)
- Jamie Consoli, RP (Non-Council Committee Member; IRTG Appointment)
- Avni Jain, RP
- David Keast
- Michael Machan, RP (Chair)
- Muriel McMahon, RP (Non-Council Committee Member; IRTG Appointment)
- Ahil Nageswaran, RP (Non-Council Committee Member)
- Henry Pateman
- Sasha Sky, RP (Non-Council Committee Member; IRTG Appointment)
- Radhika Sundar, RP
- Glenn Walsh, RP (Non-Council Committee Member; IRTG Appointment)

#### Committee meetings:

- January 27, 2023
- March 10, 2023

#### Panel meetings:

- January 20, 2023
- February 24, 2023

At the January 27, 2023 plenary meeting, the Registration Committee considered the following matters:

#### Clinical Supervision Policies

The Committee reviewed feedback on proposed changes to the definition of a clinical supervisor and discussed options for the 30-hour course requirement. The revised definition will be circulated for public consultation.

#### Language Proficiency Policy

The policy was revised to reference the requirement to accept language proficiency tests approved under the *Immigration and Refugee Protection Act* and add “Canadian English Language Proficiency Index Program (CELPIP) – General” as an accepted language proficiency test.

#### Emergency Class

The Committee directed that proposed amendments to O. Reg. 67/15: Registration be circulated for public consultation. The consultation is currently available on the CRPO website.<sup>1</sup> The amendments establish an emergency class of registration, change the deadlines for making exam attempts, and require that education under section 6(1)(1)(iv) be successfully completed.

#### Key Performance Indicators

The Committee reviewed and expressed support for the proposed key performance indicators:

<sup>1</sup> <https://www.crpo.ca/public-consultations/>

- The average time between applicants' submission of materials and Registrar's response
- The average time for the Registrar's decision on an application
- The number of applicants seeking assessment of equivalence of international education and training and the outcome of those assessments
- The number of confirmed decisions by the Health Professions Appeal and Review Board (HPARB)

**Jurisprudence Module**

At the March 10 plenary meeting, the Committee approved the updated Jurisprudence module.

**Panel Meetings**

All meetings were a half day in length and took place via video conference.

<b>Total applications reviewed</b>	19
<b>Approved</b>	0
<b>Terms, Conditions &amp; Limitations (TCL)</b>	3
<b>Conditional approval</b>	6
<b>Requests for more information</b>	0
<b>Refused</b>	10

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 January 25, 2023 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

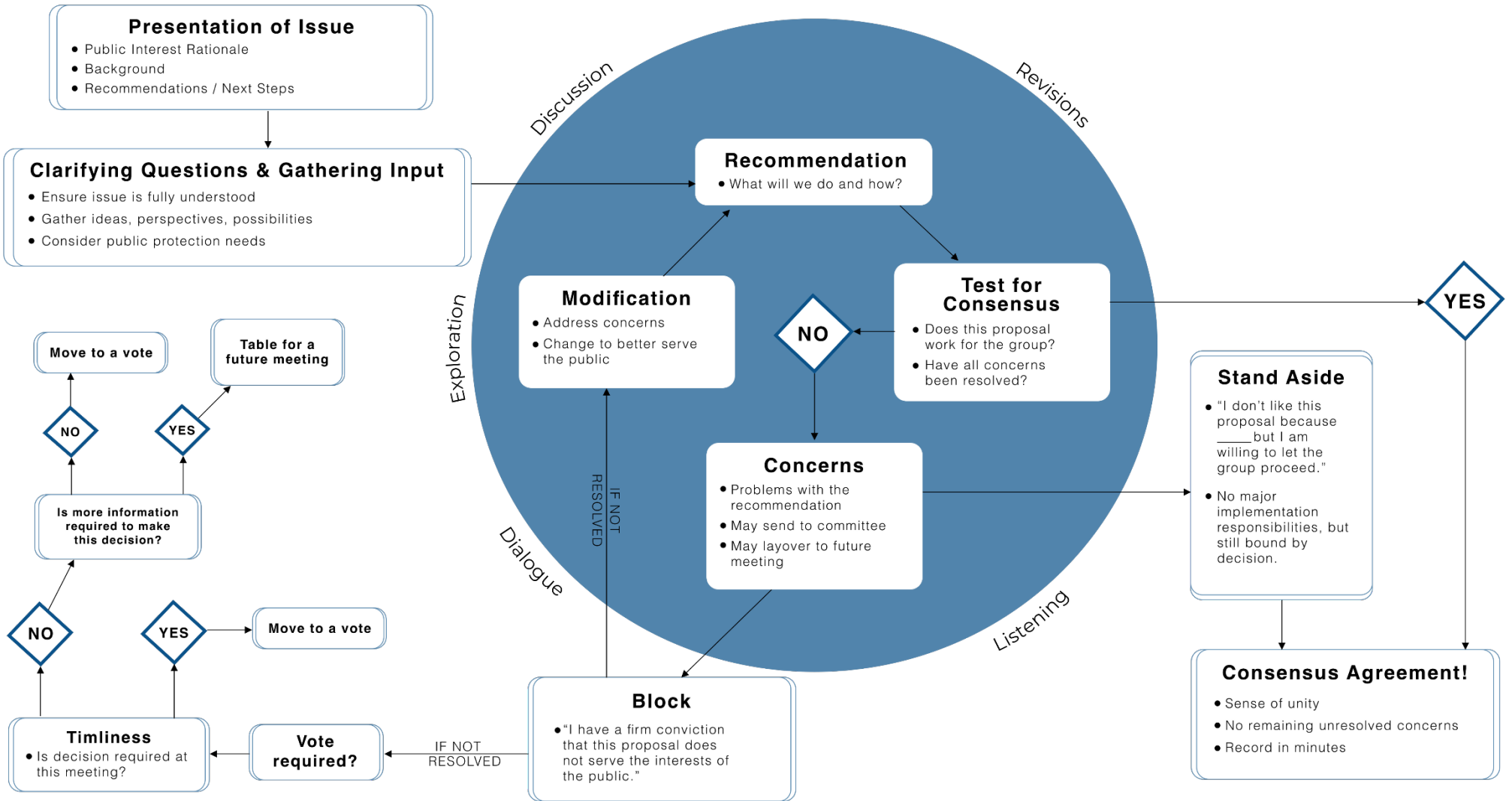


## How the Consensus Process Works

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

### Steps to Follow

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



## WORKSHEET: Conflict of Interest

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### What is a conflict of interest?

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

### Self-screening Questions

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



#### Financial interest

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

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

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

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#### Personal or professional relationship

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

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

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

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

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

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

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### **Emotional bias**

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

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

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

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### **Interests of Related Persons**

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

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

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

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

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### **Threshold analysis**

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

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

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

# Process for Considering & Declaring Conflicts of Interest

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



## Staff pre-screening

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



## Council, committee or panel member self-screening

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



## Council, committee or panel discussion of possible conflicts of interest

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

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

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

# COUNCIL QUESTION PERIOD

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

## Questions During the Meeting



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

## Questions While Reviewing the Meeting Materials



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

## Questions Regarding Consent Agenda Items



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

## Submitting a Question



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

- Questions that are to be asked should pertain to one or more of the following:
  - mandate of public protection
  - mission, vision, and values
  - strategic plan
  - regulatory objectives



\* See the [Council Role](#) tip sheet for guidance on operational versus governance questions.

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