

# COUNCIL AGENDA

**Date:** Thursday, June 22, 2023  
**Time:** 9:30 a.m. to 3:35 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.	9:33	<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. EDUCATION</b>						
2.a.	9:35	<b>Office of the Fairness Commissioner</b>  <i>Fairness Commissioner Irwin Glasberg will provide a presentation to Council.</i>			Education, information, discussion	I. Glasberg
<b>3. ADJOURNMENT</b>						
	10:35	<i>The meeting will be adjourned for a Council education session on mentorship program development, and Council will reconvene for the afternoon session at 1:30 p.m.</i>			Motion	K. Lomp
<b>LUNCH 12:30-1:30</b>						

5. DISCUSSION & DECISIONS (or DIRECTION)						
5.a.	1:30	<p><b>Clinical Supervisor Definition</b></p> <p><i>Council will be asked to formally approve an updated definition of who can serve as a clinical supervisor.</i></p>	<p>1. Briefing Note</p> <p>2. Draft Revised Definition</p> <p>3. Public Summation Report</p>		Information Discussion Decision	M. Pioro, P. Bialik
5.b.	1:55	<p><b>Policy Update: Reporting to Police</b></p> <p><i>As part of the policy review cycle, Council is asked to approve an updated version of this policy.</i></p>	<p>1. Briefing Note</p> <p>2. Draft Revised Policy</p>		Information Discussion Decision	P. Bialik M. Pioro
5.c.	2:00	<p><b>Professional Practice Standards Review</b></p> <p><i>Council will receive an update on the ongoing standards review and is asked to provide feedback on the standards update package.</i></p>	<p>1. Briefing Note</p> <p>2. Standards Update Package</p>		Information Discussion	P. Bialik M. Pioro
<b>BREAK 2:30-2:45</b>						
5.d.	2:45	<p><b>Council Election Results and committee appointments</b></p> <p><i>Council will be provided with the results of the District 2, 3 and 4 elections.</i></p> <p><b>i. New Council Member Committee Appointments</b></p> <p><i>Council is being asked to appoint K. Sawyer to the Nominations and Elections and Client Relations Committees.</i></p> <p><b>ii. Committee Chair and Vice-Chair Appointments</b></p>	<p>1. Briefing Note</p> <p>1. Briefing Note</p>		Decision by motion	K. Lomp, D. Adams

		<p><i>Council is being asked to appoint K. Hewitt-Blackie, RP, and J. Vincent, Public Member, as Chair and Vice-Chair of the Inquiries, Complaints and Reports Committee. Council is also being asked to appoint D. Keast as vice-chair of Registration Committee; K. Edwards as vice-chair of Quality Assurance Committee and K. Selkirk as vice-chair of Examination Committee.</i></p> <p><b>iii) Non-Council Committee appointment</b>  <i>Council is being asked to ratify the Executive Committee’s recommendation to appoint Riffat Yusaf, RP, as a non-Council committee member.</i></p> <p><b>iv) Appointment of H. Pateman to Inquiries, Complaints and Reports and Examination Committees</b></p> <p><i>Council is being asked to ratify the appointment of H. Pateman to the ICRC and Examination Committee.</i></p>	<p>1. Briefing Note</p> <p>1. Briefing Note</p>			
5.e.	2:55	<p><b>Election of Officers</b></p> <p><i>CRPO will hold Executive Committee elections in accordance with Schedule 1 of the by-laws, Process for Election of Officers.</i></p>	<p>1. Briefing Note</p> <p>2. Schedule 1 of the by-laws, Process for Election of Officers</p>		Decision by motion	D. Adams

6. INFORMATION & UPDATES						
6.a.	3:05	<p><b>Q4 Meeting Pulse Evaluation Report</b></p> <p><i>Council meeting pulse evaluation report is included for information.</i></p>	1. Q4 Council Meeting Pulse Report		Information	K. Lomp

6.b.	3:10	<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		Information	D. Adams
6.c.	3:15	<b>Jurisprudence Demo</b>			Education, information	M. Pioro

7. CONSENT AGENDA						
7.a.	3:30	<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> 1. March 29, 2023 2. April 27, 2023 <b>Committee Reports:</b> 1. Discipline & FTP 2. Examination 3. Executive 4. Inquiries, Complaints and Reports 5. Quality Assurance 6. Registration		Motion	K. Lomp
<b>8.</b>	<b>3:35</b>	<b>ADJOURNMENT</b>			<b>MOTION</b>	K. Lomp
		<b>2023 Council Meetings:</b> <ul style="list-style-type: none"> <li>● September 14, 2023</li> <li>● December 7, 2023</li> </ul>				

## Conflict of Interest Disclosure Form

**Meeting Date:** June 22, 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.

## Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.a.
<b>Issue:</b>	Revised Clinical Supervisor Definition
<b>Attachment(s):</b>	Draft Revised Clinical Supervisor Definition v. 1.8 Public Consultation Summation Report
<b>References:</b>	<a href="#">Current Clinical Supervisor Definition</a>
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	M. Piore, P. Bialik

### Purpose & Public Interest Rationale:

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

### Background:

CRPO has been carrying out a [supervision policy review](#) since 2021. Part of that review includes the definition of a clinical supervisor. In March and April 2023, CRPO conducted a public consultation on proposed revisions to the definition. For a summary of the consultation results, please see the enclosed Public Summation Report. On May 5, 2023, Registration Committee recommended a draft revised definition for approval by Council.

The proposed changes to the existing definition are as follows:

- The revised definition clarifies that a clinical supervisor has five years of experience practising psychotherapy *starting from the time they graduated from their psychotherapy education or training program*. Internationally trained bridging program graduates are permitted to count their experience since graduating from their international psychotherapy education.
- New clinical supervisors as of April 1, 2026, are expected to have completed 30 hours of coursework on providing clinical supervision. CRPO will publish guidelines on course content. Those who began providing clinical supervision prior to April 1, 2026, are not expected to meet this requirement, but are encouraged to do so.
- Clinical supervisors will complete CRPO's online learning module on clinical supervision (to be developed).
- The definition for clinical supervisors outside Ontario has minor wording changes for clarity but is substantially the same.

## Key Considerations

- The key theme of balance and incremental change which came out of CRPO's main supervision survey and Council discussion in 2021/22
- The coming-into-effect date of the new definition
- Balancing flexibility with rigour for outside-Ontario supervisors
- Council members may raise additional questions or comments

## Proposed Motion

That Council approve the draft revised definition of a Clinical Supervisor, version 1.8, as presented or as amended.

## Next Steps

Staff will begin communicating the upcoming changes to stakeholders. CRPO will develop guidelines for supervision courses and will produce the short supervision learning module.

## Definition of Clinical Supervisor

DRAFT v. 1.8

### Background Information

- CRPO is reviewing its policies regarding clinical supervision.
- CRPO reported [findings and recommendations](#) to its Council in September 2022. A major theme is balance: the requirements should not overly restrict the ability to provide or receive clinical supervision, nor should they compromise the quality of clinical supervision.
- This document proposes incremental changes to who can serve as a clinical supervisor for the purpose of registration with CRPO.

### Highlights of Proposed Changes

- The proposed definition would take effect on April 1, 2026. This provides approximately three years' notice to the profession to meet the requirements.
- The definition clarifies that a clinical supervisor has five years of experience practising psychotherapy *starting from the time they graduated from their psychotherapy education or training program*. Internationally trained bridging program graduates are permitted to count their experience since graduating from their international psychotherapy education.
- New clinical supervisors as of April 1, 2026, are expected to have completed 30 hours of coursework on providing clinical supervision. CRPO will publish guidelines on course content. Those who began providing clinical supervision prior to April 1, 2026, are not expected to meet this requirement, but are encouraged to do so.
- Clinical supervisors will complete CRPO's free, short, low-stakes online learning module on clinical supervision (to be developed).
- The definition for clinical supervisors outside Ontario has minor wording changes for clarity but is substantially the same.

### Draft Revised Definition

#### Clinical Supervisor in Ontario

As of April 1, 2026, a clinical supervisor must be a regulated practitioner of psychotherapy in good standing with their College\*, who has extensive clinical experience, generally five years or more, in the practice of psychotherapy, and who has demonstrated competence in providing clinical supervision.

The Registration Committee and Council have approved the following criteria for demonstrating competence in providing clinical supervision:



1. The supervisor must be registered in good standing with a regulatory college whose members may practise psychotherapy.\*
2. The supervisor must have five years' extensive clinical experience practising psychotherapy from the time they graduated from their psychotherapy education or training program.
3. The supervisor must meet CRPO's "independent practice" requirement (completion of 1000 direct client contact hours and 150 hours of clinical supervision).
4. The supervisor must have completed 30 hours of directed learning in providing clinical supervision. For individuals who begin providing clinical supervision on or after April 1, 2026, this refers to 30 hours of coursework on providing clinical supervision. For individuals who began providing clinical supervision before April 1, 2026, directed learning can include course work, supervised practice as a clinical supervisor, individual/peer/group learning, and independent study that includes structured readings.
5. The supervisor must complete CRPO's learning module on clinical supervision.

CRPO staff may request evidence of completion of the 30 hours of directed learning in providing clinical supervision and may also request a letter of verification and a statement describing the supervisor's approach to providing supervision.

Upon request, a clinical supervisor should be able to provide their supervisee with a letter attesting to their competency, as set out in items 1 through 5 above. It is not necessary to submit this to the CRPO unless it is specifically requested by staff.

\*Refers to College of Registered Psychotherapists of Ontario, College of Nurses of Ontario, College of Occupational Therapists of Ontario, College of Physicians and Surgeons of Ontario, College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers.

### **Clinical Supervisor Outside Ontario**

Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy qualified, generally by another regulator in a regulated jurisdiction, or by a professional association in an unregulated jurisdiction, to provide clinical supervision.

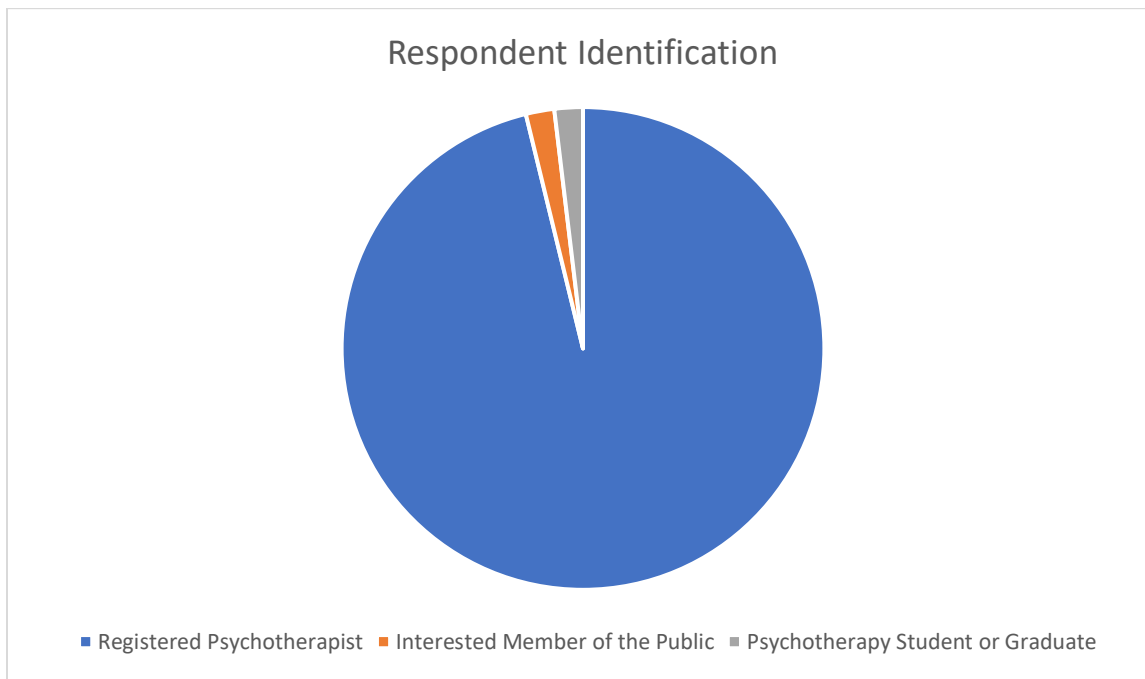
## Summation Report: CRPO Survey on Proposed Changes to the Supervisory Framework

### Summary

- The College received 105 total responses submitted through the CRPO website.
- The majority of respondents (~96%) were CRPO registrants.
- Overall, ~81% of total respondents “agreed” or “strongly agreed” with the proposal as drafted.
  - ~28% “strongly agreed”, while ~53% “agreed.”

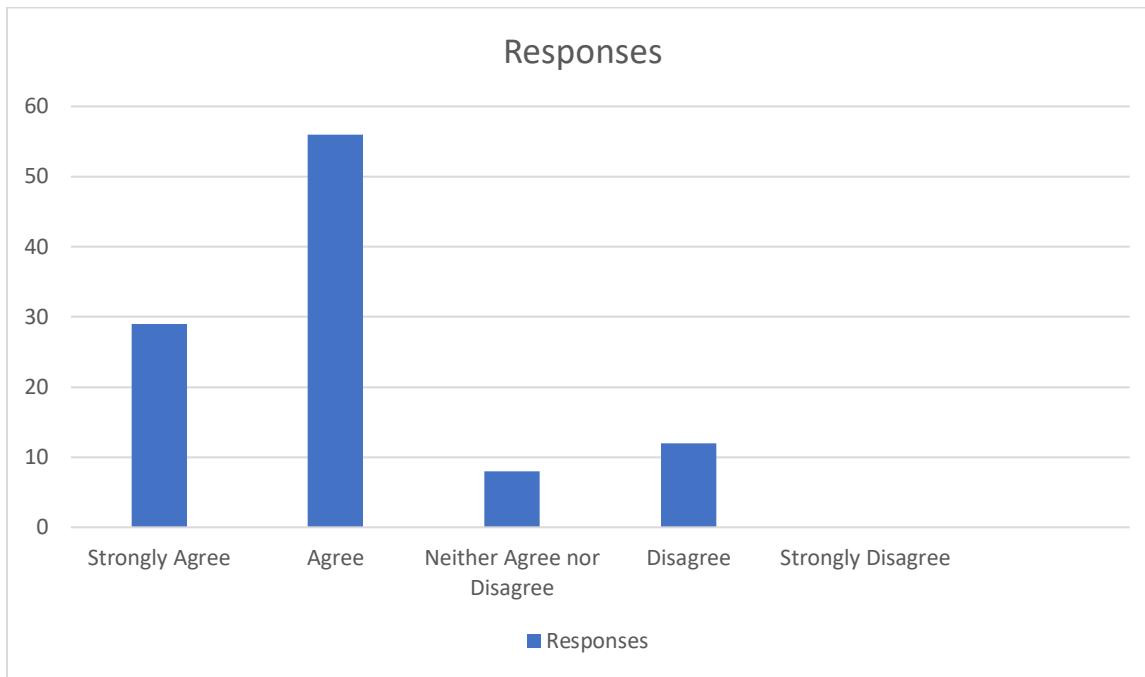
### Findings and Analysis

#### Population Sample



- CRPO received 105 responses to the online survey. Two responses were submitted in French.
- The majority of respondents (101, 96.19%) were CRPO registrants.
  - Three CRPO registrants self-identified as “Other” and noted their College registration in addition to another relevant role – for example, RP and supervisor. These submissions have been included in the total for College registrants.
- The second most represented groups were Interested Member of the Public (2, 1.90%) and Psychotherapy Student or Graduate (2, 1.90%).

## Survey Responses



- Overall, 80.95% of total respondents (85) “agreed” or “strongly agreed” with the regulation as drafted.
  - 27.62% of respondents (29) “strongly agreed” with the proposed changes.
    - The strongest theme emerging from those who “strongly agreed” was a request for further requirements or stricter expectations for supervisors (4, 16.67%). These suggestions included a written exam, ongoing competency testing, and adding supervision mentorship as a requirement.
  - 53.33% of respondents (56) “agreed” with the proposed changes.
    - Despite generally supporting the proposal, the most common theme in the provided feedback of those who “agreed” was concern or confusion over the proposed CRPO learning module (8, 14.29%). The most frequently cited concerns were potential costs associated with the course and the additional burden the module would place on supervisors. Other concerns included confusion about whether the module would be used instead of a supervision course, or in addition to the supervision course, and whether or not it would be substantially different from supervisory courses.
    - Client hours were discussed in 10.71% of “agreeing” submissions (6), although they were not uniform in the feedback provided. Some respondents suggested that DCC hours accrued prior to graduation should be counted towards the minimum number of hours for becoming

a supervisor, while others advocated for stricter management of how and when the hours were accrued.

- 7.62% of respondents (8) reported they “neither agree nor disagree” with the proposed changes.
  - More than a third of the concerns in the comments (3, 37.50%) focused on the proposed CRPO module. Specific concerns included potential costs associated with the course, concerns about course content, and the additional burden the course would create.
- 11.43% of respondents (12) “disagreed” with the regulation as presented, and no respondents “strongly disagreed.”
  - The most common theme that emerged from those who disagreed was that CRPO should impose more limiting requirements for an individual to become a supervisor (4, 33%). Three respondents explicitly noted that five years of practicing since graduation did not seem sufficient, while another noted that not all professionals authorized to practice psychotherapy would make an appropriate supervisor due to a lack of educational specialization in therapy and mental health.
  - The second and third most common themes were that the requirements seemed burdensome and/or unnecessary (2, 16.67%), and concerns specifically about the CRPO educational module (2, 16.67%)

### Key Takeaways

- There is overwhelming support for strengthening supervisory requirements, with more than 80% of all respondents noting that they “agree” or “strongly agree” with the proposed changes. Additionally, a small number of those who “disagreed” with the changes did so because they felt more could be done to further regulate who is able to become a supervisor, but indicated no other issues with the proposal.
- Regardless of how they responded to the changes as a whole, respondents expressed concern, and confusion over the proposed College-created educational module.

### **Responses to Key Themes**

#### Requests for further restrictions:

- The College is aware that a number of respondents have advocated for further restricting access to the supervisory role. CRPO is moving forward with incremental regulation, so as not to create an overly restrictive and burdensome system that supervisors are not able to meet.
- The College is confident that the proposed measures create adequate safeguards for the public, while also not creating significant disincentives to become a supervisor.

Concern over CRPO Module:

- Respondents from all response categories expressed concern or confusion about the proposed CRPO educational module. The concern and confusion is not unexpected, as the proposal did not provide much detail on the purpose or content of the module.
- CRPO intends the module to focus on specific regulatory matters and relevant standards that would otherwise not be covered by a generalized supervision course. It is proposed that it will be a free, low-stakes course, shorter than the current jurisprudence module, and focused on presenting a regulatory view of supervision (e.g., key requirements and standards to uphold, major risks to watch out for).
- The goal of the course is not to prevent access or limit interest in becoming a supervisor.

**Appendix A – Survey Response Data**

Respondent Identification	Response	Comments
CRPO Registrant	Disagree	For the provision that states that a supervisor must have 5-years postgraduate practice experience after their psychotherapy program, this may be too restrictive and counterproductive to what could be important opportunities for learning. I suggest proposing an amendment that takes into consideration the holistic training of the potential supervisor: If the potential supervisor has been in training over a lengthy period of education that includes teaching experience in addition to psychotherapy, and is in a program or environment with senior and junior trainees this should be considered and valued by the profession. Further to a proposed amendment, if a candidate is considered competent by their clinical supervisor, to assume supervisory duties to more junior trainees, that should be recognized as valued and valid (e.g., a scaffolding model of supervision as similar to medical residency positions). I am very pleased that the definition of clinical supervisor is not restricted to RPs only - limiting clinical supervision of trainees to just RPs is unhelpful, narrow, not reflective of our own standards of practice that encourage interprofessional collaboration. Safeguards need to be implemented for the proposed amendment above: A. To prevent abuse by busy clinical supervisors delegating supervisory duties to RPs or trainees who are not interested in supervision or prepared regardless of year-standing or experience level. B. Another safeguard needs to be in place in relation to liability insurance coverage for trainee-supervisors. C. A process that establishes who is responsible if a trainee or supervisee is delegated and willing to undertake supervision. E.g., a formal supervision delegation agreement similar to a clinical supervision agreement. Specifying duration of delegated supervision will be important as it is unhelpful to clients when there is too much supervisor turn-over. D. A feedback process from delegated supervisors who are also senior trainees to CRPO that can further elaborate on safeguards. E. Establishing how this is communicated to clients re: informed consent and information sharing process.
CRPO Registrant	Agree	Requiring supervisors who are from other colleges and in good standing with their college to complete the CRPO module on supervision is not honouring their integrity. Otherwise the definition is acceptable.
Interested member of the public	Strongly agree	For the future consider requiring a period of providing supervision under the supervision of an experienced supervisor.
CRPO Registrant	Strongly agree	I have believed for past 2-3yrs that CRPO should focus more on requirements for their Clinical Supervisors, and hopefully then be able to ease some of the strain on qualifying RPs as the demands on their supervision requirements seem difficult to balance. With stricter requirements for Supervisors we can ensure that supervisees are receiving quality support in their professional (& personal) development!
CRPO Registrant	Agree	There needs to be supervisor regulation and mandatory programs and training modules to better protect the industry and uphold the standards.
CRPO Registrant	Disagree	The part I strongly disagree with is that I think 5 years from time of graduation is insufficient time for someone to have enough clinical experience to be a clinical supervisor. I think it should be 5 years from the time of reaching RP entitled to practice independently. I support the other requirements

CRPO Registrant	Strongly agree	I am interested to know if there would be a fee for the CRPO clinical supervision learning module, and what it would be. I am a member of several marginalized communities and do most of my work within those communities and I have found it difficult to find a supervisor that also does this work. I want to ensure that there will be few financial barriers to more supervisors entering my specific niche.
CRPO Registrant	Strongly agree	I think the new definition makes a lot of sense. Self-directed reading (as the previous definition allows) doesn't seem like enough to prepare someone to be a clinical supervisor. I would say--being a recent graduate of a psychotherapy training program--that I also witnessed a lot of students with very poor supervision (I was lucky to have a great supervisor). I wonder if there need to be even more rigorous supervision standards for supervisors who supervise psychotherapy students who are brand new to the profession. Being a student is a really vulnerable position to be in, and it's been my experience that having a good supervisor is key to entering the profession with the knowledge and skills to be a safe and effective therapist.
CRPO Registrant	Agree	looks fine!
CRPO Registrant	Strongly agree	
CRPO Registrant	Strongly agree	I think it is important to have the skills to back services.
CRPO Registrant	Agree	
CRPO Registrant	Agree	I feel that the supervision hours to client contact hours are unreasonable for newly qualifying registrants
CRPO Registrant	Neither agree nor disagree	Having coursework to complete provides more guidance on what is required to supervise but am concerned about whether there will be any fees involved to take said course and how this will effect accessibility
CRPO Registrant	Agree	A written exam or an adjudication process would be helpful.
CRPO Registrant	Agree	I think the proposed changes provide more clarity about what is required to act as a supervisor, and also ample time to get up to speed. For existing supervisors, as well as future supervisors, the requirements do not seem onerous. I am currently a supervisor and the only component I would need to do is the learning module.
CRPO Registrant	Agree	
CRPO Registrant	Agree	
CRPO Registrant	Agree	
Other (please specify affiliation)	Disagree	It is difficult NOW to obtain a qualified supervisor in accordance to CRPO I believe the changes will make it even more difficult.
CRPO Registrant	Agree	I believe it is valid to have all supervisors demonstrate to the CRPO that they are qualified to supervise, such as via completion of a CRPO-based supervisor training. I would be cautious of the cost and time burden this might place on supervisors, and would hope that the training itself accommodates various learning styles. I do wonder about the "5 years experience" piece since graduation, insofar as one person could have just 1000 or slightly more client hours across 5 years, whereas another could have, say, 4000 client hours across 3 years. So perhaps instead of using "years" as the metric, number of direct client hours might be considered? That way, for some of us who were counselling long before we formalized our learning and became RPs and who have lots of client hours, we might be able to supervise in fewer than 5 year. Something to consider, please! Thank you!
CRPO Registrant	Agree	
CRPO Registrant	Agree	
Psychotherapy graduate or student	Agree	
CRPO Registrant	Strongly agree	At this time supervisors have limited options to comment on a supervisees progress other than attesting to their hours (supervision and DCC). Supervisees can have multiple supervisors and that can be a problem when it is time to "sign off" on documents.
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	It would be great for the CRPO to offer listings of available, qualified supervisors. Many students whose programs do not offer faculty who provide supervision as mine did are left scrambling and sometimes resort to signing up with psychologists or others who overcharge and are not a good fit.
CRPO Registrant	Agree	
CRPO Registrant	Agree	
CRPO Registrant	Neither agree nor disagree	I agree with the change that supervisors must have 5 years extensive experience since graduation. I do not agree with the supervision program requirement that CRPO would offer as the only way to become a clinical supervisor.

		There are many ways of supervising dependent upon how a therapist was trained. I suggest instead that CRPO ask for the content from clinical supervisors who are already providing training courses and have CRPO include competencies to be met. CRPO can either approve/disapprove or provide feedback to change that content (in essence mirroring the process that training schools underwent albeit a scaled down version as most supervision training courses are offered by individuals). I imagine CRPO's streamlined course as an umbrella over every different form of psychotherapy would sacrifice the nuances of supervision inherent in each form (i.e., relational supervision or agency provision supervision vs independent practice supervision).
CRPO Registrant	Agree	Include a clear message for what direct client hours are in the outline of what is required to be a clinical supervisor.
CRPO Registrant	Disagree	1. I believe a supervisor needs at least 10 years of clinical experience. Supervision is multi-faceted and complex and therefore requires confidence in clinical judgment of the supervisee and their clients. A 30 hour course, in my opinion, does not substitute for the vast experience required. 2. I have 30+ years of experience as a nurse counsellor, psychotherapist, professor and supervisor. I think that those of us who have been supervising for CRPO should be grandfathered in and not be asked to show proof of knowledge that we have been using for many years.
CRPO Registrant	Strongly agree	I think the experience requirements and the 30-hour course requirement are appropriate. I am interested to see what the CRPO learning module will look like.
CRPO Registrant	Agree	I agree with the revised definition of clinical supervisor -- defining content for what we need to know in this professional role. I appreciate that if I qualify as a clinical supervisor now then I am not being asked to re-take 30 hours of coursework -- though I recognize the request to ensure that I have acquired the recommended knowledge. I hope the learning module developed by CRPO is flexible like the original Jurisprudence module -- a learning experience, take it until you get it right. And, I hope it is available with enough time before the 2026 implementation date so we're not rushed to comply.
CRPO Registrant	Agree	
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	It is a wise move to require training in supervision. Research shows that supervisors tend to recreate their experiences as supervisees, and these were not always necessarily productive. "You don't know what you don't know" as they say, and we don't know if we are making best use of our time if we aren't trained in supervisory best practices.
CRPO Registrant	Agree	The Proposed CRPO Mandatory Module for Supervisors should be free of charge.
CRPO Registrant	Neither agree nor disagree	I believe implement more standards to supervision would be beneficial e.g create a certification process for supervisors, require and perhaps encourage CRPO members to provide supervision at least on a 3-4 year cycle; create a professional development system through QA to ensure trainings and currency in the area Perhaps this practice can enhance supervisory roles in the future as it has been broad the CRPO requirements so does other regulatory bodies in Canada while in USA requires more standards in place and even professional liability insurance is required additional cover for the supervisor
CRPO Registrant	Agree	The requirements seem to be a reasonable, balanced level of qualifications for clinical supervisors. "Extensive experience" seems vaguely defined. For example, how does "a range of clients" get defined or what is the evidence?
CRPO Registrant	Strongly agree	If anything, more should be done to ensure adequate supervision is being given to supervisees and training therapists (ie better QA with those giving supervision, especially from regulatory bodies outside of CRPO that have vastly differing requirements for supervision - for example, OCSWSSW does not have a time designation for being a supervisor and is quite vague in their idea of competency).
CRPO Registrant	Neither agree nor disagree	I appreciate the opportunity to provide feedback: 1. The guidelines for 30 hour supervision training course content should be developed with stakeholder input and sensitivity to the requirements of different modalities. British Association for Counselling and Psychotherapy has published supervision competence and curriculum frameworks which I have found to be useful: <a href="https://www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula/supervision-curriculum/">https://www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula/supervision-curriculum/</a> 2. I also have concerns about the requirement that 5 years of clinical experience will only be counted after the psychotherapy training is complete unfairly excludes students whose psychotherapy training program includes/requires a practicum. The extra years within the program attaining those hours before applying to the CRPO are disqualified for this purpose whereas students from a shorter training without a practicum apply to CRPO years sooner without clinical hours and achieve the 5 years sooner. The new CRPO members from the longer programs which included years of working with therapy clients have to re-set the clinical experience clock to 0 and start over.
CRPO Registrant	Agree	I feel strongly that the CRPO should be providing a list of approved courses for supervisors to take as there is such a vast range currently available and not all courses provide the comprehensive learning that should be required. I strongly agree with CRPO having their own online learning module that is being developed. Additionally, there

		should be some consideration around not allowing supervisors to continue providing supervision if they are being disciplined through the CRPO disciplinary board.
CRPO Registrant	Agree	I think experience gained as a student intern can or should count as experience.
CRPO Registrant	Agree	
CRPO Registrant	Agree	
CRPO Registrant	Agree	I am a little bit confused about the 30 hours supervisor training and the CRPO module. Are they different or the same thing?
CRPO Registrant	Disagree	
CRPO Registrant	Agree	I am interested in what the CRPO has in mind in regards to the learning module they will be developing.
CRPO Registrant	Disagree	I believe criteria 1-4 of the revised draft definition to be acceptable. I think proposed criterion #5 is (Clinical supervisors must complete the CRPO's learning module on clinical supervision) is unnecessary and shows a lack of trust on the part of the CRPO for the professional learning that members have undertaken. Members are professionals in every right and a random test or workshop devised for the CRPO will not weed out any registrants who are not actually prepared to be supervisors. Registrants would like to feel that their College trusts and supports them.
CRPO Registrant	Strongly agree	I wonder if the Council can identify and agree on a phrase to include in the definition of Supervisor that reflects on how the practice of supervision contributes to safeguarding the public interest and quality assurance in the practice of psychotherapy and adherence to standards of practice?
Other (please specify affiliation)	Disagree	The online testing component feels unnecessary; if the supervisor has completed all of the other requirements, they should have the competencies needed to provide supervision.
CRPO Registrant	Agree	It seems to me that if a clinical supervisor has completed 30 hours of supervisory training / mentoring and has 5 years experience as a clinician that is unnecessary to also require an additional online learning module. This seems excessive to me.
CRPO Registrant	Neither agree nor disagree	I think that existent supervisors that have proved having good results do not need to go under new courses at least it shouldn't be mandatory
Psychotherapy graduate or student	Disagree	Please make an easy process to fill the mapping tool for the people who have completed their Ph.D. from institutions outside Canada which is recognized by WES.
Other (please specify affiliation)	Disagree	I am shocked that only 5 years is required to be a clinical supervisor. How 'extensive' can the experience be with only 5 years experience! This is frightening.
CRPO Registrant	Agree	
CRPO Registrant	Agree	I support the change of the required experience to exclude DCC hours obtained during training. I also support the requirement of supervisors who are not regulated under CRPO to proof their understanding of CRPO standards and requirements. I hope that the guidelines for training programs will be developed in good time for training programs to adjust to the necessary changes and would strongly support a requirement of some supervised supervision as part of such training programs.
CRPO Registrant	Agree	I would recommend that the 30 hours of training not all need to be coursework. Perhaps make 50% or 15 hours be a dedicated course and the other 50% self-directed learning/supervised supervisory practice, to make this more financially accessible to future clinical supervisors.
CRPO Registrant	Agree	Please specify number of hours of experience vs number of years -- one can have 5 years of experience on a part-time basis, and it's not at all the same as full-time experience. Just as CRPO has a specified number of clinical hours for admission and independent practice, it should be the same for supervision. Example "CRPO considers 5 years of full-time clinical experience, roughly equivalent to x hours per year, or 5 x overall clinical hours"
CRPO Registrant	Strongly agree	
CRPO Registrant	Strongly agree	none
CRPO Registrant	Strongly agree	I find it useful to take these 30 hour supervision trainings every couple of years to refresh, reset, get current. I agree with a module on supervision as well.
CRPO Registrant	Agree	It would be good for CRPO to have a register of supervisors that comply with this definition, either additional field to the current public register.
CRPO Registrant	Agree	I strongly agree with the changes of five years' experience post-graduation in addition to the emphasis on 30 hours course work vs. independent study. I do question why the changes are going to be another three years until taking effect, as I do feel this may be putting supervisees or members of the public at unnecessary risk.
CRPO Registrant	Strongly agree	



CRPO Registrant	Agree	Consider aligning with requirements of CCPA Canadian Counselling and Psychotherapy Association's designation of a certified clinical supervisor. CCC-S
CRPO Registrant	Agree	
CRPO Registrant	Agree	Unsure how I feel about the 30 hours of coursework because i dont know what it means. Who will be providing this course (i.e., a university? Association? CRPO?)? Will courses have to be accredited by the CRPO to be considered? What are the core components of these courses that must be covered? Does this also include supervised supervision hours? Would be helpful to get more info on that.
CRPO Registrant	Neither agree nor disagree	I do not want to restrict qualified supervisors from providing clinical supervision if they cannot demonstrate 30 hours of coursework. Otherwise, I'm happy with the changes qualifying supervisors needing 5 years of practice after graduation from a psychotherapy program.
CRPO Registrant	Agree	
CRPO Registrant	Strongly agree	I have become aware of therapist matching services operating that are not compliant with current supervision guidelines for qualifying RP candidates in particular students of [redacted] program. I have left messages with crpo's complaint & ethics offices for further investigation. I can be contacted: [Redacted]  *NOTE: This submission was edited to redact the name of an institution identified by the respondent as well as the name and contact information of the registrant. No other changes to the submission have been made.
CRPO Registrant	Agree	I like that this definition is more explicit than the previous version. I like the idea of the clinical supervision course however am concerned about how much this will cost because CRPO charges more than any other regulated college and I'm sure this will be no different.
CRPO Registrant	Agree	
CRPO Registrant	Agree	The only thing I would change is that the individual should have five years of experience as an independent practitioner and not just five years after graduation from their program. I don't think the latter gives enough clinical experience to warrant their ability to supervise others.
CRPO Registrant	Disagree	I partially disagree with the definition of clinical supervisor outside Ontario. Although it accurately acknowledges that the profession might not be regulated in certain jurisdictions, it is assuming that professional associations are in place--which is not the always the case, especially in certain international jurisdictions. However, local educational institutions can actually offer coursework, or other formal academic activities (i.e. research), on clinical supervision in order to fill the void caused by the absence of either a regulator or a professional association. The supervisor could also have accessed online/blended training or traveled for short periods of times to other jurisdictions in which such education, or formal academic opportunities, were available. Hence, I propose the definition of clinical supervisor outside Ontario to be: "Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy qualified, generally, by another regulator in a regulated jurisdiction. In unregulated jurisdictions, the clinical supervisor is qualified by a professional association, or by producing evidence of 30 hours of structured coursework or formal academic activities (i.e. research, workshops, others) hosted by higher education institutions on providing clinical supervision, completed in their home jurisdictions or elsewhere."
CRPO Registrant	Disagree	A regulated professional RP/SW/NP etc is sufficient.
CRPO Registrant	Strongly agree	
CRPO Registrant	Disagree	I think supervisors should be registered only in CRPO or Social Work where the primary focus of education and training is around mental health/therapy (rather than the colleges that primarily focus on medicine or the human body). I struggle with a lot of these other professions being allowed to call themselves therapists when their degree is in OT or nursing. They don't take the same Masters level courses that psychotherapists and social workers are required to undergo (which I know I would want my supervisor to have had experienced). I know other professions can take some specific courses, however, it's not the same as the courses we are required to take for our degree.
CRPO Registrant	Strongly agree	
CRPO Registrant	Strongly agree	Consider whether supervisory qualification should be specific to modalities, populations and disorders.
CRPO Registrant	Agree	I would like further clarification on the learning module. Will it be completed once, or will there be a requirement to complete each renewal? I also assume there will be a cost associated, and this could then reduce the number of qualified supervisors being available to new graduates and RP(Q).
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	

CRPO Registrant	Strongly agree	Finally this is being done, sadly it's going to take 3 years. Perhaps there isn't enough feedback about how dangerous it can be for clients and therapists to be supervised by someone with very little competencies to do so. 3 more years is like a million more hurts that could be prevented by instilling this by 2024. I also think that there should be a competency exam to be passed to earn the privilege of supervising and regular testing for gaps. Too many incompetent supervisors and RPs are supervising unprofessionally and unsafely bc of the potential income. Too many supervisors are only providing consulting not actual supervision, I strongly believe that there should be more standards and guidelines Ex: being a supervisor but refusing to hold accountability and or responsibility of the clients, leaving RPs and RPs in compromising positions and as a byproduct increasing the risk of harm to the client ex: supervising clients but stating they cannot officially use them as supervision and not include their info on receipts so clients are then left with not being reimbursed due to no supervision under an RP so sessions cannot be reimbursed.
CRPO Registrant	Agree	I especially like the specification re: course work as the other criteria felt vague and unstructured and would be easy enough for people to state without evidence.
CRPO Registrant	Agree	
CRPO Registrant	Strongly agree	As a supervisor, consultant, and supervisor mentor, I believe it would be very beneficial to have an additional criteria: Supervision mentorship. I have come across many clinicians who are supervising but have no idea how to do so. Perhaps 5 to 10 hours (or more) of supervision mentorship would assist? In my professional associations I was required to have supervision of supervision, otherwise referred to as supervision mentorship. I learnt a tremendous amount and I still meet with my supervisor mentor regularly. This type of scaffolding not only trains the supervisors to do the act of supervision of psychotherapy, which is so different from the act of psychotherapy with a client, but it also provides a place for the supervisors to lean for support.
CRPO Registrant	Agree	I am a strong independent learner and would like to see that option continue to be included for upcoming supervisors. Course delivery methods, time commitments and costs are sometimes limiting for some RPs. Independent study give more flexibility. I am hopeful the online learning module would be considered part of a supervisors CEC Q&A.
CRPO Registrant	Neither agree nor disagree	I don't see what the difference is from the current definition.
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	
CRPO Registrant	Neither agree nor disagree	I agree with putting more specifics around the 30 hours of supervision study, making it more structured, less self-directed learning. However with that change, CRPO seems to also want supervisors to complete a 2nd training that CRPO develops. I'm not sure what that is about? Either supervisors have to complete 30 hours of study or a CRPO learning module...not sure why there are 2 requirements. Would this additional learning module have a fee attached? Having said that I would understand if the CRPO module is exclusively focussed on ensuring supervisors understand legalities and responsibilities of their role under the College, but this could be answered with specific questions.
CRPO Registrant	Agree	I would also like to see some component of assessing SEUS within the supervisory relationship as a meta framework approach to work with clients.
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	
Interested member of the public	Strongly agree	
CRPO Registrant	Agree	I do think it is necessary for CRPO to have some involvement in regulating who qualifies as a supervisor and think that these changes are beneficial in helping to provide more oversight in this.
CRPO Registrant	Agree	
CRPO Registrant	Strongly agree	
CRPO Registrant	Agree	
CRPO Registrant (fr)	Strongly agree	
CRPO Registrant (fr)	Agree	I consider that there is a duplication in requirements 4 and 5. One or the other should be sufficient (30 hours of training or the CRPO module).  *NOTE: This submission was originally received in French and has been translated.

## Appendix B – Thematic Coding for Dissenting Respondents

Respondent Identification	Response	Comments	Thematic Coding			
Note: Some comments may be coded under more than one theme.			Requirements should be strengthened	Requirements are burdensome and/or unnecessary	Concerns over CRPO course	Other
CRPO Registrant	Disagree	<p>For the provision that states that a supervisor must have 5-years postgraduate practice experience after their psychotherapy program, this may be too restrictive and counterproductive to what could be important opportunities for learning. I suggest proposing an amendment that takes into consideration the holistic training of the potential supervisor: If the potential supervisor has been in training over a lengthy period of education that includes teaching experience in addition to psychotherapy, and is in a program or environment with senior and junior trainees this should be considered and valued by the profession. Further to a proposed amendment, if a candidate is considered competent by their clinical supervisor, to assume supervisory duties to more junior trainees, that should be recognized as valued and valid (e.g., a scaffolding model of supervision as similar to medical residency positions). I am very pleased that the definition of clinical supervisor is not restricted to RPs only - limiting clinical supervision of trainees to just RPs is unhelpful, narrow, not reflective of our own standards of practice that encourage interprofessional collaboration. Safeguards need to be implemented for the proposed amendment above: A. To prevent abuse by busy clinical supervisors delegating supervisory duties to RPs or trainees who are not interested in supervision or prepared regardless of year-standing or experience level. B. Another safeguard needs to be in place in relation to liability insurance coverage for trainee-supervisors. C. A process that establishes who is responsible if a trainee or supervisee is delegated and willing to undertake supervision. E.g., a formal supervision delegation agreement similar to a clinical supervision agreement. Specifying duration of delegated supervision will be important as it is unhelpful to clients when there is too much supervisor turn-over. D. A feedback process from delegated supervisors who are also senior trainees to CRPO that can further elaborate on safeguards. E. Establishing how this is communicated to clients re: informed consent and information sharing process.</p>				<b>X</b>
CRPO Registrant	Disagree	<p>The part I strongly disagree with is that I think 5 years from time of graduation is insufficient time for someone to have enough clinical experience to</p>	<b>X</b>			

		be a clinical supervisor. I think it should be 5 years from the time of reaching RP entitled to practice independently. I support the other requirements				
Other (please specify affiliation)	Disagree	It is difficult NOW to obtain a qualified supervisor in accordance to CRPO I believe the changes will make it even more difficult.		<b>X</b>		
CRPO Registrant	Disagree	1. I believe a supervisor needs at least 10 years of clinical experience. Supervision is multi-faceted and complex and therefore requires confidence in clinical judgment of the supervisee and their clients. A 30 hour course, in my opinion, does not substitute for the vast experience required. 2. I have 30+ years of experience as a nurse counsellor, psychotherapist, professor and supervisor. I think that those of us who have been supervising for CRPO should be grandfathered in and not be asked to show proof of knowledge that we have been using for many years.	<b>X</b>			
CRPO Registrant	Disagree					
CRPO Registrant	Disagree	I believe criteria 1-4 of the revised draft definition to be acceptable. I think proposed criterion #5 is (Clinical supervisors must complete the CRPO's learning module on clinical supervision) is unnecessary and shows a lack of trust on the part of the CRPO for the professional learning that members have undertaken. Members are professionals in every right and a random test or workshop devised for the CRPO will not weed out any registrants who are not actually prepared to be supervisors. Registrants would like to feel that their College trusts and supports them.			<b>X</b>	
Other (please specify affiliation)	Disagree	The online testing component feels unnecessary; if the supervisor has completed all of the other requirements, they should have the competencies needed to provide supervision.			<b>X</b>	
Psychotherapy graduate or student	Disagree	Please make an easy process to fill the mapping tool for the people who have completed their Ph.D. from institutions outside Canada which is recognized by WES.				<b>X</b>
Other (please specify affiliation)	Disagree	I am shocked that only 5 years is required to be a clinical supervisor. How 'extensive' can the experience be with only 5 years experience! This is frightening.	<b>X</b>			
CRPO Registrant	Disagree	I partially disagree with the definition of clinical supervisor outside Ontario. Although it accurately acknowledges that the profession might not be regulated in certain jurisdictions, it is assuming that professional associations are in place--which is not the always the case, especially in certain international jurisdictions. However, local educational institutions can actually offer coursework, or other formal academic activities (i.e. research), on clinical supervision in order to fill the void caused by the absence of either a regulator or a professional association. The supervisor could also have accessed online/blended training or traveled for short				<b>X</b>

		periods of times to other jurisdictions in which such education, or formal academic opportunities, were available. Hence, I propose the definition of clinical supervisor outside Ontario to be: "Outside Ontario, a clinical supervisor is an experienced practitioner of psychotherapy qualified, generally, by another regulator in a regulated jurisdiction. In unregulated jurisdictions, the clinical supervisor is qualified by a professional association, or by producing evidence of 30 hours of structured coursework or formal academic activities (i.e. research, workshops, others) hosted by higher education institutions on providing clinical supervision, completed in their home jurisdictions or elsewhere."				
CRPO Registrant	Disagree	A regulated professional RP/SW/NP etc is sufficient.		<b>X</b>		
CRPO Registrant	Disagree	I think supervisors should be registered only in CRPO or Social Work where the primary focus of education and training is around mental health/therapy (rather than the colleges that primarily focus on medicine or the human body). I struggle with a lot of these other professions being allowed to call themselves therapists when their degree is in OT or nursing. They don't take the same Masters level courses that psychotherapists and social workers are required to undergo (which I know I would want my supervisor to have had experienced). I know other professions can take some specific courses, however, it's not the same as the courses we are required to take for our degree.	<b>X</b>			

## Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.b.
<b>Issue:</b>	Policy Update: Reporting to Police
<b>Attachment(s):</b>	Draft Revised Policy on Reporting to Police
<b>References:</b>	<a href="#">Regulated Health Professions Act, 1991, SO 1991, c 18, section 36</a>
<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 policy on CRPO's approach to reporting possible crimes to the police.

### Background:

Staff is proposing an updated policy for reporting possible crimes to the police, as the policy has come due for review under the College's policy review cycle.

The content of the policy was amended to include specific reference to what information would be provided to police.

### Proposed Motion

That Council approve the draft revised policy, *Reporting to Police*, as presented.

Type of policy: Regulatory	Approved by: Council
Date approved: September 8, 2016	Next Review date: June 2026
Amendment dates: June 22, 2023	

## **REVISED DRAFT** Reporting Information on Possible Criminal Acts

### **Purpose**

To clarify CRPO's approach to reporting possible crimes to police.

### **Relevant Legislation**

[Regulated Health Professions Act, 1991, SO 1991, c 18, section 36.](#)

### **Scope**

This policy applies to any information received by CRPO that suggests a registrant has committed a crime.

### **Policy**

#### *Information on Possible Criminal Acts*

Upon receiving information that a registrant may have committed a crime, CRPO staff may:

- a. suggest to the individual who provided the information that they may wish to contact police to file a report; and
- b. offer to assist that individual with the filing of a report.

#### *Referrals to the Discipline Committee*

If allegations have been referred to the Discipline Committee and there are reasonable grounds to believe that a registrant has committed a criminal act(s). CRPO will initiate a report to police and cooperate in the investigative process.

CRPO will inform potential witnesses that this report is being made and ask if they consent to disclosure of their name and personal information as part of the report. If consent is not given, the report will be made without this information and any relevant documents will be redacted before submitting to police.

CRPO will inform the registrant in question once a police report has been filed, provided doing so would not create additional risks to public safety.

#### *Information to be provided*

CRPO will include the following information in police reports and referrals:

- Name of the registrant in question;
- Registrant address;
- Summary of allegations and relevant College documents

The following information will be included in police reports and referrals provided witnesses consent, or if legally compelled, e.g., by a production order:

- Witness name and other identifying information.

*Risk of Harm*

The above does not prevent CRPO from disclosing information about registrants or other individuals, to police or other entities, if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.



## Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.c.
<b>Issue:</b>	Standards Review update
<b>Attachments:</b>	Council Standards Package
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	P. Bialik, M. Pioro

### Purpose & Public Interest Rationale:

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

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

### Background:

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

- Standard 1.1: Responsibility to the College
- Standard 1.2: Use of Terms, Titles and Designations
- Standard 1.3: Mandatory Reporting
- Standard 1.4: Controlled Acts
- Standard 1.5: General Conduct
- Standard 1.6: Conflict of Interest
- Standard 1.8: Undue Influence and Abuse
- Standard 3.2: Consent
- Standard 3.5: Unnecessary Treatment
- Standard 3.6: Complaints Process
- Standard 6.1: Fees
- Standard 6.2: Advertising
- Standard 6.3: Discontinuing Services
- Standard 6.4: Closing, Selling, or Relocating a Practice

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

A small number of additional changes may be made after the dissemination of the attached package. Staff will verbally identify any significant further changes in the meeting.

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

### Next Steps:

Staff will collect feedback from Council discussion and adapt the standards where appropriate. All standards, with the exception of 3.7 which has been held back for further consultation, will then

be circulated for public consultation. The DEI Working Group may continue to review standards during this time. The results of these consultations will be reviewed by QAC, and updated versions will be presented for Council approval.

# Professional Practice Standards Review Package

## Background

- CRPO is conducting a review of all published Standards and Guidelines.
- CRPO seeks to update policies based on the following objectives: ensuring competent and ethical practices, earning and maintaining public trust, and responsiveness to evolving research and practice environments.
- Additional changes since the initial council package was disseminated are as follows:
  - Standard 1.2: Use of Terms, Titles and Designations:
    - A note has been added in the “Emergency Class” section to explain that the section will be added once the regulation is approved by government.
  - Standard 1.4: Controlled Acts
    - An error was corrected in the commentary, now reading “Other exceptions not requiring a delegation that allow individuals to perform a controlled act include exceptions for students, Traditional Indigenous Healers, and addictions treatment.”
  - Standard 3.2: Consent
    - Language was updated in Standard 3.2.6, which now reads “Registrants immediately comply with the withholding or withdrawal of consent by a client or their representative.”
  - Standard 6.4: Closing, Selling or Relocating a Practice
    - A typo was corrected in the title of legislation.
- The following standards are included in this policy package:

<b>Standard 1.1: Responsibility toward the College</b> .....	2
<b>Standard 1.2: Use of Terms, Titles, and Designations</b> .....	4
<b>Standard 1.3: Mandatory Reporting</b> .....	8
<b>Standard 1.4: Controlled Acts</b> .....	9
<b>Standard 1.5: General Conduct</b> .....	13
<b>Standard 1.6: Conflict of Interest</b> .....	14
<b>Standard 1.8: Undue Influence and Abuse</b> .....	18
<b>Standard 3.2: Consent</b> .....	22
<b>Standard 3.3: Communicating Client Care</b> .....	25
<b>Standard 3.5: Unnecessary Treatment</b> .....	27
<b>Standard 3.6: Complaints Process</b> .....	28
<b>Standard 6.1: Fees</b> .....	29
<b>Standard 6.2: Advertising</b> .....	32
<b>Standard 6.3: Discontinuing Services</b> .....	35
<b>Standard 6.4: Closing, Selling or Relocating a Practice</b> .....	37

## Standard 1.1: Responsibility toward the College

### Summary of Changes

- Title changed to be less adversarial.
- Previous *Standard* expanded to include:
  - Explicit recognition of the areas registrants are expected to comply with, as opposed to leaving this information in the *Commentary* section or *Demonstrating the Standard*
  - The additional responsibility to treat College staff with respect
- Additional guidance for best practices added into *Demonstrating the Standard*
- Minor changes to the *Commentary* section include:
  - Description of responsibilities under the QA program

### Draft Revised Content

#### *The Standard: Responsibility Toward the College*

1.1.1 Registrants fulfill their professional responsibilities and obligations toward the College.

1.1.2 Registrants communicate with College personnel in an appropriate and professional manner.

1.1.3 Registrants reply appropriately and within 30 days to a written inquiry or request from the College.

1.1.4 Registrants fully cooperate with the College during an investigation.

1.1.5 Registrants comply with orders of a committee or panel.

1.1.6 Registrants adhere to any undertaking or agreement that they have made with the College.

1.1.7 Registrants comply with all terms, conditions and limitations (TCLs) associated with their certificate of registration.

1.1.8 Registrants participate fully in all mandatory aspects of the College's Quality Assurance Program.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- reading correspondence and information from CRPO to remain aware of one's obligations;
- meeting CRPO deadlines, e.g., for the QA Program, and notifying the College in advance if there are expected or foreseeable delays with deadline compliance;
- refraining from practising the profession of psychotherapy while suspended, and ensuring that no benefit or income is received from the practice of psychotherapy while suspended;

- appearing before a panel as required, e.g. attending a caution;

## *Commentary*

### Responding to the College

When formally contacted in writing by the College, including by email, registrants must provide an appropriate response within 30 days. A response is appropriate if it is complete (providing all the information requested), accurate, and made in writing.

### Participation in Quality Assurance

Promoting the continuing competence and quality improvement of registrants is an important part of the College's role. Registrants must participate fully in all mandatory aspects of the College's Quality Assurance Program. This includes participating in ongoing professional development, completing self-assessment and self-reporting requirements, providing evidence of professional development activities upon request, and participating in peer and practice assessments when selected to do so.

### Appearing for a caution

In response to a complaint or report, a registrant may be ordered by the ICRC to attend a private meeting, called a "caution". Attendance at this meeting is mandatory. During the meeting, the registrant may be advised of a concern and given an advisory and educational warning about their conduct. More information about cautions can be found here: [Filing a Complaint About a Psychotherapist – College of Registered Psychotherapists of Ontario \(crpo.ca\)](https://www.crpo.ca/en/about-us/committees-and-panels/complaints-panels)

### Complying with a suspension

The College has sole authority to suspend a registrant's Certificate of Registration. The suspension may result from non-payment of fees, or from the decision of a committee (e.g., the Discipline Committee). Registrants under suspension must refrain from practising psychotherapy, and must not receive any benefit or income, either directly or indirectly, from their professional status while suspended. Registrants should retain appropriate financial and other records to show that they have not benefitted from their professional status while suspended. During a suspension, a registrant may transfer the operation of their practice. As part of contingency planning, registrants should consider who will manage their practice in the event that they are suspended. Failure to comply with requirements relating to suspension may result in disciplinary action.

In certain circumstances, the Executive Committee may occasionally grant an exemption to allow a registrant to receive income indirectly from the practice of the profession (e.g., it would be unfair, if the registrant's spouse is also registered with the College, to prohibit the spouse from practising during the suspension because the family will receive income from the spouse's work). This is determined on a case-by-case basis. In applying for an exemption, the registrant must make full disclosure to the College regarding the circumstances and nature of the benefit. Approval must be granted prior to receiving the benefit.

## Cooperating with College investigations

Registrants cooperate with requests from the College in a timely manner, including providing access to facilities, records, or equipment relevant to the investigation. Registrants must also exhibit appropriate behaviour during the investigation and not subject the investigator to rude, threatening, or obstructionist behaviour. Similarly, once evidence of the appointment of a formal investigator by another college is made known to the registrant, they are obligated to cooperate with that investigator.

## **Standard 1.2: Use of Terms, Titles, and Designations**

### **Summary of Changes**

- Previous *Standard* expanded to include:
  - Expectation to correct clients and colleagues when inaccurate titles are used
  - Clarification on use of “doctor” title
- Definitions for “earned title/credential,” “recognized credentialing body,” “established standards,” and “acting in a professional category” added and included in the *Key Definition* section.
- Additions to the *Commentary* section include:
  - Guidance for students and pending applicants on appropriate title usage
  - Clarifications on the appropriate titles for RP (Qualifying) registrants

### **Draft Revised Content**

#### *The Standard: Use of Terms, Titles and Designations*

1.2.1 Registrants use terms, titles, and designations appropriately.

1.2.2 Registrants use the title conferred by the College when acting in a professional capacity, giving prominence to this title above any other qualification, designation, or title.

1.2.3 Registrants use terms, titles, or designations implying a specialization only if they are earned, conferred by a recognized credentialing body, meets established standards, and prominence is given to the registrant’s regulated title.

1.2.4 Registrants make reasonable efforts to correct others (including clients or colleagues) when they refer to the registrant using an incorrect title.

1.2.5 Registrants do not use the title “doctor”, including any associated abbreviations, when offering or providing psychotherapy services.<sup>1</sup>

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Ensuring that their title is displayed on promotional material, and on other relevant material (such as letterhead, business cards), including electronic media, that is shared with clients.
- Displaying the title in their office setting.

- Reporting non-registrants to the College who hold themselves out as a registered psychotherapist.
- Ensuring that the registrant's regulated title is displayed in a manner that is more prominent than any other title(s).
- Ensuring that the title used is appropriate for the registrant's class of registration.
- Using the regulated title with clients and with students in a teaching setting.
- Ensuring that the Doctor title is not used when offering or providing healthcare, even if the registrant holds a Ph.D.
- 

### *Key Definitions*

Earned title/credential: The term, title, or designation is not honorary and was not awarded purely through attendance. Rather, the registrant demonstrated development of the knowledge or competence associated with the term, title, or designation.

Recognized credentialing body: A organization that is broadly recognized within the profession as legitimate.

Established standards: Standards that are broadly recognized within the profession as legitimate.

Acting in a professional capacity: In relation to psychotherapy, this includes, but is not limited to, clinical practice, advertising, writing in professional publications, communicating with clients, teaching, management or administrative roles, involvement in policy review/development and electronic business communication, e.g., professional website, social media, email.

### *Commentary*

The *Psychotherapy Act, 2007* restricts the use of the titles "Psychotherapist", "Registered Psychotherapist", and "Registered Mental Health Therapist,"\* as well as any variations and abbreviations of these titles. The College has the authority to determine who may use these titles and the manner in which they may be used. The College also determines the circumstances in which registrants may use other terms, titles and designations, including educational credentials, job titles, and specialty designations.

It is a provincial offence for an unauthorized person to use a restricted title or hold themselves out as qualified to practise psychotherapy in Ontario. The College has the ability to prosecute unauthorized persons in provincial court. The College also has the ability to bring a restraining order (an injunction) directing any person to comply with the *Psychotherapy Act, 2007*.

If a registrant is aware that an unregistered person is holding themselves out, i.e. presenting themselves as an RP, the onus is on the registrant to intervene. The registrant may speak with the individual or inform the College of the misrepresentation if it persists. In particular, registrants should report misrepresentation or false claims to the College if they are grievous or persistent.

### Students and pending applicants

Students and applicants who have not received their Certificate of Registration are not permitted to use protected titles, e.g., "psychotherapist". Unauthorized use of protected titles may impact the College's decision to allow registration in the future.

Suggested titles for non-registrants undertaking relevant practicums are “student therapist,” or “therapist in training.” When communicating their title, they should indicate they are practising with clinical supervision and name their education program.

#### Approved title variations

The following are the titles that registrants of this College must use in accordance with their class of registration:

#### Registered Psychotherapist

The title associated with this class should be used in the following manner:

- Registered Psychotherapist or
- RP
- Psychothérapeute autorisé(e) or
- PA

#### Qualifying

The title associated with this class should be used in the following manner:

- Registered Psychotherapist (Qualifying) or
- RP (Qualifying)
- Psychothérapeute autorisé(e) (stagiaire) or
- PA (stagiaire)

Registrants should be aware that “RP(Q)” is not an appropriate or approved title, as it is unclear to members of the public.

#### Temporary

The title associated with this class should be used in the following manner:

- Registered Psychotherapist (Temporary) or
- RP (Temporary)
- Psychothérapeute autorisé(e) (temporaire) or
- PA (temporaire)

#### Emergency

The title associated with this class should be used in the following manner:

- Registered Psychotherapist (Emergency Class) or
- RP (Emergency Class)
- Psychothérapeute autorisé(e) (catégorie d’urgence) or
- PA (catégorie d’urgence)

#### Inactive

The title associated with this class should be used in the following manner:



- Registered Psychotherapist (Inactive) or
- RP (Inactive)
- Psychothérapeute autorisé (inactif) or
- Psychothérapeute autorisée (inactive) or
- PA (inactif) or PA (inactive)

### Education/training credentials

When acting in a professional capacity, registrants should display only education/training credentials related to the practice of the profession, specifically, the highest credential earned that is related to the practice of the profession and meets established academic standards.

### Use of specialty designations

At this time, the College has not established a program to formally recognize and confer specialty designations. However, registrants may use a term, title or designation conferred by a third party, provided it meets all the conditions noted in the standard.

These conditions enable registrants to use terms, titles, and designations that are meaningful and generally recognized by the profession, while maintaining the distinction between the regulated title and additional qualifications. In considering whether a term, title, or designation meets the conditions listed above, the test is whether a panel of one's peers would view it in this way.

### Examples

The following are examples of acceptable presentations of one's respective titles:

Anna Persaud, M.Ed., RP, (C) OACCPP  
Manager, Northwestern Psychotherapy Clinic

Jean-Michel Chénier, M.Sc.  
Psychothérapeute Autorisé, RMFT

Sandra Smith, M.A., Registered Psychotherapist  
Canadian Certified Counsellor (or CCC)

Note: By placing one's regulated title immediately after one's name and educational credential, a registrant meets the requirement to give the regulated title prominence.

### The doctor title

Use of the title "Doctor" or "Dr." is protected in the RHPA. Registrants of this College are not permitted to use this title when offering or providing healthcare. If a person is not from one of the health professions entitled to use the doctor title (chiropractic, optometry, medicine, psychology, dentistry) or a social worker with an earned doctorate degree in social work, they cannot use the title "Doctor" or "Dr." when offering or providing healthcare. This is the case even if the person has an earned doctoral degree (e.g., the person holds a Ph.D). Under this provision, the title "Doctor" can be used in other settings, socially or in a purely academic setting, where no clients are present.

Note: The above does not prevent a registrant from displaying a Ph.D or other doctoral degree in their promotional material, if the degree is their highest credential earned and is related to the practice of the profession.

#### Misuse or misleading use of titles

It is also important to use only appropriate titles. The use of false or misleading titles or designations, including their use in advertising is considered professional misconduct, and may lead to disciplinary action.

#### Practice description

Registrants may describe their field of practice as long as it does not suggest that a specialty designation has been earned when in fact it has not, e.g., “practice in family and couples therapy” would be acceptable.

\*At the present time, the College has deferred use of the title “Registered Mental Health Therapist.” However, it is still one of the restricted titles set out in the *Psychotherapy Act, 2007*.

### **Standard 1.3: Mandatory Reporting**

#### **Summary of Changes**

- Change of title to include additional reporting obligations
- Inclusion of reporting obligations to organizations other than the College.
- Inclusion of existing resources to assist registrants in understanding reporting obligations.

#### **Draft Revised Content:**

##### *Standard 1.3: Mandatory Reporting*

1.3.1 Registrants comply with their mandatory reporting obligations to the College and other organizations.

1.3.2 Registrants refrain from making frivolous or vexatious complaints or reports.

##### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Periodically reviewing applicable mandatory reporting obligations.
- Documenting potential and actual mandatory reports.
- Maintaining the confidentiality of any client involved unless the client has consented to disclosure or disclosure is permitted or required by law.

##### *Key Definitions*

**Reasonable grounds:** When a concern is based on more than suspicion, rumour, or speculation.

## Commentary

Confidentiality is an essential element of psychotherapy; however, there are circumstances in which another duty overrides confidentiality. One such area is mandatory reporting. Several laws require registrants to report information for the purpose of preventing or responding to harm. These laws include but are not limited to the *Child, Youth and Family Services Act*; *Long-Term Care Homes Act*; *Retirement Homes Act*; *Health Professions Procedural Code*; and *Personal Health Information Protection Act*.

Registrants are responsible for familiarizing themselves with their legal reporting obligations. For example, registrants are required to [report sexual abuse](#) of a client by another RP or health professional. Registrants are also required to report a [child in need of protection](#).

Registrants use judgment in deciding whether and what to report. It may be helpful to consult with supervisors, colleagues, legal counsel, or CRPO's Practice Advisory Service. Registrants may also consult the organization to which the report may be required. Additional information about mandatory reporting to the College can be found on CRPO's website: [Mandatory Reporting – College of Registered Psychotherapists of Ontario \(crpo.ca\)](#). CRPO has also published guidance on [Disclosing Information to Prevent Harm \(crpo.ca\)](#).

Registrants may need to ask follow-up questions to clarify whether a situation requires a mandatory report; however, it is not the registrant's role to investigate in depth. Most mandatory reporting obligations only require reasonable grounds to suspect an event may be occurring, not definitive proof.

Making a mandatory report can damage the therapeutic relationship. Registrants use judgment in deciding when and how to inform a client about a mandatory report. Some mandatory reports (e.g., reporting sexual abuse by another regulated health professional) must be made without identifying the client, unless the client has given their written permission.

### Frivolous or vexatious complaints

Registrants do not file complaints or reports that are trivial or for ulterior purposes. A complaint or report made in good faith to protect vulnerable parties, or the general public, is appropriate. A complaint or report made to further a civil dispute, to retaliate against a business competitor, or made knowing it likely has no validity, is inappropriate and may rise to the level of slander in some cases. Repeated complaints on the same matter may be considered frivolous and vexatious. Abusing the complaints or reports process is unprofessional, unfair to the other registrants, and a waste of regulatory resources.

## Standard 1.4: Controlled Acts

### Summary of Changes

- Alter the *Standard* to better reflect the *Regulated Health Professions Act*.
- De-emphasize the potential for delegating the controlled act of psychotherapy due to the need for extensive training to perform it.
- No changes to *Demonstrating the Standard*.
- Definitions for “psychotherapy scope of practice,” and “controlled act of psychotherapy” added to *Key Definitions* section, definition for “delegation” moved from background.
- *Commentary* section expanded to include clarifications on the controlled act of psychotherapy, resources to assist practitioners in assessing whether practices fall

under the controlled act of psychotherapy, and additional resources and clarifications on exceptions to the controlled act.

## Draft Revised Content

### *The Standard: Controlled Acts*

1.4.1 Registrants do not perform controlled acts unless:

- They are authorized to do so;
- A legal exception or exemption applies; or
- They receive appropriate delegation.

1.4.2 Registrants are authorized to perform the controlled act of psychotherapy provided they have the competence to do so in a safe and effective manner.

1.4.3 Registrants should refrain from delegating the controlled act of psychotherapy.<sup>1</sup>

### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Declining to perform a controlled act if it is beyond the registrant's competence, or when doing so would, in their professional judgment, be counter-therapeutic;
- Declining to perform a controlled act under delegation if the delegating professional is not providing supervision or will not take responsibility for appropriately training or preparing the registrant receiving the delegation.

### *Key Definitions*

**Psychotherapy scope of practice:** As defined in the *Psychotherapy Act, 2007*, “the practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.”

**Controlled act of psychotherapy:** As defined in the *Regulated Health Professions Act, 1991*, the controlled act of psychotherapy involves “treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

**Delegation:** A legal mechanism that enables a regulated health professional to grant another person the authority to carry out a controlled act that the person would otherwise be restricted from doing.

### *Commentary*

The *Regulated Health Professions Act, 1991* (RHPA) restricts certain activities, called controlled acts, due to the risk they carry if performed by an unqualified person. Additional information and common questions pertaining to the controlled act of psychotherapy can be found on the CRPO website: [Controlled Act FAQ: Fulfilling CRPO Requirements – College of Registered Psychotherapists of Ontario](#).

For example, performing a procedure on tissue below the dermis is an activity that can mainly be performed by regulated professionals who are authorized to do so, such as nurses or physicians. These authorizations are set out in the legislation that governs each profession.

CRPO registrants are authorized to perform the controlled act of psychotherapy, which is defined as follows: Five elements, all of which must be present, are necessary to constitute the controlled act of psychotherapy:

- i) treating
- ii) by means of psychotherapy technique
- iii) delivered through a therapeutic relationship,
- iv) an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that,
- v) may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Five other professions are authorized to perform the controlled act of psychotherapy, including: nurses, occupational therapists, physicians, psychologists and/or psychological associates, and social workers and/or social service workers. These professionals perform the controlled act of psychotherapy in accordance with the regulations, requirements, and standards established by their respective regulatory bodies.

The RHPA also sets out an exemption for Indigenous healers who provide traditional services to Indigenous persons or communities.

You can read more about the five elements of the controlled act of psychotherapy in the [Controlled Act Task Group documents](#), available on the College website. Unregulated practitioners unsure if their practice falls under the controlled act of psychotherapy may wish to [consult the self-assessment tool developed by the College](#).

### Competence

Registrants may perform the controlled act of psychotherapy providing they possess the knowledge, skill, and judgment to do so safely and effectively as determined by Standard 2.1.

### Legislative Exceptions to Controlled Acts

While the RHPA restricts all of the controlled acts mainly to regulated health professionals, it enables others to perform them when specific circumstances apply. For example, anyone can perform any controlled act providing they are:

- helping someone in an emergency, as may occur when administering Naloxone or Narcan;
- helping someone with activities of daily living;
- treating by prayer or spiritual means according to the tenets of one's religion; or
- when administering a substance or communicating a diagnosis to a member of one's household (e.g., telling your child that she has a cold).

Other exceptions not requiring a designation that allow individuals to perform a controlled act include exceptions for students, Traditional Indigenous Healers, and addictions treatment.

### Exceptions for Students

Students who intend to register with CRPO may perform the controlled act of psychotherapy as long as they:

1. Are in the process of fulfilling the requirements to become registered with CRPO; and
2. Are receiving clinical supervision from a qualified RP for the aspects of their practice that involve the controlled act.

Additional information on student exceptions can be found on CRPO's website: [Controlled Act of Psychotherapy – College of Registered Psychotherapists of Ontario \(crpo.ca\)](http://www.crpo.ca)

### Exceptions for Traditional Indigenous Healers

In recognition of traditional practices that have been utilized prior to the establishment of psychotherapy as a controlled act, Indigenous persons providing traditional healing to other Indigenous persons or members of an Indigenous community are exempt from the RHPA and therefore are not required to register with a regulatory college to provide care that overlaps with the scope of psychotherapy.

### Exemption for Addictions Treatment

Ordinarily, CRPO registrants are restricted from performing any procedure below the dermis. However, an exemption applies for those who provide acupuncture as part of an addiction treatment program within a "health facility". Health facility is defined by legislation, and includes, for example, facilities that are governed or funded by the:

- *Public Hospitals Act*
- *Independent Health Facilities Act*
- *Alcoholism and Drug Addiction Research Act*

Registrants who perform acupuncture in accordance with the exemption may only do so if they possess the knowledge, skill, and judgment necessary to do so safely and effectively. Refer to the Professional Practice Standards, Section 2: Competence.

### Receiving a Delegation

Registrants may only accept and carry out a delegation if:

1. The regulated health professional who made the delegation is working within their scope of practice, following the requirements and standards established by their regulatory college, and will take responsibility for the actions of the registrant receiving the delegation;
2. Performing the delegated act would not violate therapist-client boundaries; and
3. The registrant has the competence necessary to carry out the delegation in a manner that is safe and effective. [Refer to the Professional Practice Standards, Section 2: Competence.](#)

## Standard 1.5: General Conduct

### Summary of Changes

- Separate the *Standard* into different sections and include a new general provision on civility with colleagues.
- No changes to *Demonstrating the Standard*.
- Definitions for “incapacity,” “disgraceful, dishonourable or unprofessional conduct” and “conduct unbecoming a registrant” moved from the background into *Key Definitions*.
- *Commentary* section now includes a note about online behaviour falling under the umbrella of general conduct. Additionally, the section on impairment has been retitled to “Incapacity” and now includes an expectation that registrants self-monitor and seek assistance when required.

### Draft Revised Content

#### *The Standard: General Conduct*

1.5.1 Registrants refrain from illegal conduct relevant to their suitability to practise the profession.

1.5.2 Registrants refrain from practising the profession when they ought to know their ability to do so is impaired.

1.5.3 Registrants treat employees, co-workers, students, and other individuals with whom they are professionally or academically associated with respect.

1.5.4 Registrants at all times refrain from conduct that, having regard to all the circumstances, would reasonably be regarded by registrants as disgraceful, dishonourable, unprofessional, or unbecoming a registrant.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- practising the profession with integrity and professionalism;
- considering the impact of their actions on the profession as a whole;
- assessing their actions from the perspective of a panel of professional peers;
- consulting a clinical supervisor, case consultant or another registrant of the College if they find themselves in challenging circumstances.

#### *Key Definitions*

**Incapacity:** Occurs when a registrant is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the registrant’s certificate of registration be subject to terms, conditions or limitations, or that the registrant no longer be permitted to practise.

**Disgraceful, dishonourable, or unprofessional conduct:** Behaviour occurring in the course of practising the profession that goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession.

**Conduct unbecoming a registrant:** Behaviour outside the practice of psychotherapy that casts doubt about the registrant's integrity or brings the profession into disrepute.

#### *Commentary*

Registrants should be aware that standards pertaining to behaviour apply to both in-person and online conduct.

#### Incapacity

It is professional misconduct to practise the profession while the registrant knows or ought to know that their ability to do so is impaired by any condition, dysfunction, or substance.

Registrants are responsible for monitoring their physical and mental health and expected to seek assistance when necessary.

#### Conduct unbecoming a registrant

Registrants rely on one another to conduct themselves privately and in the community in a manner consistent with the values, beliefs, and standards to which they adhere professionally. The Professional Practice Standards are generally concerned with conduct in the course of professional practice. Actions outside the practice of psychotherapy may be regarded as unbecoming a registrant, reflecting poorly on the registrant's integrity and the profession as a whole. Generally, this type of misconduct involves dishonesty (e.g. fraud) or a serious breach of trust (e.g. child abuse).

#### Illegal conduct

Illegal behaviour may also be considered professional misconduct. Registrants may be held accountable by the College if they contravene any Canadian law if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant's suitability to practise. The College has developed a [policy](#) on what is considered relevant to a registrant's suitability to practise.

If registrants are uncertain about whether particular actions are appropriate for an RP, they should consult with colleagues or the College.

### **Standard 1.6: Conflict of Interest**

#### **Summary of Changes**

- Emphasis on clinical and ethical judgment.
- Increased guidance on processes when conflicts of interests occur.
- Additional guidance on treating individuals who know each other and dealing with dual relationships.
- New commentary on conflicts occurring within small communities.

#### **Draft Revised Content:**

##### *Standard 1.6: Conflict of interest*

1.6.1 Registrants assess the potential for conflicts of interest with each client on an ongoing basis.



1.6.2 When a conflict of interest arises, registrants use clinical and ethical judgment to determine whether it would be appropriate to continue care.

1.6.3 When a conflict of interest arises, registrants make reasonable efforts to disclose the conflict to the client(s) involved, unless doing so would result in breaching the confidentiality of or causing harm to any client.

1.6.4 When a conflict of interest arises and it is appropriate to continue care, registrants manage and mitigate the conflict in a manner that best protects the client's interests.

1.6.5 Registrants avoid acting while in a conflict of interest that could be detrimental to client care.

1.6.6 Registrants discontinuing services due to a conflict of interest shall provide effective referrals.

### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Being aware of, and avoiding, situations that may place the registrant in a conflict of interest.
- Carefully managing conflicts of interest by appropriately disclosing the conflict and ensuring that suitable safeguards are established and documented.
- Considering both mitigating and aggravating factors when assessing the severity of a conflict of interest.
- Seeking advice from clinical supervisors, peers, legal counsel, or the College, when in doubt.

### *Key Definitions*

**Conflict of Interest:** A situation that could interfere with a registrant's ability to exercise appropriate professional judgment. A conflict of interest may be actual, potential, or perceived. The standard for judging a conflict of interest is to ask what a reasonable person, aware of the situation, would conclude. It is unnecessary to prove that the registrant's judgment is actually compromised.

**Small community:** A small community is one in which it is impractical or impossible not to have a dual relationship with a client. Communities may be geographic, academic, professional, social, spiritual, cultural, or bound by any other unifying experience or characteristic including disability, sexuality or identity.

### *Commentary*

#### Recognizing and preventing conflicts of interest

RPs are expected to be alert to any circumstance where a conflict of interest may develop or may be perceived by others and respond by taking appropriate action. Most conflicts of interest are preventable if the situation is avoided at the outset.

#### Managing conflicts of interest

Not all conflicts of interest are of equal concern. Some situations may be very serious and must be avoided entirely. There are other situations where a conflict of interest may develop, but is unavoidable, or not in the best interest of the client to avoid. These situations must be managed carefully.

An example of the latter could include working in a small or isolated community where a registrant may be the only person who can provide psychotherapy services to local residents. As a result, the registrant may provide psychotherapy to someone who is also their mechanic, hair stylist, lawyer, doctor, etc.

The following are some examples of situations that place a registrant in a conflict of interest, and potential mitigation techniques:

Accepting a benefit for referring a client to any other person.

A benefit is any advantage or gain, whether direct or indirect, and whether or not it is monetary in nature. A conflict may exist even if the benefit is not to the registrant directly, but to a related person or related corporation. A related person is someone connected with the registrant by blood, marriage, common-law, or adoption. A related corporation is a corporation that the registrant or a related person wholly or substantially owns. A registrant should refer a client to another service provider only if the client requires or requests the service. The registrant should choose the place of referral solely on the basis of merit and benefit to the client, and not because the registrant hopes to receive a benefit as a result of that referral.

Additionally, accepting commission fees or otherwise benefitting materially from providing referrals to other professionals is prohibited under Standard 1.9.4.

Offering a benefit for receiving a referral.

This situation is the inverse of the previous one. Referral recommendations must be made solely for the benefit of the client. Referrals for the benefit of the registrant can promote unnecessary services.

Offering a benefit to a client where the registrant's services are being paid for by a third party.

Where a third party pays for the service (e.g., an insurance company), it is inappropriate to give the client expensive gifts to encourage them to continue therapy. Inducing a client to come in for a service paid for by a third party through gift-giving promotes unnecessary treatment and could involve fraud. The giving of a small, health-promoting product is acceptable (e.g., a free stress ball).

Accepting materials or equipment.

A registrant should not accept a benefit in the form of materials or equipment in return for using or recommending a supplier's product or service. The registrant's choice of product or service should be based solely on quality for the client. This does not preclude acceptance of nominal gifts (e.g., a small number of free sample stress balls).

Using premises or equipment without reasonable payment.

This example is given to prevent registrants from placing themselves in a conflict of interest with a landlord or supplier (e.g., obtaining the use of a free or low-cost office from someone who could benefit from a registrant's recommendations to clients). Registrants pay for all premises and equipment at a reasonable, market rate. Otherwise, there is at least an appearance that the registrant will favour the landlord or supplier in the registrant's recommendations.

Entering into an agreement or arrangement that interferes with the registrant's ability to properly exercise their professional judgment.

A registrant may not enter into an agreement or arrangement, or coerce another registrant into an agreement or arrangement, which prevents the registrant from placing the needs of clients first. For example, an agreement that a registrant will provide a certain treatment to all clients is improper because decisions must be based on an assessment of each client's individual needs. Avoiding this type of conflict reassures the public that, despite any contractual obligations, the registrant will always place the needs of clients first. Registrants may describe this rule when negotiating agreements with other parties.

Engaging in any form of revenue sharing except in specific circumstances as set out below.

In some practice arrangements, a registrant might not receive the entire fee paid by the client or a third party for providing professional services but may share it with others within the organization or practice. To avoid a conflict of interest, registrants may share revenue only with one or more of the following: i. another registrant of the College; ii. a member of another regulated health profession; iii. a health professional corporation; iv. a social worker or social service worker or a professional corporation for a social worker or a social service worker; or v. any other person if there is a written contract with the person stating that the registrant will have control over, and be responsible for, their own professional decisions, and for maintaining professional standards.

Selling a product to a client or recommending a product that is sold in any premises associated with the registrant, without first advising the client that they may purchase the product elsewhere without affecting the client-practitioner relationship.

A registrant may not pressure the client into purchasing products from the registrant's practice or the registrant's landlord. Avoiding this type of conduct assures the public that any sale or recommendation made by the registrant is in the client's interest only. It also gives the client the opportunity to obtain products elsewhere, perhaps at a lower price or at a more convenient location. If recommending a product to a client that is sold in any premises associated with the registrant, the registrant also issues a written description of the product. In addition, the registrant advises the client that they may purchase the product elsewhere without affecting the client-practitioner relationship.

Treating individuals who know each other

Registrants often receive referrals of new clients from current or past clients. It is often acceptable to treat clients who know each other. However, when one of those clients discusses the other in therapy, the RP may not be able to promote the interests of all clients equally. This amounts to a conflict of interest. Treating clients who know each other could also increase the likelihood of a breach of confidentiality, as an RP may inadvertently disclose – either verbally or through body language – what another client has told them.

Generally speaking, it is best to exercise caution when separately<sup>1</sup> treating individuals who know each other, and to avoid treating individuals who are in conflict with one another.

When deciding whether it is possible to continue the therapeutic relationship with one client who knows another, an RP should consider several factors. These include but are not limited to:

- The ability for the RP to remain objective
- The ability for the RP to uphold client confidentiality

- Whether any mitigating efforts – like limiting topics of conversation in therapy – would be fair to the clients in question
- Whether the RP thinks they can successfully redirect a conversation that approaches the conflict of interest
- The availability of comparable services
- The stability of the client in question

Practitioners in small communities are at an increased risk of encountering a conflict of interest. As a result, RPs in small communities should make an effort to mitigate potential conflicts of interest before they arise.

For example, an RP could integrate a discussion of conflict of interest into an intake session, noting an increased likelihood for a potential conflict of interest and the procedure to manage any conflicts that arise.

Additionally, RPs operating in small communities where a conflict of interest occurs must be aware of how power dynamics may transfer from the clinical space or otherwise influence social relationships and actively seek to mitigate such effects.

## **Standard 1.8: Undue Influence and Abuse**

### **Summary of Changes**

- The previous standard was expanded to include protections for clients' close contacts, e.g., representatives, family, partners.
- Additional guidance on appropriate behaviour has been added into the Demonstrating the Standard section, alongside a recognition of power imbalances present in the therapeutic relationship, and safeguards regarding boundary crossings.
- Additionally, CRPO's zero tolerance policy for sexual abuse of clients by registrants has been reiterated in the Commentary section, along with explanations of boundary crossings and boundary violations.

### **Draft Revised Content:**

#### *Standard 1.8: Undue Influence and Abuse*

1.8.1 Registrants are respectful of clients. They refrain from verbal, physical, psychological, emotional, and sexual abuse.

1.8.2 Registrants are respectful, both during and outside of treatment sessions, of clients' representatives, family, partners, or other individuals with whom clients maintain a close personal relationship. They refrain from verbal, physical, psychological, and emotional abuse towards any of these individuals.

1.8.3 Registrants do not pursue or engage in sexual contact with clients' representatives, family, partners, or other individuals with whom clients maintain a close personal relationship.

1.8.4 Registrants do not unduly influence clients, their representatives, family, or partners, including but not limited to personal life decisions, the making of wills, or powers of attorney.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Practising the profession with integrity and professionalism.
- Setting, communicating, and maintaining appropriate boundaries with clients and individuals with whom clients maintain a close personal relationship.
- Refusing sexual advances from clients, their representatives, family members, partners, or other individuals who may be influenced by the therapeutic relationship and power dynamic between the RP and client.
- Acknowledging that clients are incapable of consenting to sexual contact with their RP due to imbalance of power.
- Understanding that the imbalance of power between a client and RP will continue to grow over time spent in treatment.
- Assessing oneself for the existence and extent of personal biases or belief systems that may influence interactions with a client.
- Preventing personal biases, structural biases, or belief systems from influencing the treatment of or interactions with a client.
- Being cognizant of the individual vulnerabilities of clients and their representatives.
- Being respectful of the best interests of clients.
- Apologizing for lapses in courtesy or inappropriate language.
- Avoiding boundary violations with clients and minimizing contact with clients outside the therapeutic relationship as much as possible.
- Thoroughly documenting boundary crossings, including relevant context, justification, and safeguards put in place to protect the client.
- Using professional and ethical judgment to determine whether conduct outside the typical therapeutic relationship is appropriate.
- Consulting another RP, one's supervisor or case consultant, or the College if the registrant finds themselves in challenging circumstances.

### *Key Definitions*

**Sexual Abuse:** Under the *Regulated Health Professions Act, 1991* (RHPA), sexual abuse is defined as: sexual intercourse or other forms of physical sexual relations between the registrant and the client; touching, of a sexual nature, of the client by the registrant; or, behaviour or remarks of a sexual nature by the registrant towards the client.

**Sexual Nature:** In the RHPA, the term "sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the service provided. For example, discussing a client's sexuality, sexual experiences, or issues in a manner relevant to their therapeutic treatment or referring a client to a sexual surrogate are not considered sexual abuse.

In the latter instance, however, the surrogate shall not be an employee of the registrant, or an associate supervised by the registrant. In addition, there is an onus on the registrant to take reasonable steps to ensure that the surrogate is appropriately trained or certified, and that they adhere to accepted norms and standards for sex surrogacy.

While some forms of touch or bio-energetic work may form a legitimate part of psychotherapy practice, any form of disrobing or sexual touching of clients is inappropriate conduct on the part of registrants.

**Boundary Crossing:** “Boundary crossing occurs any time a professional deviates from the strictest professional role. Boundary crossings can be helpful, harmful, or neutral. Boundary crossings can become boundary violations when they place clients at risk for harm.”<sup>1</sup> Generally, a helpful boundary crossing will be one that is clinically indicated, modality-appropriate, and done with informed consent from the client and with safeguards in place. Harmful boundary crossings would result in discomfort for either the client or practitioner and may negatively impact the therapeutic relationship. Notably, the same action – for example, supportive touch, could be helpful, harmful, or neutral depending on the client, context, and interpretation.

**Boundary Violations:** Boundary violations are harmful boundary crossings that place the client at risk of harm. They typically occur when therapists are engaged in exploitative dual relationships.

**Undue Influence:** Using the therapist’s position in a way that reduces the client’s autonomy and advances the therapist’s agenda.

**Physical Abuse:** Pushing, shoving, shaking, slapping, hitting, or other physical force that may cause harm.

**Verbal Abuse:** Derogatory or demeaning comments, cultural slurs, use of profane language, or insults.

**Emotional Abuse:** Examples include threats, intimidation, insults, humiliation and harassment, dismissive behaviour, manipulation, scolding.

**Financial Abuse/Exploitation:** Examples include forging a signature, theft, influencing a client to change their will, charging exploitative or manipulative fees.

**Cyber Abuse:** Bullying by conveying inappropriate images or words through any form of electronic media.<sup>2</sup>

**Client:** Any individual who received treatment from a registrant – for any period of time – is considered a client. For the purposes of sexual abuse, an individual remains a client for one year following the termination of the professional relationship.<sup>3</sup>

**Intersectionality:** “The ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination ‘intersect’ to create unique dynamics and [amplified] effects.”<sup>4</sup>

**Trauma-Informed Approach:** A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and

responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.<sup>5</sup>

### *Commentary*

CRPO has a zero tolerance policy for sexual abuse. Sexual abuse is an extremely serious form of professional misconduct and is dealt with directly in the RHPA. It is so serious, in fact, that the RHPA prescribes specific penalties: sexual intercourse with a client, for example, carries a mandatory revocation of registration for a minimum of five years. Other forms of sexual abuse may result in equally severe disciplinary action. The College's Client Relations Program is primarily devoted to preventing and dealing with sexual abuse of clients.

The College's Professional Misconduct Regulation requires that registrants not inflict any form of verbal, physical, psychological and/or emotional abuse on clients.

Clients, their representatives, family members, partners, or other individuals with whom clients maintain a close personal relationship may be emotionally and otherwise vulnerable. At the same time, clients and those in their circle may be particularly influenced by the views or suggestions of their psychotherapist. It is the responsibility of registrants, therefore, to ensure that clients feel safe and that they are not subjected to inappropriate influence or abuse.

### Boundary Crossings

Boundaries are derived from social or cultural norms and customary social behaviour as well as ethics, morality, and law. They ensure the professional, therapeutic relationship and exist to protect clients from harm. Boundaries delineate the expected and accepted psychological and social distance between practitioners and clients, transgression of which involves the therapist stepping out of the clinical role or breaching the clinical role.

RPs must avoid boundary violations with clients, as they can be a precursor to abuse. However, it is important to understand when a boundary crossing may be justifiable. The ethical principles of beneficence (promoting client well-being) and equity (promoting care for those facing barriers to access) sometimes warrant departing from customary practice. For example, RPs typically do not conduct sessions in the home of a client. However, an exception would be made for a client with severe agoraphobia or complex physical health needs, in particular where they are unable to participate in virtual therapy.

It's important to also note that RPs will have boundaries themselves, which clients may inadvertently or intentionally cross. When such boundary crossings emerge, it is important to address the concern at the earliest appropriate time.

RPs should open conversations about boundaries with clients early in the therapeutic relationship to better understand and potentially adjust expectations the clients may have about conduct, communication, or other matters.

To assist in maintaining boundaries, RPs should consider establishing policies and protocols around common boundary matters like after-hours communications and scheduling procedures.

### Power Dynamics and the Therapeutic Relationship

RPs are expected to understand the inherent power dynamic at play with a client and the responsibilities that come with holding such a position.

RPs should be aware of how the power dynamic impacts therapeutic work, as clients may feel pressured to provide consent or positive feedback. It is important to make sure clients understand the relationship will not be impacted if they decline to try different therapeutic techniques or are not responding to treatment as intended.

Power dynamics will shift over time, likely intensifying as the client continues with treatment, and may be impacted by a number of factors.

The presence of a dual relationship between a practitioner and client will likely magnify the power dynamics within the therapeutic relationship.

Clients from marginalized communities are often at a greater risk of exploitation due to structural inequities, and as a result RPs should be aware of intersecting identities and their influence on the power dynamic and therapeutic process. Similarly, RPs should be cognizant that individuals who have experienced trauma are at an increased risk of traumatization and may interpret the existing power dynamic differently.

RPs are expected to integrate intersectional and trauma-informed approaches into their work, taking into consideration the unique circumstances of individual clients within the therapeutic process.

## **Standard 3.2: Consent**

### **Summary of Changes**

- The previous standard was expanded to include documentation requirements for assessing capacity and conversations surrounding consent.
- Guidance on best practices for communication and consent-seeking were added into *Demonstrating the Standard* as a safeguard.
- Key definitions were moved from the Commentary section into a separate section, and the definitions for “express consent” and “implied consent” were added.
- The Commentary section was shortened. Additionally, CRPO has altered the description of “partner” so that it aligns with the *Health Care Consent Act, 1996*.

### **Draft Revised Content**

#### *Standard 3.2: Consent*

3.2.1 Registrants assess and document the capacity of a client to consent to treatment. If the client lacks capacity, registrants identify the client’s substitute decision-maker(s).

3.2.2 Registrants ensure informed consent is obtained from the client or their authorized representative on an ongoing basis. Consent may be verbal, written, or implied and is documented in the client record.

3.2.3 Registrants only seek consent after ensuring the client understands the process of therapy, possible benefits and risks or adverse outcomes, other therapeutic options, and the implications of not proceeding with therapy.



3.2.4 Registrants ensure consent is voluntary, specific, and does not involve misrepresentation or fraud.

3.2.5 Registrants document indications of ongoing consent and conversations detailing consent, including the date when consent was provided, refused, or revoked, as well as risks and benefits discussed, and the method of consent (verbal, in writing, etc.).

3.2.6 Registrants immediately comply with the removal or suspension of consent by a client or their representative.

### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Providing, on an ongoing basis, relevant information to the client regarding the process of therapy, the therapist's usual approach to therapy, therapeutic methods or specific techniques to be employed, potential risks or adverse outcomes of therapy, and other therapeutic options.
- Communicating in a manner that is developmentally and culturally appropriate for clients when discussing matters related to consent.
- Seeking consent when therapeutic methods change.
- Seeking explicit consent for third parties to access session documentation and ensuring clients understand when documentation can be accessed and by whom.

### *Key Definitions*

**Informed consent:** Under the *Health Care Consent Act 1996* (HCCA), consent is considered informed when the following is achieved:

- (a) the person received the information about the nature of the treatment, the expected benefits and material risks, material side effects of the treatment, alternative courses of action, and the likely consequences of not having the treatment; and
- (b) the person received responses to his or her requests for additional information about those matters.

**Express consent:** An expression of consent that is specifically communicated, e.g., orally or in writing.

**Implied consent:** Actions that can be reasonably interpreted as an informed agreement. For example, ongoing consent is often implied through a client continuing to attend sessions with a psychotherapist after being informed of the risks, benefits, and alternatives.

### *Commentary*

#### Ongoing consent

Normally, psychotherapy is not a one-time intervention, but continues over a period of time or may be intermittent. Similarly, informed consent is not simply obtained at one point in time and never thought of again. Ongoing consent is implied by the continuing attendance of a client at therapy sessions. However, any change in the therapeutic approach or the techniques employed should be documented in the client record, along with a note about the client's implied or verbal consent.

A client may withdraw consent at any time. Withdrawal of consent should be documented in the client record and should include the reason for the change.

### Written consent

Healthcare professionals often use standardized forms to obtain written consent from clients. Registrants should understand that a signature on a form does not necessarily constitute informed consent. The elements of informed consent (see above) are usually obtained through discussion between the registrant and the client. Only following discussion can the client provide informed consent. The signature of the client is only partial evidence that they have provided informed consent.

### Age of consent

There is no minimum age for consent. Clients under 18 years of age can, if they are capable of understanding and appreciating the consequences of their decision, give consent. For minors, consent must be considered on a case-by-case basis in light of the young person's capacity and applicable laws.

### Incapacity

Informed consent requires that a client be capable of providing such consent. This means that the client must be cognitively capable, i.e., able to understand the information provided, and to appreciate the consequences of their decision.

Generally, a therapist may assume that a client is capable, and is not required to conduct a capacity assessment unless there are reasonable grounds to believe the client may not be capable. The therapist assesses the capability of the client by discussing the proposed therapy or therapeutic process with the client. The purpose is to see whether they understand the information, and appreciate any possible risks or consequences, including the implications of not proceeding with therapy.

A client may be incapable with respect to certain issues and capable with respect to others (e.g., a client may be capable of discussing personal matters but incapable of managing their finances). When a client is found to be incapable, the therapist must identify a substitute decision-maker who can provide informed consent on behalf of the client. The substitute must be at least 16 years of age (unless a parent is acting as substitute decision-maker for their child) and must be a capable person who is willing and able to act. The substitute decision-maker is usually a spouse, parent, friend, or other relative. Potential substitutes are ranked in law, (see below for the ranking of substitutes). Normally, the person ranked highest is asked to serve as substitute decision-maker, if able and willing.

### Rankings for the Substitute Decision-maker

Per the *Health Care Consent Act* (1996), the ranking of substitute decision-makers are as follows (from highest-ranked to lowest-ranked):

- A court appointed guardian of the person.
- A person who has been appointed attorney for personal care. The client would have signed a document appointing the substitute to act on the client's behalf in healthcare matters if the client ever became incapable.

- A person appointed by the Consent and Capacity Board to make a health decision in a specific matter.
- The spouse or partner of the client. A partner is defined in the HCCA as “either of two persons who have lived together for at least one year and have a close personal relationship that is of primary importance in both persons’ lives.” This means a partner does not need to be a spouse or sexual partner of the client.
- A child of the client or a parent of the client or the Children’s Aid Society who has been given wardship of the client.
- A parent of the client who does not have custody of the client.
- A brother or sister of the client.
- Any other relative.
- The Public Guardian or Trustee if there is no one else. If there are two equally ranked substitute decision-makers (e.g., two sisters of the client), and they cannot agree, the Public Guardian and Trustee may then make the decision.

### **Standard 3.3: Communicating Client Care**

#### **Summary of Changes**

- Included language from Professional Misconduct Regulation and documentation safeguards in standard.
- Included references to overlapping standards (3.1 – Confidentiality and 3.2 – Consent) where appropriate.

#### **Draft Revised Content:**

##### *Standard 3.3: Communicating Client Care*

3.3.1 Registrants make reasonable attempts to communicate with a client’s other relevant health care providers respecting the client’s care. This obligation does not apply if any of the following conditions are present:

- a. The client refuses to consent to such communication;
- b. The communication would be counter-therapeutic; or
- c. The communication is unnecessary.

3.3.2 When registrants deny another care provider access to a client’s information, they enter the decision and reasons for doing so into the clinical record and discuss the decision with the client.

##### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Ensuring that decisions to share client information are in compliance with Standard 3.1 – Confidentiality and 3.2 – Consent.
- Documenting discussions with clients related to information sharing.
- Sharing client information only when necessary, and when doing so is likely to have a positive effect from a therapeutic perspective.
- Not sharing client information if the client requests that it not be shared.
- Noting unsuccessful attempts at communication of client care in the clinical record.

## *Commentary*

### Interprofessional collaboration

Registered Psychotherapists are expected to create and sustain positive working relationships with other professionals encountered in practice. Clients are entitled to have their care coordinated by their health care providers when it is necessary and appropriate to do so and when the client explicitly authorizes such collaboration. In addition, regulatory colleges are required under the RHPA to take steps to enhance interprofessional collaboration.

Appropriate communication is a key component of successful interprofessional collaboration and may help reduce conflicting or inconsistent information or advice given to clients. Appropriate communication between providers contributes to enhanced safety for clients and better professional relationships.

### Communication

In general, registrants can expect to communicate with other professionals providing care to a client, when the client has provided consent to do so. This may include those who provide care to the same client, other healthcare providers within a multidisciplinary setting, and other healthcare providers where the client is referred by the registrant.

Good communication can be achieved in a number of ways, including written communication between health care providers, conference calls, team meetings, meetings requested by the client and family meetings. Such communication should be documented in the clinical record.

Registrants are expected to make reasonable efforts to communicate with other providers when the client consents to such communications and it is likely to have a positive effect therapeutically. A registrant cannot be held responsible, however, when another professional refuses to communicate or does not respond to the registrant's reasonable efforts to communicate about a client's care.

### Client instruction

It is important to understand that the client controls collaboration and communication in specific circumstances. If a client is uncomfortable with any aspect of this communication, they may direct the registrant not to share the information. Registrants should explain to clients the potential benefits of interprofessional collaboration, as well as the implications of not permitting the therapist to share information with other providers.

### Release of information by RPs

For more information about confidentiality as it applies to releasing information to other healthcare providers, [see Standard 3.1 Confidentiality](#).

### Cases of emergency

There are circumstances where obtaining prior consent to share information with other professionals is not possible. Such cases may include, for example, when a client is admitted to hospital. Disclosure may be reasonably necessary for the provision of health care, and it may not be possible to obtain the individual's consent in a timely manner. In these cases, the registrant is permitted to disclose necessary information, as long as the client has not prohibited them from doing so.

## **Standard 3.5: Unnecessary Treatment**

### **Summary of Changes**

- Expand Standard to include provisions focusing on client autonomy and participation in the therapeutic process.
- Addition of documentation expectations into *Demonstrating the Standard*.

### **Draft Revised Content**

#### *The Standard: Unnecessary Treatment*

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

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

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

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

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

#### *Key Definitions*

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

Indicated: Suggested by symptoms or assessment as appropriate.

#### *Commentary*

##### Effectiveness of therapy

It is important for registrants to ensure that any assessment or therapy offers a reasonable prospect of benefit to the client. Unnecessary therapy poses a risk of harm by raising false expectations and wasting the client's time and money. Goals of therapy generally include fostering independence and autonomy from therapy when possible, and improved symptom or condition management for all clients

Registrants are expected to understand that clients with similar issues may respond differently to the same treatment.

Registrants are required to exercise judgment about whether treatment is unnecessary, informed by the condition of the client, the modalities used in treatment, and the input of the client.

## **Standard 3.6: Complaints Process**

### **Summary of Changes**

- Expand Standard to include provision requiring registrants to provide additional information about the College when asked by clients.
- *Commentary* expanded to include link for client-focused information on filing a complaint.

### **Draft Revised Content**

#### *The Standard: Complaints Process*

3.6.1 If asked, registrants inform individuals of their right to file a complaint with the College.

3.6.2 If asked, registrants provide the College's contact information.

3.6.3 If asked, registrants inform clients that the College's mandate is to regulate registered psychotherapists in the public interest, and that the College has standards and policies available on its website.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Providing general information about the College to clients, their authorized representatives, and members of the public.
- If asked how to file a complaint about their professional conduct, informing individuals of their right to file a complaint with the College.

#### *Commentary*

CRPO's ability to regulate the profession in the public interest requires people to be aware of the College's existence and role. Clients, their authorized representatives, and members of the public have a right to file a complaint with the College regarding a registrant's professional conduct. Registrants are expected to advise individuals of such if asked. If a person asks for general information about regulation, practice standards, or to whom they can complain about the registrant's professional conduct, it is the registrant's responsibility to advise the person to contact the College.

Additional information for clients regarding the complaints process can be found on CRPO's website: [Filing a Complaint About a Psychotherapist – College of Registered Psychotherapists of Ontario \(crpo.ca\)](https://www.crpo.ca/filing-a-complaint-about-a-psychotherapist)

Contact information for the College is as follows:

College of Registered Psychotherapists of Ontario  
375 University Avenue, Suite 803  
Toronto, ON M5G 2J5

Tel: 416-479-4330 or 1-844-712-1364  
Fax: 416-639-2168

[complaints@crpo.ca](mailto:complaints@crpo.ca)

## **Standard 6.1: Fees**

### **Summary of Changes**

- Included protections for clients, including those on block fee payments and discouraging bartering.
- Include reminders regarding sales tax, best practices for refunds, promotional rates, and receipts.
- *Commentary* now includes expanded section on equity and forms of payment.

### **Draft Revised Content**

#### *The Standard: Fees*

6.1.1 Registrants establish a standardized fee schedule and make it available to current and prospective clients. Registrants inform clients of their fee schedule prior to providing services.

6.1.2 Registrants charge fees that are reasonable in relation to services provided; fulfill the terms of agreements established with clients; and provide itemized accounts upon request.

6.1.3 Registrants do not offer discounts or incentives for pre-payment or prompt payment of services.

6.1.4 Registrants do not charge for services that are not provided, with the exception of late cancellations, missed appointments, or deposits.

6.1.5 Registrants do not unduly restrict methods of payment, and do not provide discounts for preferred methods of payment.

6.1.6 Registrants should not barter their services with clients due to the risks of dual relationships and conflicts of interest.

6.1.7 Registrants offering block fees to clients ensure there is a written agreement in place detailing the services covered by the fee, the total fee, arrangements for paying the fee, and refund requests and procedures.

6.1.8 Registrants do not sell or assign debt owed for professional services.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Charging and remitting sales tax as required by law.
- Ensuring clients understand any consequences of non-payment.
- Notifying or reminding clients of upcoming charges, even if payment is automated, e.g., if the client's credit card information is securely<sup>1</sup> stored on an online payment platform.

- Advising clients of alternative services accessible to the client, before discontinuing services for non-payment.
- Ensuring clients understand promotional rates are for a fixed term and are provided access to the general fee schedule prior to the onset of any services.
- When requested, and within a reasonable time, providing full or partial refunds, as appropriate, to clients who paid a block fee but decided not to receive all the services.
- Issuing receipts that clearly state name of client; name of the registrant and their title; name and date of the service provided; cost of service and method of payment.

### *Key Definitions*

**Fee schedule:** A listing of the fees normally charged by a given healthcare provider for specific therapies and procedures provided. This also includes administrative fees (record release, report writing, etc.) or fees imposed for missed appointments. Late cancellation fees should be reasonable in the circumstances.

**Reasonable fees:** While CRPO does not set fees for registrants, it expects registrants to set fees that are non-exploitative.

**Reasonable timeframe:** In terms of providing refunds for block fee arrangements, RPs are expected to provide refunds to clients within seven days of the decision to terminate services with limited exceptions for extraordinary circumstance.

**Block Fees:** An up-front payment where the registrant agrees to provide a set of services for a set price. This may involve a set number of sessions for a particular price, or a time-based, (e.g., monthly) therapy “subscription” fee.

**Barter:** Exchanging professional services for anything other than monetary payment.

### *Commentary*

The College does not set the fees that registrants may charge for services. However, a registrant may not charge or accept a fee that is excessive or unreasonable in relation to the service provided. Registrants also may not offer a discount or rebate to a client for prompt payment of fees, nor charge more than the registrant’s usual fee for a service where a third party is paying for the service. Registrants may accept payment on a sliding scale, i.e., variable fee depending on ability to pay. Registrants must ensure that clients are aware of their fee schedule before commencing services and are required to provide an itemized account of services, upon request.

### Free consultations and service agreements

Registrants may provide free initial consultations without further obligation, and must provide the service promised, and as advertised. For example, registrants must not offer an “hour” of therapy assuming that clients know this means 50 minutes.

If a registrant chooses to increase their fees, they should provide reasonable notice to clients and should not discontinue therapy because a client cannot afford the higher fee.

### Non-payment of fees



If a client fails to pay a registrant in accordance with agreed-upon terms, this is not grounds for immediately discontinuing services. While the registrant is entitled to be paid for their services, they must place the needs of the client first. Before discontinuing services for non-payment, the registrant should advise the client of alternative services/service providers that are accessible to the client. At the start of the relationship, the registrant should make sure the client understands that they are required to pay for services, and that services will be discontinued if payment is not received.

While registrants are permitted to use the services of a debt collection agency in order to recover unpaid fees, they are prohibited from selling or assigning client debts. This does not prohibit registrants from accepting payment by credit card.

### Equity and forms of payment

Registrants are expected to create and adhere to fee schedules; however, there may be cases where clients are unable to pay the full posted rate. In the interest of equity, registrants are permitted to offer fee reductions in accordance with set policies. For example, a “sliding scale,” may be appropriate for low-income clients.

Registrants must not unduly restrict forms of payment. For example, if a client does not have a credit card, the registrant should explore if another method of payment is feasible. Conversely, registrants should not charge clients more for paying by credit card, for example by passing on the credit card processing fee to the client.

Forms of payment should be appropriate with regard to the type of therapy practice. For example, it would be reasonable for an RP with an electronic practice to generally require electronic forms of payment (e-transfer, or credit card).

Bartering with clients should be a last resort due to the risks involved, and in all but extraordinary cases would not be appropriate. Bartering inherently creates a boundary crossing and dual relationship, which puts the client at risk. In many cases there are alternatives to bartering, e.g., sliding scale, or pro-bono work, that may promote the same equity considerations.

### Block Fees

Block fee arrangements are permitted if registrants adhere to the expectations set out in Standard 6.1.6. Registrants should use caution in offering block fee arrangements. Registrants must not pressure clients to continue in treatment because they have paid up front and should take care to ensure clients do not feel an obligation to continue until the pre-determined end date. If a client ends treatment partway through the prepaid sessions, registrants should refund fees for services not yet provided. RPs are expected to provide refunds within seven days of the initial request.

### Fulfilling agreements with clients

If a registrant agrees, either verbally or in writing, to provide a course of therapy for a regular set fee or a negotiated fee, the registrant must fulfil this commitment to the client. This does not preclude a registrant from raising fees with proper notice, as mentioned above.

## Standard 6.2: Advertising

### Summary of changes

- Simplified name of standard
- Expanded standard for clarity and to respond to new examples of inappropriate advertising.

### Draft Revised Content:

#### *Standard 6.2: Advertising*

- 6.2.1 Registrants ensure their advertising is truthful, accurate, factual, and verifiable.
- 6.2.2 Registrants do not request or solicit testimonials or use them in their advertising.
- 6.2.3 Registrants solicit only in accordance with applicable regulation (see Commentary).
- 6.2.4 When advertising, registrants do not:
- a) Promise a result that cannot be delivered;
  - b) Use comparisons to others, superlatives, or suggest that their practice is unique; or
  - c) Appeal to a person's fears.
- 6.2.5 Registrants ensure paid advertisements of their practice are identifiable or recognizable as an advertisement.
- 6.2.6 Registrants take reasonable steps to ensure that advertising placed by others on their behalf meets College requirements.
- 6.2.7 Registrants advertise an area of practice only if they have verifiable training in that area of practice.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Avoiding misleading or subjective claims in advertising.
- Refraining from pressuring individuals into engaging the registrant's services.
- Identifying themselves to clients using the name (or nickname) that appears on the Public Register of the College.

#### *Key Definitions*

**Advertising:** Any message communicated in a public medium intended to influence an individual's choice, opinion, or behaviour, including referring to business names associated with a registrant's practice. Advertising includes paid or in-kind promotions on any platform, registrant websites and social media accounts, among other forms of media and communication.

**Testimonial:** A statement by another person about the quality of the registrant's services.

**Endorsement:** A type of testimonial publicly showing support for a registrant or their practice, whether by a client or non-client.

**Review:** A type of testimonial, generally collected and posted by third-party internet sites (that is, sites not under the control of the registrant or their business, employer, clinic). Reviews

include statements as well as rankings and ratings, e.g., “five star rating”, “top 3 psychotherapists in the city.”

**Superlative:** An expression, typically exaggerated or unprovable, used to convey the highest degree. Examples include “best psychotherapist in Toronto,” or “fastest path to stability.”

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

### *Commentary*

Clients rely on registrants to provide accurate and verifiable information about their qualifications and experience, and to be transparent in the way they represent themselves and their services.

### Advertising

Registrants may advertise their professional services, as long as the information provided is relevant, and assists prospective clients in making an informed choice regarding health care services. Advertising must be truthful, factual, clear, and easily understood.

Registrants must ensure that advertising does not convey information that misleads clients or confuses the public. This includes omitting relevant information, or including irrelevant, false, or unverifiable information that may be misleading.

Examples of inappropriate statements in advertising could include:

- “you’ll get the job you always wanted”;
- “the best therapy available”;
- “the most caring treatment”; and
- “avoid being alone, come in for therapy”.

Registrants must take reasonable steps to ensure that advertising placed by others (e.g., employers, employees, marketing consultants) meets these same objectives. Related, registrants must not falsely advertise someone else as a registered psychotherapist (e.g., referring to an unregistered practicum student as a “psychotherapist”).

In advertising, registrants:

- may list psychotherapy-related education and qualifications, but not degrees unrelated to the provision of psychotherapy;
- may describe areas of practice or specialization and populations served in alignment with Standard 2.1, but must not exaggerate the conditions they can treat or the modalities they are competent to use;
- may outline a philosophy or approach to practice; and

- may identify registration in the College, but must not use the College logo in advertising or suggest that they are recognized by the College as qualified in a specialty area.

### Advertising Areas of Practice

Some online directories require therapists to use dropdown menus or pre-filled selection options to display psychotherapeutic techniques, issues treated, and client populations served. RPs should take special care to review each individual selection. Registrants who do not have verifiable training in a particular area of practice should not advertise or provide that service. Some specialized issues (e.g., addiction, eating disorders, etc.) may require advanced training beyond entry to practice requirements.

### Testimonials, Reviews and Endorsements

Testimonials from clients, former clients, or other persons regarding a registrants' practice are not permitted in advertising. Testimonials are subjective and may be unreliable. They may also be misleading, as each client is unique and each situation is different; a technique that works well for one client may not work for another. A client's plan of therapy should be based on the individual client's needs, not on the experiences of others. Testimonials may also lead to concerns that clients have been pressured into providing them, which is not in the best interest of the client or the therapist.

This rule does not prevent clients or others from reviewing or endorsing registrants (e.g., on third party Internet sites for rating professionals), provided registrants do not request them to do so, and provided registrants do not influence which reviews or endorsements are published.

Similarly, registrants are expected not to advertise or promote third party reviews or endorsements about them, as doing so could be misleading. For example, a therapist's five-star average rating does not imply that the registrant is in the best position to treat a particular client.

### Soliciting

Soliciting individuals in a way that pressures them to engage the registrant's services is not acceptable. Registrants are permitted to solicit individuals only in accordance with the Professional Misconduct Regulation, as follows:

- i. The person who is the recipient of the solicitation must be advised, at the earliest possible time during the communication, that,
  - a. The purpose of the communication is to solicit use of the member's professional services, and
  - b. The person may elect to end the communication immediately or at any time during the communication if he or she wishes to do so, and
- ii. The communication must end immediately if the person who is the subject of the solicitation so elects.

These rules are not intended to prevent registrants from contacting clients to provide reminders about appointments and follow-up services.

### Registrant's name

Clients are entitled to know the name of the registrant with whom they are dealing, and to verify the registration status of any member. In addition, the College must be able to identify and locate a registrant in the event that it receives a complaint or report about the registrant.

In their professional role, a registrant must identify themselves using the name recorded in the Public Register of the College.

Registrants may use nicknames or other variations of their name with clients, as long as these names are registered with the College. The registrant's registered name (along with any alternate names) should be indicated on official documents such as invoices and when identifying themselves to clients, e.g., on business cards and pamphlets.

Registrants may also create and use business names (e.g., Riverside Therapy Services), as long as they use their own name as set out in the College Register on official documents and when identifying themselves to clients.

### Easily Identifiable Advertising

CRPO expects advertisements to be easily identified as such. This means paid advertisements must not give the appearance of an independent review, endorsement, or testimonial. Websites or social media owned by registrants should be clearly labelled as such. Additionally, any paid placement on blogs or in media (for example, an article exploring local psychotherapy or mental health services) must be clearly identified as a paid placement.

If an RP is unsure whether their advertisement, websites, or social media accounts are easily identified as such, additional measures should be taken to ensure clarity.

## **Standard 6.3: Discontinuing Services**

### **Summary of Changes**

- Expand *Standard* to include language on human rights protected grounds, and reinforce expectations around referral
- Expand *Demonstrating the Standard* to include documentation safeguards
- Definition for "appropriate discontinuation of services" as explained in provincial regulations has been added.
- *Commentary* section now includes discussion of conflicts of interest and discontinuing care, as well as discontinuation on the basis of registrant safety.

### **Draft Revised Content**

*The Standard: Discontinuing Services*

6.3.1 Registrants discontinue professional services only when appropriate.

6.3.2 Registrants do not refuse or discontinue treatment based on grounds protected by the Ontario Human Rights Code (race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability).

6.3.3 When discontinuing services to clients who are interested in further treatment, registrants make referrals to other providers.

6.3.4 When discontinuing services, registrants clearly communicate and document the reason(s) for discontinuing services and the conversation they have with the client.

#### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- Discontinuing services only when the decision to do so is made in good faith.
- Ensuring the clinical record includes the reasons for discontinuing service, the condition of the client at the time of discontinuation, the client discharge plan (including the transition to other services if applicable), and a record of the conversations held with the client regarding the discontinuation of service.

#### *Key Definitions*

Appropriate discontinuation of services: Under Ontario Regulation 317/12, this refers to a situation where registrants would reasonably regard the discontinuation as appropriate considering the registrant's reasons for discontinuing services, the condition of the client, the availability of alternate services, and the opportunity given to the client to arrange alternate services prior to the discontinuation.

#### *Commentary*

It is a registrant's professional obligation to ensure that they act in the best interests of clients at all times, including when discontinuing services. Once a registrant begins working with a client, the relationship should continue as long as the client is benefiting from therapy or wishes to continue receiving services. Registrants should not unilaterally discontinue services to clients without good reason. There are several legitimate reasons for discontinuing services to clients, including:

- the registrant lacks the necessary competence to continue working with a client;
- the registrant believes the client will not benefit from continued therapy;
- the registrant would be at risk of serious harm if they were to continue working with the client, e.g., the client threatens or assaults the registrant;
- the registrant is closing their practice;
- when by prior agreement a fixed number of sessions is to be provided; and
- when the client has not met their obligation to pay fees as agreed (see Standard 6.1, Fees).

In all cases, the registrant makes reasonable efforts to inform the client of the reason for discontinuing services, and refers the client to another service provider, as appropriate. The registrant also documents the reason for discontinuing services.

#### Discrimination and the duty to accommodate

Registrants shall not decline to provide services, or discontinue services for personal reasons if, for example, the therapist does not agree with the client's political views.

Registrants must not refuse to work with a client or discontinue therapy because of a client's disability. The Human Rights Code requires that persons with disabilities be accommodated, unless this causes undue hardship for the therapist. Registrants are required to make reasonable efforts to accommodate the needs of persons with disabilities. A decision to end therapy should always be made in good faith. For example, a therapist must not tell a client that they are ending the therapeutic relationship because the therapist lacks the competence to work with the client, when the real reason lies elsewhere. To avoid confusion and concerns about discrimination, the therapist should always clearly communicate the reasons for ending the therapeutic relationship and document the discussion in the client's file.

#### Discontinuation on the basis of registrant safety

RPs are permitted to discontinue care of a client if they or their staff feel threatened by a client's behaviour or have been subjected to ongoing abuse or directly threatened by a client.

Disagreements with clients over treatment plans, incompatibilities in personality, and general use of foul language are not considered abusive behaviour and would not meet the standard for appropriate discontinuation of service under the Practice Standards.

#### Conflicts of interest and discontinuing care

RPs should be aware that when discontinuing service to a client due to an irreconcilable conflict of interest, they must uphold all relevant confidentiality standards and laws.

For example, if the conflict exists because the registrant realizes two of their individual clients are talking about each other in session, the RP will not be able to fully explain the reason if they need to discontinue care with one or both of them. RPs are expected to note an existing or emergent conflict of interest without providing any details that could identify another client receiving services.

### **Standard 6.4: Closing, Selling or Relocating a Practice**

#### **Summary of Changes**

- Expanded the *Standard* to clarify notice requirements, reinforce expectations regarding contingency planning, and provide greater clarity about health information custodians (HICs) as well as record retention responsibilities.
- Expanded *Demonstrating the Standard* to include clearer instruction about record disposal and health information custodian responsibilities.
- Added *Key Definitions* for "adequate notice" and "health information custodian successor".

- Expanded *Commentary* by discussing appropriate forms of notice for clients when closing a practice, a suggestion to select qualified HICs, and referring to College materials on contingency planning.

## **Draft Revised Content**

### *The Standard: Closing, Selling, or Relocating a Practice*

6.4.1 Registrants intending to close or relocate their practice take reasonable steps to give appropriate notice of the intended closure or relocation to each client for whom the registrant has primary responsibility.

6.4.2. Registrants have a contingency plan in place to promote continuity of care in the event of an unexpected interruption to their practice

6.4.3 Registrants who are health information custodians provide the College with up-to-date information about who would take custody of the records in their care in event of the registrant's death or long-term inability to fulfill their obligations related to this position.

6.4.4 Registrants acting as health information custodians maintain records in a secure manner for the period set out in Standard 5.1, even after the closure of their practice, unless the records are transferred to another health information custodian.

### *Demonstrating the Standard*

A registrant demonstrates meeting the standard by, for example:

- providing as much notice to clients as reasonably possible when closing or relocating a practice, with an expected minimum notice of 30 days for foreseeable closures.
- providing information to clients about alternative services;
- ensuring that each client record is either, i. retained securely by the registrant in compliance with the *Personal Health Information Protection Act, 2004* and the College's record-keeping and documentation standards., ii. transferred to the registrant's successor, or iii. transferred to another practitioner if the client so requests
- if the retention period has passed, ensuring records are disposed of in a secure manner;
- informing their health information custodian successor of their obligations under the law including that they may be contacted by clients for copies of their clinical record;

### *Key Definitions*

Adequate notice: In the case of a pre-planned move, retirement, or practice closure for other reasons, adequate notice generally constitutes a minimum of 30 days. In cases of emergency or sudden and unexpected incapacitation, registrants or their representatives should provide as much notice as reasonably possible.

Health information custodian: The person or organization that has custody of personal health information, as defined by section 3 of the *Personal Health Information Protection Act (2004)*.

Health information custodian successor: The person who would take over responsibility for a registrant's original client records following the planned or unplanned sale or closure of the registrant's practice or following the registrant's death.



## *Commentary*

Registrants are obliged to advise their clients and those whose records they possess if they intend to close, sell, or relocate their practice. Notice should be given well in advance, or as soon as is reasonably possible. The purpose is to provide time for clients to seek alternate services. Where possible, the registrant should assist the client in identifying alternative services. If a registrant is leaving an organization rather than closing, selling, or relocating their practice, they should still make reasonable efforts to notify active clients about their upcoming departure.

When closing or relocating a practice, registrants first attempt to provide direct notice (in person during a scheduled appointment, telephone conversation, direct letters, personal emails, etc.) of the change to clients. If not all clients can be reached, registrants use at least two forms of indirect notice (posting a message on one's website, using an automatic reply on emails, updating a voicemail to note closure or sale, publishing closure in a newspaper, etc.).

Regardless of method of communication, registrants document their attempts to alert clients.

Registrants must ensure that client records are transferred to the registrant's successor (if there is one) or to another registrant if the client requests this. Client records that are not transferred must be retained or, if the retention period has lapsed, disposed of in a secure manner in accordance with the *Personal Health Information Protection Act, 2004* and the College's record-keeping and documentation standards.

## Contingency planning

Registrants are required to have in place a plan to address unforeseen interruptions to their practice, such as unplanned leave, illness or death and even natural disaster. These plans should promote continuity of client care and allow others to manage, transfer, or close a practice in the event that a registrant is unable to do so. The plan should include back-up and storage of contact lists and where possible, client records, directions for contacting clients or their authorized representatives, and contact information for alternative service providers.

The registrant's next of kin or executor of the will should be made aware of this contingency plan and have appropriate contact information for the health information custodian successor.

CRPO strongly encourages registrants to select qualified successors with knowledge of healthcare privacy law. In order to best ensure compliance with CRPO standards, the College suggests selecting another registrant when possible.

If individuals (such as clients or colleagues) become aware of an abandoned or interrupted practice, they should contact the College.

Additional information on contingency planning and expectations of the College can be found here: [Practice Matters – College of Registered Psychotherapists of Ontario \(crpo.ca\)](https://www.crho.ca/practice-matters)

Council Members 2022-2023	Executive	Client Relations	Discipline	Examination
<b>Professional</b> 1. Heidi Ahonen, RP 2. Kathleen (Kali) Hewitt-Blackie, RP 3. Avni Jain, RP 4. Kenneth Lomp, RP (President) 5. Michael Machan, RP (Vice President) 6. Miranda Monastero, RP 7. Judy Mord, RP 8. Kafui Sawyer, 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> Judy Mord, RP (Chair) Kafui Sawyer, RP Radhika Sundar, RP  <b>Public</b> Steven Boychyn Keri Selkirk	<b>Professional</b> Heidi Ahonen, RP Kathleen (Kali) Hewitt-Blackie, RP Avni Jain, RP Kenneth Lomp, RP Michael Machan, RP Miranda Monastero, RP Judy Mord, RP Kafui Sawyer, 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 Henry Pateman Keri Selkirk (Vice-Chair)  <b>Non-Council</b> Riffat Yusaf, RP
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 (Vice-Chair) 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 Kathleen (Kali) Hewitt-Blackie, RP Avni Jain, RP Kenneth Lomp, RP Michael Machan, RP Miranda Monastero, RP Judy Mord, RP Kafui Sawyer, RP Radhika Sundar, RP  <b>Public</b> Steven Boychyn Sherine Fahmy David Keast Henry Pateman	<b>Professional</b> Kathleen (Kali) Hewitt-Blackie, RP (Chair) Kenneth Lomp, RP Miranda Monastero, RP Judy Mord, RP  <b>Public</b> Steven Boychyn Sherine Fahmy David Keast Henry Pateman Keri Selkirk Jeffrey Vincent (Vice Chair)  <b>Non-Council</b> Abimbola (Abi) Ajibolade, RP	<b>Professional</b> Avni Jain, RP Michael Machan, RP Judy Mord, RP Kafui Sawyer, 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 (Vice-Chair)

	<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>David Bruce, RP Janet Cullen, RP Nicolas El-Kada, RP Ibukun Ogunsina, RP Christopher Rudan, RP Leslie Vesely, RP</p>		
--	--	---	--	--

Professional Practice Working Group	Diversity, Equity and Inclusion Working Group			
<p><b>Professional</b> Kali Hewitt-Blackie, RP</p> <p>Kenneth Lomp, RP Michael Machan, RP Judy Mord, RP</p> <p><b>Public</b> David Keast Keri Selkirk (Chair)</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 Ondrovicik, 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
Kafui Sawyer	X	X			X	X	X			5
Kali Hewitt-Blackie		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	β	7
Keri Selkirk	X	X	β	X	X	X				6
Henry Pateman		X	X		X		X		X	5
Jeffrey Vincent		X			X	β		X		4
<b>Total Public:</b>	<b>2</b>	<b>6</b>	<b>3</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								β		1
Nicolas El-Kada						X				1
Muriel McMahon									○	1
Ahil Nageswaran									X	1
Elda Almario									X	1
Felipe Cepeda								X		1
Sasha Sky									○	1
David Bruce						X				1
Carol Cowan-Levine		X			X					2
Jamie Consoli									○	1
Glenn Walsh									○	1
Christopher Rudan						X				1
Janet Cullen						X				1
Ibukun Ogunsina						X				1
Leslie Vesely						X				1
Riffat Yusaf			X							1
<b>Total Non-Council:</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>6</b>	

Council & Committee composition effective 03APR2023

© Committee chair

● Indigenous Registration Pathways panel appointment

## Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.d. and 5.d.i.
<b>Issue:</b>	Council Election Results and New Committee Appointments: i. New Council Member Committee Appointments
<b>Attachment(s):</b>	Council and Committee Composition chart
<b>References:</b>	<a href="#">Health Professions Procedural Code</a>
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

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

Committee appointments support effective and efficient completion of committee business, particularly in ensuring required panel composition. Representation of the public perspective is a key piece of the professional regulation model in Ontario.

### Background:

On 31MAR2023, in accordance with the CRPO by-laws, eligible registrants received notice that the College was seeking nominations in the following districts:

- District 2 (North)
- District 3 (East)
- District 4 (Central East)

By the nomination deadline (31MAY2023), one (1) nomination was received in District 2; three (3) nominations were received in District 3; and two (2) nominations were received in District 4. Elections were held in District 3 and District 4 using Simply Voting, a web-based voting platform, from May 16 until May 31.

Voter turnout increased with 314 votes cast in District 3 and 173 votes cast in District 4. Kafui Sawyer, RP, was the successful candidate in District 3 and Kenneth Lomp was re-elected in District 4. Since one nomination was received in District 2, Judy Mord, RP, was acclaimed to serve a second term on Council.

### Key Considerations:

When considering appointing Council members to committees, the Executive Committee considers the needs of the College and committees by consulting staff committee leads and chairs, and the noted expertise of the individual.

K. Sawyer was first appointed in October 2020 as a non-Council member appointment to the Inquiries, Complaints and Reports Committee (ICRC). She was also an active member of the DEI proto group in 2022. Based on K. Sawyer's knowledge, skills and experience, the Executive Committee recommended that she be appointed to the Nominations and Elections Committee and the Client Relations Committee. They also recommended reappointing K. Sawyer to the ICRC to continue to contribute to the committee as a professional member.

**Next Steps:**

The Executive Committee recommends that Council appoint Kafui Sawyer, RP, to the Nominations and Elections Committee and Client Relations Committee for a term of approximately one year. It is also recommended that K. Sawyer be reappointed to the ICRC.

**Proposed Motion:**

**[Be it moved] that Council appoint Kafui Sawyer to the Inquiries, Complaints and Reports Committee, Nominations and Elections Committee and Client Relations Committee for a term of approximately one year.**

# Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.d.ii.
<b>Issue:</b>	Committee Appointments: Chair and Vice-Chair Appointments
<b>Attachment(s):</b>	-
<b>References:</b>	<a href="#">Committee Composition Matrix</a> <a href="#">Committee Competency Matrix</a> <a href="#">Succession Planning Policy</a> <a href="#">Committee Chair Role Description</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>	Executive Committee

## Purpose & Public Interest Rationale:

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

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

## Background:

At the April 27, 2023, meeting of the Executive Committee, they discussed the impending end of term of current ICRC Chair, Shelley Briscoe-Dimock, RP. As S. Briscoe-Dimock's term limit would reach its end on June 1, 2023, the ICRC requires that a new chair be appointed. As part of the CRPO's commitment to succession planning, the Executive also considered the appointment of vice-chairs. The [CRPO by-laws](#), state that committee chairs are appointed by Council.

## Key Considerations:

The Executive Committee, using the Succession Planning policy, the Chair role description, and the competency matrices to guide the discussion, recommended that K. Hewitt-Blackie, RP, be appointed Chair of the ICRC. K. Hewitt-Blackie has served on the committee since she was appointed as a non-Council committee member in 2015 and has acted as panel chair for several years. The Committee also discussed potentially appointing a Vice-Chair of the committee to further develop leadership skills and build a succession plan. The Executive Committee recommended Jeffrey Vincent, Public Member, as Vice-Chair of ICRC. J. Vincent has indicated his willingness to accept the position.



Beyond the ICRC, the Executive Committee discussed the appointment of Vice-Chairs for other committees, including the Registration, Examination and Quality Assurance Committees. The Executive recommended the following Vice-Chair appointments:

- Registration Committee: David Keast, Public Member
- Examination Committee: Keri Selkirk, Public Member
- Quality Assurance Committee: Kayleen Edwards, RP, Non-Council Committee Appointment

#### **Next steps:**

Staff were directed to develop a Vice-Chair role description to provide clear guidance and goals of the position. The role description and associated policies will be presented to the Executive Committee at their scheduled July meeting.

#### **Motions:**

That Council appoint the following:

- K. Hewitt-Blackie, RP, as Chair of the Inquiries, Complaints and Reports Committee
- J. Vincent as Vice-Chair of the Inquiries, Complaints and Reports Committee
- D. Keast as Vice-Chair of the Registration Committee
- K. Selkirk as Vice-Chair of the Examination Committee
- K. Edwards as Vice-Chair of the Quality Assurance Committee

Each for a term of approximately one year.

# Briefing Note for Council

<b>Meeting Date:</b>	April 27, 2023
<b>Agenda Item #</b>	5.d.iii.
<b>Issue:</b>	Non-Council Committee Appointment
<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
<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:

In February 2023, the Nominations and Elections Committee, with support from the Executive 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 to recruit one non-Council member to serve on the Examination Committee. The callout closed on March 10, 2023, and interviews were conducted by two members of the Nominations and Elections Committee with applicants meeting the defined criteria. Using the scoring tool and competency matrix as a guide, the interviewers recommended that the Executive Committee appoint Riffat Yusaf, RP, to the Examination Committee so staff could begin the orientation process. The Executive Committee approved the appointment at the April 27, 2023, meeting.

## Motion:

That Council ratify the appointment of Riffat Yusaf, RP, to the Examination Committee as a non-Council member for a term of approximately one year.

## Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.d.iv.
<b>Issue:</b>	Appointment of H. Pateman to Inquiries, Complaints and Reports and Examination Committees
<b>Attachment(s):</b>	-
<b>References:</b>	-
<b>For:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

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

Committee appointments support effective and efficient completion of committee business, particularly in ensuring required panel composition. Representation of the public perspective is a key piece of the professional regulation model in Ontario.

### Background:

Henry Pateman, Public Member, was appointed to CRPO Council on March 4, 2022, for a three-year term, and has since been serving on the Registration and Nominations and Elections Committees. H. Pateman has indicated that he is available and interested in taking on more College-related work. As such, the Executive Committee appointed H. Pateman to the ICRC and the Examination Committee effective immediately to begin committee-specific orientation.

### Next Steps:

Council is being asked to ratify the appointment of Henry Pateman, Public Member, to the Inquiries, Complaints and Reports Committee and Examination Committee.

### Proposed Motion:

**[Be it moved] that Council ratify the appointment of Henry Pateman to the Inquiries, Complaints and Reports Committee and Examination Committee for a term of approximately one year.**

## Briefing Note for Council

<b>Meeting Date:</b>	June 22, 2023
<b>Agenda Item #</b>	5.e.
<b>Issue:</b>	Election of Officers
<b>Attachment(s):</b>	Schedule 1 to the By-Laws, <i>Process for Election of Officers</i>
<b>References:</b>	<a href="#">CRPO By-laws</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

### Background:

On May 25, 2023, Council members were provided with the notice of election of officers and nomination forms in accordance with Schedule 1 of the CRPO by-laws (Appendix A). Council members were invited to submit their nominations to run for the positions of President, Vice-President, and three members (at-large) by June 8, 2023, with the election of officers taking place at the June 22, 2023, Council meeting.

Section 13.01 of the by-laws state: “The Executive Committee shall be composed of the President, the Vice-President and three (3) members of Council. Three (3) members of the Executive Committee shall be Members and two (2) members of the Executive Committee shall be Public Members.”

The following Council member was nominated for the position of **President**:

- Kenneth Lomp, RP

As no other nominations were received for the position of President, Kenneth Lomp will assume the role by acclamation.

The following Council members were nominated for the position of **Vice-President**:

- Michael Machan, RP

As no other nominations were received for the position of **Vice-President**, Michael Machan will assume the role by acclamation.

The following Council members were nominated for the position of **Member (Professional)**:

- Kathleen (Kali) Hewitt-Blackie, RP

As no other nominations were received for the position of **Member (Professional)**, Kathleen (Kali) Hewitt-Blackie will assume the role by acclamation.

The following Council members were nominated for a position as **Member (Public)** of Executive Committee:

- David Keast
- Keri Selkirk

As no other nominations were received for the **Member (Public)** positions, David Keast and

Keri Selkirk will assume the roles by acclamation.

## **SCHEDULE 1 TO THE BY-LAWS**

### **Process for Election of Officers**

The elections will be supervised by the Registrar. The Registrar may be assisted by staff.

Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, the Registrar shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the President, Vice-President and Executive Committee member to indicate so, in writing, to the Registrar.

A Member's written intent must be supported by the signatures of two other Council Members and be returned to the Registrar no later than 5:00 p.m. fourteen days before the meeting of Council when the election of officers shall take place. A Member may not withdraw his or her nomination later than 5:00 p.m. fifteen days before the meeting of Council when the election of officers shall take place. The College shall post the names of nominees on its web-site as nominations are received.

At the meeting of Council when the election of officers shall take place, the Registrar shall present the names of eligible candidates who have indicated their interest for the position of President.

Where there is only one nominee for a position, that person shall be elected by acclamation. In the event that there is more than one candidate for the office, the voting will be conducted by ballot, with the result being tabulated and then recorded and reported by the Registrar. Where there are no nominations for a position, nominations can be made from the floor.

Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot). The election of a candidate shall be confirmed by a majority vote of those present and voting. Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and the Council shall, by ballot, vote on the remaining candidates until one candidate receives a majority vote.

In the event of a tie, a second ballot will take place. Candidates will have an opportunity to speak briefly before the vote. If the second ballot also results in a tie, the winning candidate will be determined by lot.

The results of each election will be tabulated and reported by the Registrar and staff, with the number of votes accorded to each candidate to remain confidential.

Once the President is elected, the Vice President shall be nominated and elected in a similar manner. Once the Vice President has been elected, the remaining Executive Committee positions shall be filled in a similar manner ensuring that there is an appropriate number of Members and Public Members.

Once the election is completed, the Registrar shall call for a motion to destroy the ballots. The elected members of the Executive Committee may then speak briefly.

The above process shall be followed for every election of officers after section 6 of the Act is proclaimed into force.



# College of Registered Psychotherapists of Ontario

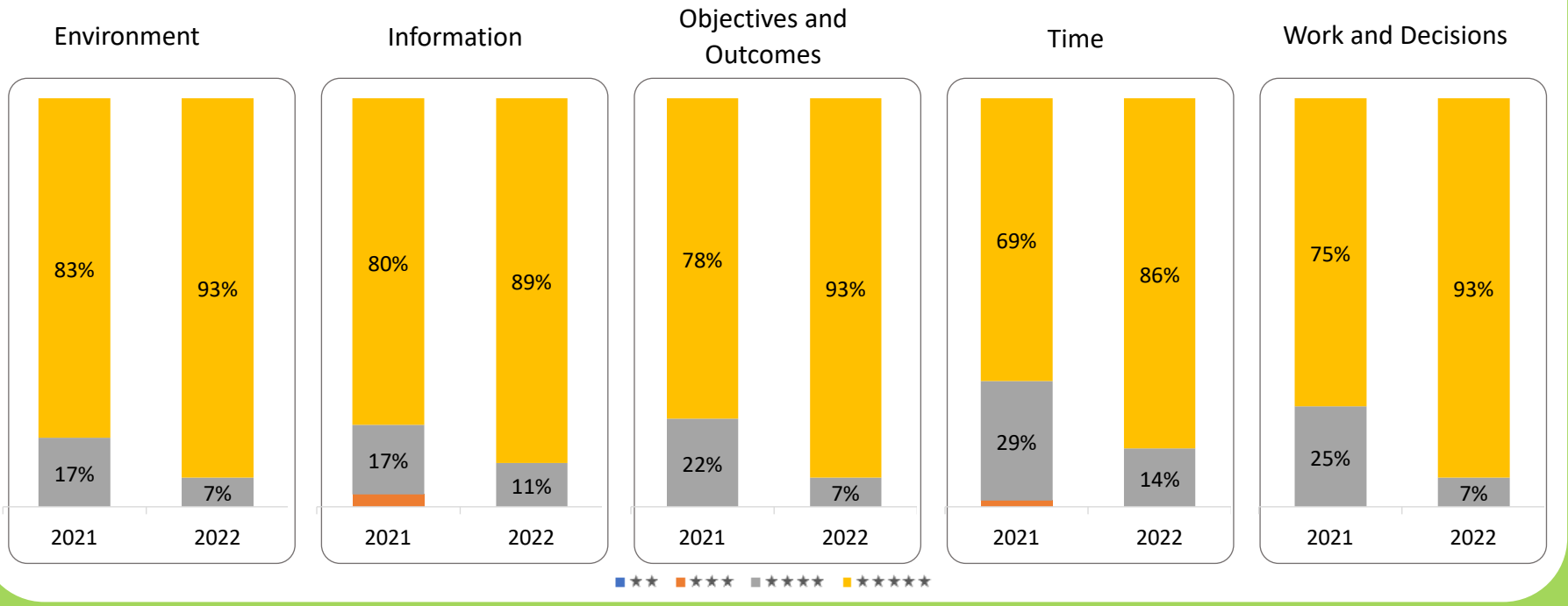
Quarterly Meeting Evaluation Report  
Council



2022/Q4 April 14th,  
2023



# Council - Quantitative





Continue doing	in person meetings. These are extremely valuable. I felt a lot more comfortable speaking up when I had thoughts with being in person.
Continue doing	open environment for learning is the best part of these meetings
Continue doing	Providing ample details prior to the meeting. lots of details to read through in order to be prepared for the meeting. Great work by staff putting this all together!
Continue doing	well developed program that makes preparation easier. Inclusion of all makes for a good environment
Continue doing	well prepared packages help to be prepared for meeting, thank you
Start doing	more in person meetings
Start doing	probe for more conversation from participants -- often there are no comments -- or reflections on agenda items.
Stop doing	making sure we don't chat (as per Deb's advice) re: operational items -- like the email / tech glitches.
Additional feedback	good conversation -- particularly re: advertising @ the end of the meeting. amazing work from staff in getting the CPMF work done!
Additional feedback	good meeting.
Additional feedback	Great discussions. Good participation.
Additional feedback	great participation from all panel members and guest chair

## Registrar's Report to Council

June 22, 2023

---

*Respectfully submitted by Deborah Adams*

### **Public Interest Rationale**

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

### **Project Updates**

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

This project continues to be on track, with the first sitting of the Case Based Assessment happening between May 26 and June 4. Statistics regarding completion are included in the QA update below.

Case writers are beginning the work of adding to the assessment bank in preparation for the fall sitting of the assessment.

#### **Trauma-informed review**

The trauma-informed review of ICRC processes conducted by Barbra Schlifer Commemorative Clinic is wrapping up with an initial report back expected in July. The Council will receive an update at a future meeting.

#### **Staffing Update**

There have been three additions to the full-time staff team since last report: one assistant in the conduct department and two Registration Coordinators. In addition, we have a graduate student working with us for the summer providing support for policy and data analysis.

#### **Regulatory Developments**

Staff submitted the proposed amendments to the Registration Regulation following Council's approval in April. On June 1, all colleges received a memo from Dr. Karima Velji, Chief of Nursing and Professional Practice and Assistant Deputy Minister, informing regulators that the Ministry would not be proceeding with any amendments beyond the addition of the Emergency Class. The reason for this is so that the Ministry can meet the August 31, 2023, deadline to proclaim this specific provision. Any additional provisions – CRPO requested a change to revise wording related to "successfully completed" program and to extend entry to practice exam deadlines – will be brought forward beginning in the fall.

#### **Practice Advisory Data**

From April 1 to May 31, we received 534 inquiries.

		2020-21	2021-22	2022-23	2023-2024
Q1	Apr-Jun	669	614	760	534
Q2	Jul-Sep	505	505	607	
Q3	Oct-Dec	612	576	720	
Q4	Jan-Mar	626	765	851	

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 minor clients)
  - Breaking confidentiality or duty to report when there is a threat of harm
- Competence and consultation
  - Determining competency to work with a population or practice different
  - Competence of RP(Qualifying)
  - Conducting other services in a psychotherapy practice such as counselling, coaching, meditation, and mentorship
  - Competence to write letter or fill a document for a client

- Cross border practice
  - RPs working remotely with clients outside Ontario
  - RPs outside Ontario working remotely with clients in Ontario
- Fees
  - Sliding Scale Fees, Promotional Fees, and Block Fee Arrangements
  - Increasing Fees
- Dual Relationships
  - Managing potential dual relationships or conflict of interests
  - Working as a dually registered professional

### Quality Assurance Data

#### Peer and practice review

Eleven hundred registrants were randomly selected to participate in a peer and practice review by completing the Spring 2023 case-based assessment (CBA)

- 794 registrants completed the 2023 Spring CBA, which was held May 26 to June 4, 2023.
- 228 registrants were granted a deferral to Fall 2023 or Spring 2024
- 54 registrants were removed for other reasons (inactive, former registrants, expired, suspended)

#### Non-compliance

- 4 registrants did not respond to pre-CBA notifications sent by QA Staff.
- 20 registrants did not complete the CBA during the available time period.

All non-compliant registrants have been deferred to the 2023 Fall CBA.

### Registration

#### Applications:

	March	April	May
<b>Applications started</b>	181	190	278
<b>Total applications submitted</b>	191	164	271
<b>Applications from recognized programs submitted</b>	162	131	245
<b>Applications from non-recognized programs submitted</b>	29	31	25
<b>Labour mobility applications</b>	0	2	1

Total registrants as of June 1, 2023:

- RP 7,904
- Qualifying 4,066
- Inactive 200

## Compliance Monitoring

Files currently being monitored are as follows:

<b>Registration Committee:</b>	
Clinical supervision/monitoring	39
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	17
Education	11
Practice Assessment	0
Not Completed: result of resignation/revocation	4
On Hold: other reasons (e.g., on leave or Interim Order suspension)	1
Terms, Conditions and Limitations	43
Undertaking	0
Conditional Approval	1
Learning Plan (Educational Upgrade)	7
<b>ICRC:</b>	
Clinical supervision/monitoring:	16
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	13
Practice Restrictions	5
Reflective Paper	7
Review Standards	0
Practice Assessment	0
Caution	7
Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place	4
On Hold: currently under appeal at HPARB	2
Not Completed: result of resignation/revocation	21
On Hold: other reasons (e.g., on leave or Interim Order)	1
In Breach	1
Undertaking	9
Caution (only)	0
Remedial agreement	4
SCERP	16
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	1
Clinical Supervision	1
Costs	1
Suspension	0
<b>Fitness to Practise:</b>	
Monitoring (not practising)	0

## **STAKEHOLDER ENGAGEMENT**

### ***Stakeholder Meetings***

- March 27: Registration staff presented to 30 students from the Toronto School of Theology
- April 20: Registration staff presented to 9 students from the Canadian International Institute of Art Therapy
- May 2: Education Program Meeting. An update meeting was held, with all education and training program representatives invited. Staff provided updates and answered questions for the 17 program representatives that attended. The meeting was recorded and circulated for other program representatives to watch at their convenience.
- May 3: Association Stakeholder Meeting. Staff provided updates and answered questions for the [#] association representatives in attendance.

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

- Staff continue to work with other regulatory colleges whose registrants may be engaged in applied behaviour therapy and will be affected by the regulation of ABA (Applied Behaviour Analysis) providers through the College of Psychologists of Ontario. Staff led in the completion of a survey that collected data related to the use of ABA techniques and related training from 1,275 regulated providers. This data will be used to inform development of consistent communication with registrants to ensure a clear understanding of the new requirements related to ABA.

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

- HPRO Anti-BIPOC Racism Project – final drafts of the Equity Impact Assessment tool have been completed and CRPO's DEI WG was involved in providing pilot feedback to HPRO. I continue to attend bi-weekly meetings to contribute to the work and to bring learning back to CRPO.

## ***Staff Training & Education***

- March 17: One member of the Registration team attended The World Education Services (WES) Gateway Program: Credential Assessment for Refugees and Other Displaced People by WES
- March 17: One member of the Registration team attended Emerging Issues in Indian Credential Evaluation by WES
- March 21: One member of the Registration team attended Microaggressions: Microinterventions and microaffirmations by the Canadian Centre for Diversity and Inclusion (CCDI)
- April 3: Six members of the Registration team attended Regulatory Bodies vs. Professional Association Mandates: How do they differ? How can both work together to serve the public interest? by the Canadian Network of Agencies of Regulation (CNAR)
- April 4: One member of the Registration team attended Unconscious Bias by CCDI
- April 6: One member of the Registration team attended Administrative Law Primer by the Society of Ontario Adjudicators and Regulators (SOAR)
- April 12: One member of the Registration team attended Microsoft Excel: Pivot Tables by the University of Waterloo
- April 17: Two members of the Registration team attended Protecting the Integrity of your Exam Program: How to Leverage Data Forensics and Take Action by CNAR
- April 20: Two members of the professional conduct team attended Off Duty conduct by Canadian Network of Agencies for Regulation (CNAR)
- April 21: One member of the professional conduct team attended Mastering Digital Forensic Investigations by Canadian Network of Agencies for Regulation (CNAR)
- April 25: One member of the professional conduct team, and one member of the registration team attended Regulation gone Wild by Canadian Network of Agencies for Regulation (CNAR)
- May 10: One member of the Registration team attended Regulatory Excellence by CNAR
- May 11: One member of the operations team attended ChatGPT: The future of the workplace by Human Resources Professionals Association (HRPA)
- May 26: One member of the professional conduct team attended Discipline Orientation Workshop by Health Profession Regulators of Ontario (HPRO)

- May 30: One member of the Registration team attended Le français inclusif : Des pratiques pour communiquer l'inclusion (Inclusive French: Practices for communicating inclusion) by CCDI
- June 6: One member of the management team attended Results based Management by UofOttawa

**Ministry of Health**

Office of the Chief of Nursing  
and Professional Practice and  
Assistant Deputy Minister  
777 Bay Street, 19<sup>th</sup> Floor  
Toronto ON M7A 2J3

Telephone: 416 212-5494

**Ministère de la Santé**

Bureau du chef des soins infirmiers  
et de la pratique professionnelle et  
sous-ministre adjoint  
777, rue Bay, 19<sup>e</sup> étage  
Toronto ON M7A 2J3

Téléphone : 416 212-5494



June 1, 2023

**MEMORANDUM TO:** Registrars and Executive Directors

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

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

---

As a follow up to my December 14, 2022, memo, I want to thank the Colleges for submitting your Emergency Class regulation proposals to the Ministry. I know this required great effort to quickly draft regulations, launch consultations and, in some cases, schedule special Council meetings. Your efforts will help Ontario's health system facilitate quicker registration to help safeguard the health workforce supply in the event of future emergencies.

A number of Colleges have taken the opportunity to make additional amendments to their registration practices and to remove additional registration barriers. In order to meet the August 31, 2023 deadline for the Emergency Class regulations, the Ministry will only be proceeding with the Emergency Class provisions at this time.

The remaining proposals will be brought forward beginning this Fall. I would ask for your patience as these will take some time to work through, given the complexity of some of the proposed changes. However, you have my commitment that we will process these other proposals as expeditiously as possible.

Thank you for your continued involvement and cooperation during this process. You may contact Allison Henry and her team should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Karima Velji". The signature is stylized and includes a horizontal line extending to the right.

Dr. Karima Velji

c: Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Nursing and Professional Practice Division, Ministry of Health





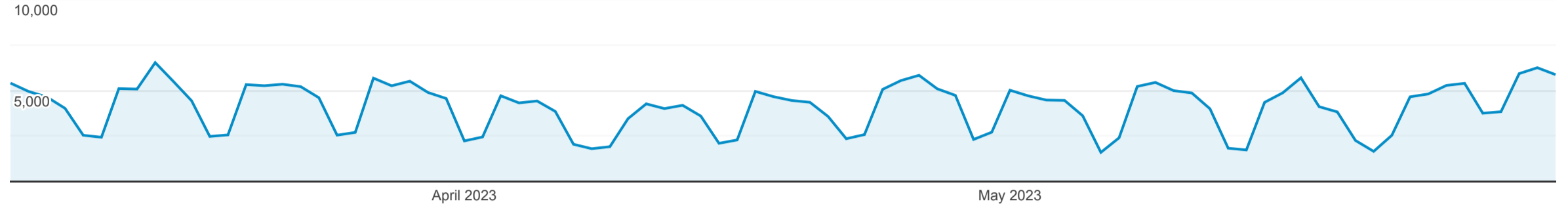
### Pages

All Users  
100.00% Pageviews

Mar 7, 2023 - May 31, 2023

#### Explorer

#### Pageviews



Page	Pageviews ↓	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	<b>350,043</b> % of Total: 100.00% (350,043)	<b>312,344</b> % of Total: 100.00% (312,344)	<b>00:02:02</b> Avg for View: 00:02:02 (0.00%)	<b>224,155</b> % of Total: 100.00% (224,155)	<b>81.34%</b> Avg for View: 81.34% (0.00%)	<b>64.04%</b> Avg for View: 64.04% (0.00%)	<b>\$0.00</b> % of Total: 0.00% (\$0.00)
1. /	<b>63,255</b> (18.07%)	<b>58,648</b> (18.78%)	00:01:24	<b>56,225</b> (25.08%)	78.50%	74.25%	<b>\$0.00</b> (0.00%)
2. /find-a-registered-psychotherapist/	<b>24,133</b> (6.89%)	<b>21,800</b> (6.98%)	00:03:22	<b>16,768</b> (7.48%)	89.61%	83.91%	<b>\$0.00</b> (0.00%)
3. /recognized-accepted-programs/	<b>23,043</b> (6.58%)	<b>21,753</b> (6.96%)	00:03:12	<b>17,548</b> (7.83%)	94.04%	83.73%	<b>\$0.00</b> (0.00%)
4. /applying-to-crpo/	<b>18,492</b> (5.28%)	<b>15,373</b> (4.92%)	00:02:03	<b>11,455</b> (5.11%)	69.13%	54.63%	<b>\$0.00</b> (0.00%)
5. /practice-matters/	<b>8,928</b> (2.55%)	<b>7,686</b> (2.46%)	00:03:30	<b>5,948</b> (2.65%)	87.10%	70.78%	<b>\$0.00</b> (0.00%)
6. /registration-exam/	<b>8,544</b> (2.44%)	<b>6,747</b> (2.16%)	00:02:52	<b>5,438</b> (2.43%)	83.55%	66.71%	<b>\$0.00</b> (0.00%)
7. /standards-regulations/	<b>8,140</b> (2.33%)	<b>6,202</b> (1.99%)	00:01:09	<b>3,890</b> (1.74%)	71.92%	43.86%	<b>\$0.00</b> (0.00%)
8. /new-members-registered-psychotherapist-qualifying/	<b>7,595</b> (2.17%)	<b>7,082</b> (2.27%)	00:02:30	<b>5,453</b> (2.43%)	92.00%	76.29%	<b>\$0.00</b> (0.00%)
9. /supervision/	<b>6,175</b> (1.76%)	<b>5,771</b> (1.85%)	00:02:46	<b>4,369</b> (1.95%)	91.13%	75.79%	<b>\$0.00</b> (0.00%)
10. /login/	<b>5,985</b> (1.71%)	<b>5,954</b> (1.91%)	00:02:33	<b>5,934</b> (2.65%)	99.16%	98.85%	<b>\$0.00</b> (0.00%)

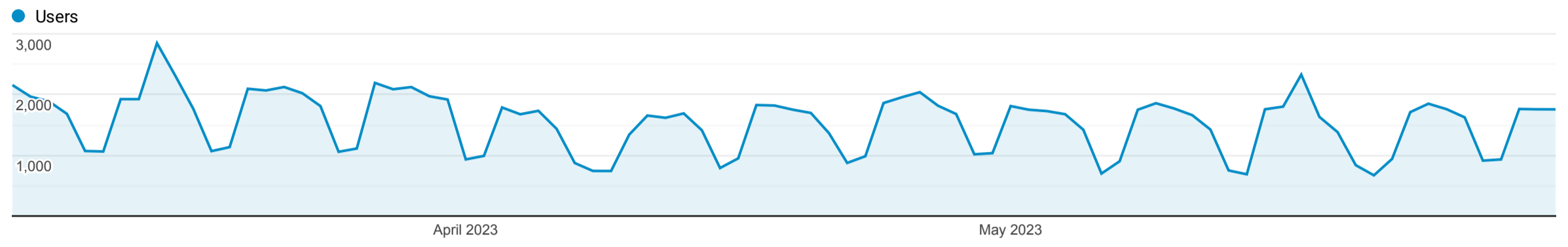
Rows 1 - 10 of 8011

## Audience Overview

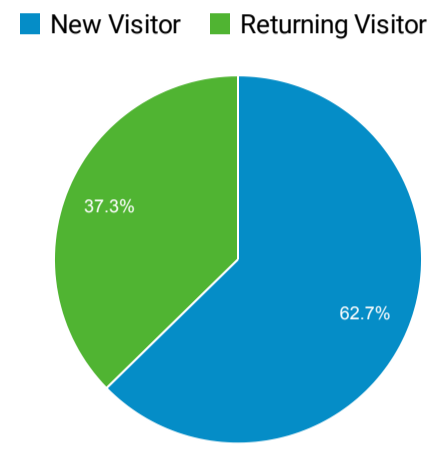
Mar 7, 2023 - May 31, 2023

All Users  
100.00% Users

Overview



<b>Users</b> 82,158	<b>New Users</b> 71,302	<b>Sessions</b> 224,491	<b>Number of Sessions per User</b> 2.73
<b>Pageviews</b> 350,043	<b>Pages / Session</b> 1.56	<b>Avg. Session Duration</b> 00:01:09	<b>Bounce Rate</b> 81.34%



Language	Users	% Users
1. en-us	36,912	44.67%
2. en-ca	36,310	43.94%
3. en-gb	5,068	6.13%
4. en	1,238	1.50%
5. zh-cn	672	0.81%
6. fr-ca	502	0.61%
7. fr-fr	440	0.53%
8. en-in	262	0.32%
9. en-au	186	0.23%
10. zh-tw	91	0.11%

# COUNCIL MINUTES

Wednesday, March 29, 2023

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

Hybrid meeting – 375 University Avenue and Zoom video conference

<b>Council Members:</b>	<b>Staff Members:</b>
Heidi Ahonen, RP, Professional Member	Deborah Adams, Registrar & CEO
Steven Boychyn, Public Member	Alexandra Brennan, Manager, Registration
Shelley Briscoe-Dimock, RP	Jo Anne Falkenburger, Director of Operations & HR
Sherine Fahmy, Public Member (via Zoom)	Amy Fournier, Executive Coordinator (Recorder)
Kathleen (Kali) Hewitt-Blackie, RP, Professional Member (via Zoom)	Sarah Fraser, Director, Registration
Avni Jain, RP, Professional Member	Mark Piore, Deputy Registrar & General Counsel
David Keast, Public Member	Kristina Reyes, Manager, Registrant Requirements
Kenneth Lomp, RP (President), Professional Member	Kelly Roberts, Manager, Operations & HR
Michael Machan, RP, (Vice-President) Professional Member	Jenna Smith, Manager, Professional Conduct
Judy Mord, RP, Professional Member	Virginia Strobel, Communications Coordinator
Henry Pateman, Public Member	Sonya Teece, Manager, Quality Assurance
Keri Selkirk, Public Member (via Zoom)	
Radhika Sundar, RP, Professional Member	<b>Regrets:</b>
Jeffrey Vincent, Public Member	Miranda Monastero, RP, Professional Member

## 1. WELCOME & INTRODUCTIONS

### 1.a. Welcome and Opening Remarks

K. Lomp, President and Chair, called the meeting to order at 9:35 a.m. and welcomed all present.

### 1.b. Approval of Agenda

#### **MOTION C-29MAR2023 – 01**

That the agenda of the March 29, 2023, meeting of Council be approved as presented.

Moved: S. Briscoe-Dimock

Seconded: J. Vincent

CARRIED

1.c. **Conflict of interest declarations**

None declared.

## 2. DISCUSSION & DECISIONS

2.a. **Evaluation Framework**

**i. Governance Report**

**ii. Annual Council Effectiveness Report**

**iii. Meeting Pulse Reports**

K. Lomp introduced the governance report completed by consultants from Pollinate Network, the annual Council effectiveness report, and the quarterly meeting pulse reports for Q3.

Council was reminded that these reports are part of the College's overall evaluation framework. In addition to being presented to Council, they will be reviewed by the Executive Committee to inform ongoing governance improvements and professional development planning for Council. Committee and panel chairs will be provided with individual reports that they can then use to direct improvements in their work and the work of their committee or panel.

**iv. Self-reflection / competence evaluation results report**

M. Machan, Vice President, presented the self-reflection results delivery report and provided a summary of the delivery process. Excellent feedback was provided by Council members to help improve the report structure going forward. Key takeaways from the self-reflection results include integrated education with a focus on topics of regulatory knowledge and governance competencies. As we move from the pilot stage of the project, it was noted that increased training in the use of tools would be useful and further development of a mentorship program.

2.b. **Council and Committee Competency Framework**

D. Adams, Registrar, presented background information on the competency framework's development in 2019 and how the tool has been used. D. Adams walked Council through the changes to the framework being recommended by the Executive Committee. Council agreed to the proposed revisions and directed staff to finalize the framework. More education and information on the competencies will be provided at the June Council education session.

2.c. **Key Performance Indicators**

D. Adams presented the proposed key performance indicators (KPI) stemming from the College Performance Measurement Framework (CPMF) requirements. Reporting on performance in each of the areas identified will be used to assist staff and Council in ensuring that CRPO is meeting targets related to regulatory and operational work. The results will be provided on an annual or quarterly basis (depending on the measure) and will comprise part of the College's annual CPMF report as a way of promoting transparency and accountability.

2.d. **College Performance Measurement Framework report**

D. Adams presented the final draft of the College's 2022 CPMF submission. Council was pleased with the report, noting that it demonstrates considerable progress has been made over the last year and the College has met most domain benchmarks. D. Adams provided information on the benchmarks that were not met or that were partially met and outlined the areas of focus in the year ahead.

2.e. **CRPO fiscal 2023-2024 Update to Council Per Diems**

J. Falkenburger, Director, Operations and Human Resources, introduced the item and noted that the increase in per diems was included in the budget that was approved by Council in January 2023. The updated per diem rates will take effect on April 1. The policy has been revised to reflect the new rates and is reviewed annually by staff.

**MOTION C-29MAR2023 – 02**

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)

Moved: S. Briscoe-Dimock

Seconded: H. Ahonen

CARRIED

2.f. **Investment Policy**

J. Falkenburger introduced the new investment policy, that would allow the Director of Operations and Human Resources, in conjunction with the Registrar CEO, to invest funds in GIC within the College's bank of record. Staff will be investing using a

custom laddering approach (90-days, 180-days, 270-days, 1 year) to stagger the maturity of investments and manage the required cash flow.

**MOTION C-29MAR2023 – 03**

That Council approve the investment policy as presented.

Moved: J. Vincent

Seconded: H. Ahonen

CARRIED

2.g. **Council Education: Clinical Practice**

K. Lomp provided a practice presentation to Council. This is the first of what is planned as an ongoing item to allow professional members to present on their modality, practice setting and client populations.

2.h. **Policy Update: Posting Non-College Conduct on the Public Register**

M. Piore, Deputy Registrar and General Counsel, presented the item noting that the policy is prescribed by legislation and no substantive changes were proposed.

**MOTION C-29MAR2023 – 04**

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

Moved: S. Briscoe-Dimock

Seconded: J. Mord

CARRIED

2.i. **Non-Council Member Reappointment to Discipline and Fitness to Practise Committees**

K. Lomp presented the item. It was noted that C. Cowan-Levine's term as Chair of Discipline and Fitness to Practise committees ends on March 31, 2023 in order to allow the transition to the pilot of the Health Professions Discipline Tribunal project.

**MOTION C-29MAR2023 – 04**

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.

Moved: S. Briscoe-Dimock

Seconded: J. Mord

CARRIED

2.j. **Non-Council Member Appointments to ICRC**

K. Lomp presented the item, noting that the Nominations and Elections Committee conducted interviews with non-Council applicants in January and made

recommendations to appoint four (4) individuals to the Inquiries, Complaints and Reports Committee (ICRC). The Executive Committee agreed with the recommendations and asked that Council ratify the appointments.

**MOTION C-29MAR2023 – 05**

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

Moved: M. Machan

Seconded: J. Mord

CARRIED

2.k. **Diversity, Equity and Inclusion Working Group Co-Chair acclamations**

K. Lomp introduced the item. Two members of DEIWG (Diversity, Equity, and Inclusion Working Group) put their names forward for two co-chair positions on the working group. Laurinda Cheng, RP, and Jessica Cashmore, RP (Qualifying), were acclaimed as co-chairs of the DEIWG. Council was asked to ratify the acclamations.

**MOTION C-29MAR2023 – 06**

That Council approve the acclamation of Laurinda Cheng, RP, and Jessica Cashmore, RP (Qualifying) as co-chairs of the DEIWG.

Moved: S. Briscoe-Dimock

Seconded: H. Ahonen

CARRIED

**3. INFORMATION & UPDATES**

3.a. **College Education: Governance Concepts**

D. Adams provided an education session on the importance of critical friendships to promote good governance.

3.b. **Council Observer Guidelines update**

D. Adams informed Council regarding updates to the Council Observer Guidelines. The change asks observers to register in advance of public Council meetings to receive a link to the livestream. This will ensure that staff have contact information for anyone observing the meeting and can reach them in the event of technical difficulties.

3.c. **Registrar's Report**

D. Adams presented her report to Council and provided an update regarding Quality Assurance Program professional development reporting statistics, and informed Council that a full-day discipline training will be conducted in November 2023 in

collaboration with other regulatory colleges participating in the discipline tribunal pilot project.

3.d. **Quality Assurance Enhancement Project Update**

D. Adams provided an update regarding next steps in the QA enhancement project.

3.e. **College Website Update Project Launch**

D. Adams provided an update regarding the launch of the College's website overhaul project. Council voted on the College's new logo.

#### 4. CONSENT AGENDA

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 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.

- DRAFT minutes 25JAN2023
- Committee Reports

**MOTION C-29MAR2023 – 07** That Council approve the consent agenda as presented.

Moved: S. Briscoe-Dimock

Seconded: H. Ahonen

CARRIED

5. **Council Question Period**

Council discussed advertising of professional services.

#### 6. ADJOURNMENT

**MOTION C-29MAR2023 – 08**

That the Council meeting be adjourned at 3:00 p.m.

Moved: R. Sundar






























Seconded: D. Keast

CARRIED



File Name	Conflict of Interest Disclosure Form 29MAR2023
File Size	32 KB
Uploaded Date	2023-03-16 09:47

### Signatures

Name	Vote	Signature	Notes
 Ahonen,Heidi		NA	I declare that I have no conflict of interest. Thanks, Heidi Ahonen
 Boychyn,Steven	Pending	NA	
 Briscoe-Dimock,Shelley		NA	
 Fahmy,Sherine		NA	
 Fournier,Amy	Pending	NA	
 Hewitt-Blackie,Kali		NA	I have no conflict of interest for this meeting. Note that I will be attending virtually. warmly, Kali
 Jain,Avni		NA	
 Keast,David		NA	
 Lomp,Kenneth Gunnar		NA	
 Machan,Michael		NA	
 Monastero,Miranda	Pending	NA	
 Mord,Judy		NA	No conflict
 Pateman,Henry		NA	
 Selkirk,Keri		NA	
 Sundar,Radhika		NA	
 Vincent,Jeffrey		NA	

Responses = [13 out of 16]  12  1  0 

## COUNCIL MINUTES

Thursday, April 27, 2023

1:00 p.m. to 2:00 p.m.

Zoom video conference

### Council Members:

Heidi Ahonen, RP, Professional Member  
Steven Boychyn, Public Member  
Shelley Briscoe-Dimock, RP  
  
Sherine Fahmy, Public Member (via Zoom)  
Kathleen (Kali) Hewitt-Blackie, RP,  
Professional Member (via Zoom)  
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 (via Zoom)  
Jeffrey Vincent, Public Member

### Staff Members:

Deborah Adams, Registrar & CEO  
Pamela Bialik, Policy Analyst  
Amy Fournier, Executive Coordinator  
(Recorder)  
Sarah Fraser, Director, Registration  
Mark Piro, Deputy Registrar & General  
Counsel  
Virginia Strobel, Communications  
Coordinator

### Regrets:

Miranda Monastero, RP, Professional  
Member  
Radhika Sundar, RP, Professional Member

## 1. WELCOME & INTRODUCTIONS

### 1.a. Welcome and Opening Remarks

K. Lomp, President and Chair, called the meeting to order at 1:00 p.m. and welcomed all present.

### 1.b. Approval of Agenda

#### MOTION C-27APR2023 – 01

That the agenda of the April 27, 2023, meeting of Council be approved as presented.

Moved: M. Machan

Seconded: S. Briscoe-Dimock

CARRIED

### 1.c. Conflict of interest declarations

None declared.

## 2. DISCUSSION & DECISIONS

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

K. Lomp, President and Chair, presented the draft amendments and public consultation feedback summary report regarding the amendments to the Registration Regulation. K. Lomp provided a breakdown of the response data included in the report noting that it had been reviewed by the Registration Committee at their April plenary meeting. The committee had been directed by Council to undertake the preliminary review to ensure the lens of how the registration process ensures public protection while balancing flexibility, fairness, transparency, objectivity and impartiality.

The Registration Committee recommended that Council approve the proposed amendments for submission to the Ministry of Health.

#### **MOTION C-27APR2023 – 02**

That Council approve the Amendments to Ontario Regulation 67/15: Registration as circulated.

Moved: M. Machan

Seconded: S. Briscoe-Dimock

In favour:

- H. Ahonen
- S. Boychyn
- S. Briscoe-Dimock
- S. Fahmy
- K. Hewitt-Blackie
- A. Jain
- D. Keast
- K. Lomp
- M. Machan
- J. Mord
- H. Pateman
- K. Selkirk
- J. Vincent

Opposed:

- None

Abstained:

- None

**CARRIED**

### **3. ADJOURNMENT**

#### **MOTION C-27APR2023 – 03**

That the Council meeting be adjourned at 1:25 p.m.

Moved: S. Boychyn

Seconded: D. Keast





**CARRIED**

**Document Summary**

File Name	Conflict of Interest Disclosure Form
File Size	264 KB
Uploaded Date	2023-04-20 10:23

**Signatures**

Name	Vote	Signature	Notes
 Ahonen, Heidi		NA	
 Boychyn, Steven	Pending	NA	
 Briscoe-Dimock, Shelley		NA	
 Fahmy, Sherine		NA	
 Fournier, Amy	Pending	NA	
 Hewitt-Blackie, Kali		NA	I have no conflict
 Jain, Avni		NA	
 Keast, David		NA	
 Lomp, Kenneth Gunnar		NA	
 Machan, Michael	Pending	NA	
 Monastero, Miranda		NA	
 Mord, Judy		NA	No conflict
 Pateman, Henry		NA	
 Selkirk, Keri		NA	
 Sundar, Radhika	Pending	NA	
 Vincent, Jeffrey		NA	

Responses = [12 out of 16] 12  0  0  0 

## Discipline Committee and Fitness to Practise Committee Report to Council

June 22, 2023

### Committee Members

- Heidi Ahonen, RP
- Raj Anand
- Steven Boychyn
- Carol Cowan-Levine, RP
- Sherine Fahmy
- Kathleen (Kali) Hewitt-Blackie, RP
- Avni Jain, RP
- David Keast
- Shane Kert
- Sherry Liang
- Kenneth Lomp, RP
- Michael Machan, RP
- Sophie Martel
- Miranda Monastero, RP
- Judy Mord, RP
- Henry Pateman
- Jennifer Scott
- Keri Selkirk
- Radhika Sundar, RP
- Jeff Vincent
- David Wright (Chair)

**Committee meetings: n/a**

### Discipline Referrals, Hearings, Case Management/Hearing Management Conferences & Motions

#### Referrals:

Since the last Council meeting of March 29, 2023, there were two (2) new referrals to Discipline. College counsel has not yet filed the Notices of Hearing.

#### Hearings held:

Since the last Council meeting of March 29, 2023, one hearing occurred.

1. HWANG: contested merits hearing held April 11, 12, 13.

#### Scheduled hearings:

At the time of preparing this report, the following matters have been scheduled:

1. KRAVETSKY: in writing, materials due June 12, 2023
2. SAXTON: June 27, 2023
3. MUSCAT: June 28, 2023
4. HYNES: August 14, 15, 16, 18, 2023
5. JOY: July 10, 2023

#### Hearings Not Yet Scheduled

1. HARAMIC: adjourned pending another legal proceeding.

### **Case Management Conferences, Hearing Management Conferences & Motions:**

Six (6) case management conferences and one (1) hearing management conference occurred since the last Council meeting on March 29, 2023.

No motions occurred.

### **Discipline Decisions and Reasons**

#### **Decisions and Reasons Issued:**

No decisions or reasons have been issued since the last Council meeting on March 29, 2023.

#### **Decisions and Reasons Pending:**

One decision and reasons is under reserve as of the date of this report:

1. HWANG, reserved on April 13, 2023.

### **Training**

One (1) full-day committee training occurred since the last Council meeting of March 29, 2023.

### **Fitness to Practise Committee:**

There are no open files and there has been no activity by the Fitness to Practise Committee

### **The Committees Recommend:**

That the Discipline and Fitness to Practise Committee Report to Council be accepted as presented.

Respectfully submitted,

David Wright  
Chair, Discipline Committee and Fitness to Practise Committee

## Examination Committee Report to Council

June 22, 2023

### Committee Members

- Heidi Ahonen, RP (Chair)
- Steven Boychyn
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Keri Selkirk
- Riffat Yusaf, RP (as of April 27, 2023)

#### Committee meetings:

- April 3, 2023
- June 16, 2023

#### Panel meetings:

- March 27, 2023
- May 8, 2023
- June 16, 2023

#### Plenary Meeting

A one-hour plenary meeting took place on April 3, 2023, via videoconference. The Committee was presented with the revised draft 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 clarification on comments and feedback submitted prior to the meeting. The Committee also provided additional ideas on the continued development of the tool. Once the revisions are completed, the tool will be ready to pilot for further feedback.

#### Panel Meetings

Full day panel meetings took place on March 27<sup>th</sup> and May 8<sup>th</sup>, via videoconference. Below are the outcomes of those meetings:

<b>Total files reviewed</b>	45
<b>Exam extension approved for first attempt</b>	14
<b>Exam extension denied for first attempt</b>	5
<b>Exam extension approved for first and third attempt</b>	3
<b>Exam extension approved for third attempt</b>	6



<b>Exam extension approved upon submission of satisfactory documentation</b>	<b>5</b>
<b>Eligible for third exam attempt for second failure candidates</b>	<b>6</b>
<b>Educational upgrading steps directed for second exam failure candidates</b>	<b>5</b>
<b>Learning plan approved as is</b>	<b>1</b>

Results from the June 16<sup>th</sup> meeting will be included in the next report to Council.

**Committee Membership Changes**

The Chair would like to welcome Riffat Yusaf, who was appointed to the Examination Committee as a non-Council Committee member on April 27, 2023.

**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

June 22, 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:

- April 27, 2023
- May 4, 2023
- June 1, 2023

The Executive Committee considered the following matters at the April, May and June meetings:

### Governance:

- **Mentorship Program Development**  
The Executive Committee received information from Pollinate Networks regarding building a CRPO mentorship program for Council members to pursue leadership positions. Council and non-Council members will receive mentorship education at the June meeting.
  - **Competency Framework Revisions**  
The Executive Committee reviewed the most recent draft of the revised competency framework. The revisions included the addition of mentorship competencies
  - **Key Performance Indicator Update**  
The Executive Committee received an update regarding the College's quarterly progress with the key performance indicators.
- Q4 Meeting Pulse Evaluations**  
The Executive Committee reviewed the Council and committee meeting pulse evaluation reports and discussed the feedback that was received. See agenda item

### Policy Discussion:

- **Removal of Information from the Public Register**  
The Executive Committee reviewed the revised policy and the application form. This item will be presented to Council in September 2023.

### Council Question Period policy update

The Executive Committee reviewed the policy. No revisions were presented; however, the policy had not been reviewed since it was written in 2017. In keeping with the policy review cycle, the Committee approved the policy as presented with no suggested changes. The policy will come forward to Council in September 2023 for information and ratification.

### **Committee Appointments:**

- **ICRC Chair recommendations**  
The Executive Committee discussed the appointment of a new ICRC Chair and Vice-Chair. See agenda item 5.d.ii.
- **Vice-Chair recommendations**  
The Executive Committee recommended the appointment of Vice-Chairs to the Registration, Quality Assurance and Examination Committees to assist in succession planning and capacity building. See agenda item 5.d.ii.
- **Non-Council Committee Appointment**  
The Executive Committee reached consensus, based on recommendations from the Nominations and Elections Committee to appoint Riffat Yusaf, RP, to the Examination Committee as a non-Council member for a term of approximately one year. See agenda item 5.d.iii. to ratify this appointment.
- **Public Member Appointment**  
The Executive Committee reached consensus to appoint Henry Pateman to the Inquiries, Complaints and Reports Committee and the Examination Committee for a term of approximately one year. See agenda item 5.d.iv. To ratify this appointment.
- **New Council Member Committee Appointment**  
The Executive Committee received the district elections results (see agenda item 5.d.) and recommended committee appointments for newly elected Council member Kafui Sawyer, RP. See agenda item 5.d.i.

### **Finance & HR:**

- **Q4 Financials Update**  
J. Falkenburger, Director of Operations & Human Resources, presented the Q4 financial statements to the Executive Committee for information. Executive was satisfied with the report and the financial stability represented.
- **Health Professional Regulators of Ontario (HPRO) Salary Review**  
The Committee was informed that the Operations Team has engaged with a consultant to proceed with the HPRO Registrar salary study. Updates on the progress of the review will be provided at a subsequent meeting.
- **Audit Approach**  
The Executive Committee reviewed the audit approach letter from external auditors. Executive will receive a presentation from the auditors regarding the audited financial statements on June 22.

**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

## Inquiries, Complaints and Reports Committee Report to Council

June 22, 2023

### Committee Members

- Abimbola (Abi) Ajibolade, RP (Non-Council Committee Member)
- Steven Boychyn
- 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 (Chair)
- David Keast
- Kenneth G. E. Lomp, RP
- Miranda Goode Monastero, RP
- Judy Mord, RP
- Ibukun Ogunsina, RP (Non-Council Committee Member)
- Henry Pateman
- 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:

- April 19, 2023

#### Panel meetings:

- April 13, 2023
- May 2, 2023
- May 31, 2023
- June 15, 2023

On behalf of the ICRC, I would like to express my deep gratitude to S. Briscoe-Dimock for her years of commitment and contribution as ICRC Chair. I'm thrilled to get started as incoming Chair, alongside J. Vincent who will be working as vice-Chair of the Committee. I would also like to extend a warm welcome to ICRC's newest public appointee, Henry Pateman, who has recently undergone training and will be joining panel C.

On April 19, 2023, the Committee attended our plenary meeting. ICRC was presented with the recent results of the College Performance Measurement Framework (CPMF) and an update on the trauma-informed review project. The report from this project is currently being drafted and will be presented to ICRC later this summer.

The Committee received feedback from panel members who completed the record-keeping course from the Ontario Association of Mental Health Professionals (OAMHP). ICRC also discussed new education and training courses, including options for alternative ethics courses.

M. Piore presented recent case law concerning complaints related to social media and politics. The Committee discussed the challenges it is faced with when encountering these investigations, and tools to assist with making these difficult decisions.

Finally, ICRC reviewed the policy for removal of information from the public register. The Committee approved. This policy was then presented to the Executive Committee for approval in early June.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Kali Hewitt-Blackie', with a long horizontal flourish extending to the right.

Kathleen (Kali) Hewitt-Blackie, RP  
Chair, Inquiries, Complaints & Reports Committee

## Quality Assurance Committee Report to Council

June 22, 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
- Jeffrey Vincent

#### Committee meetings:

- April 25, 2023

#### Panel meetings:

- N/A

Since the last Council meeting on March 29, 2023, the Quality Assurance Committee met on April 25, 2023 for a plenary meeting.

At the April 25 plenary meeting, the Quality Assurance Committee appointed Martek Assessments as an assessor for the purposes of CRPO's Quality Assurance Program. In the role of assessor, Martek Assessments will administer the case-based assessment (CBA) as the first stage of a peer and practice review.

The Committee reviewed and provided feedback on the proposed format for sending CBA results to registrants. In addition, the Committee reviewed the CBA case blueprint and selected the final cases for use in the 2023 Spring and Fall CBAs.

Staff reports that the 2023 Spring CBA was successfully administered from Friday, May 26 to Sunday, June 4, 2023. Results will be sent to registrants in approximately six weeks.

The next round of case development has started. Ten case writers are currently drafting 25 new cases to add to the CBA case library.

The Fall 2023 CBA is scheduled for October 27 to November 5, 2023. Randomly selected registrants were notified on April 28, 2023.

The next QA Plenary meeting has been scheduled for July 11, 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

June 22, 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:

- April 3, 2023
- May 5, 2023

#### Panel meetings:

- March 24, 2023
- April 21, 2023
- April 28, 2023
- May 3, 2023
- May 26, 2023

#### Registration Regulation Amendments

At the April 3, 2023 plenary meeting, the Registration Committee reviewed the results of the public consultation on the proposed amendments. The Committee recommended that Council approve the amended regulation as circulated.

At the May 5, 2023 plenary meeting, the Registration Committee considered the following matters:

#### Program Definition Policy

The Committee discussed possible changes to the policy, depending on the outcome of the proposed regulation amendments.

#### Revised Clinical Supervision Definition

The Committee reviewed the results of the public consultation and approved the revised definition of a clinical supervisor.

#### Clinical Experience Recognition

The Committee expressed support in principle for clinical experience recognition being a mandatory component of overall program recognition as of 2028. Prior to that time, programs with academic recognition will be encouraged to apply for clinical experience recognition but will not be required to do so.

### **Clinical Experience Recognition Applications**

The Committee granted clinical experience recognition to the Ontario Association of Jungian Analysts – Analyst Training Program and the Yorkville University Master of Arts in Counselling Psychology program.

### **RC Panel Decision-Making Framework**

The Committee approved a new risk-based decision-making framework for use in Registration Committee panels.

### **Policy Review: Student Designations**

The Committee agreed to delay further consideration of this policy until the revisions to Professional Practice Standard 1.2, Use of Terms, Titles and Designations, are implemented.

### **Jurisprudence Update**

The Committee received an update on the current status of the revised module, which is expected to launch in July.

### **Applied Behavioural Analysis (ABA) Regulation**

The Committee reviewed the results of a survey on ABA sent out to registrants of CRPO and other colleges. CRPO will continue to communicate with its registrants, the College of Psychologists of Ontario, and other colleges regarding the new regulations.

### **Panel Meetings**

The March 24, April 21, and May 26 meetings were a half day in length. The April 28 and May 3 meetings were one hour in length. All meetings took place via video conference.

<b>Total applications reviewed</b>	30
<b>Approved</b>	3
<b>Terms, Conditions &amp; Limitations (TCL)</b>	7
<b>Conditional approval</b>	5
<b>Requests for more information</b>	1
<b>Refused</b>	14

Applications that meet the registration requirements can be approved at the staff level. The majority of applications are approved by staff without requiring review by the panel. Applications that do not appear to meet the requirements are referred to panel for further review. Only the panel has the ability to refuse applications (staff do not). Because of this, the number of applications refused by the panel is typically higher than the number of applications approved by the panel.

### **Health Professions Appeal and Review Board Update**

Since the March 30, 2023 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has returned three decisions. HPARB confirmed the Committee's refusals in all three cases.

HPARB orders and reasons are posted on CanLii. Two decisions can be found here:

- [K.W. v College of Registered Psychotherapists of Ontario](#)
- [J.L. v College of Registered Psychotherapists of Ontario](#)

The other decision has not yet been posted to CanLii:

- O.B. v College of Registered Psychotherapists of Ontario

A PDF copy of the decision is attached as an appendix to this report.

**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

*Encl.* Appendix – O.B. HPARB Decision

**HEALTH PROFESSIONS APPEAL AND REVIEW BOARD**

PRESENT:

Trina Morissette, Vice-Chair, Presiding  
Mark Gordon, Board Member  
Bonita Thornton, Board Member

Heard on September 20, 2022 in Ontario (by videoconference)

**IN THE MATTER OF A REGISTRATION HEARING UNDER SECTION 21(1)** of  
the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions  
Act, 1991*, Statutes of Ontario, 1991, c. 18

**AND IN THE MATTER OF** Regulation 67/15 made pursuant to the *Psychotherapy Act, 2007*,  
Statutes of Ontario, 2007 c 10, Sch R

**B E T W E E N:**

**OMAR BAZZA**

Applicant

and

**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND  
REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO**

Respondent

Appearances:

The Applicant:  
For the Applicant:  
For the Respondent:

Omar Bazza  
Adib Nadi, Counsel  
Erica Richler, Counsel

**ORDER AND REASONS**

**I. ORDER**

1. Upon conducting a hearing of the application of Omar Bazza (the Applicant) for registration with the College of Registered Psychotherapists and Registered Mental

Health Therapists of Ontario (the College), the Health Professions Appeal and Review Board (the Board) confirms the order of the Registration Committee (the Committee) directing the Registrar to refuse to issue a certificate of registration to the Applicant.

## **II. PSYCHOTHERAPY AS A SELF-REGULATED PROFESSION**

2. Psychotherapy is a relatively newly regulated profession in Ontario. Its practice is governed by the *Psychotherapy Act, 2007*.
3. Section 3 of the *Psychotherapy Act, 2007* defines the practice of psychotherapy as “the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.”
4. The College is the profession’s governing body.
5. As of April 1, 2015, in order to use the title or practice as a psychotherapist in Ontario, it is necessary to be a registered health professional authorized to carry out activity encompassed by section 3 of the *Psychotherapy Act, 2007*. If individuals are not authorized to carry out such activity through another regulated health profession, they must become registered with the College by meeting the registration requirements of Ontario Regulation 67/15 (the Regulation) made pursuant to the *Psychotherapy Act, 2007*.
6. Until March 31, 2017, applicants who had been practicing psychotherapy prior to the Regulation coming into force were exempted from having to meet the regular requirements for registration if they met the “grandparenting” requirements under section 7 of the Regulation. In these circumstances, the Applicant applied under the “regular” registration requirements that are found in section 6 of the Regulation.

## Education

7. Section 6(1)1 of the Regulation requires, as a non-exemptible registration requirement, completion of an education program in psychotherapy approved by the Committee:

6(1)1. The applicant must,

- i. have successfully completed a program in psychotherapy that has been approved by the Registration Committee or by a body that is approved by the Registration Committee for that purpose,
- ii. have been awarded a master's degree in a program that has been approved by the Registration Committee or by a body that is approved by the Registration Committee for that purpose,
- iii. have successfully completed a program that the Registration Committee considers to be substantially equivalent to a program referred to in subparagraph i or ii, or
- iv. have such other education and training, which must include one or more programs in psychotherapy, together with any further education or training, or combination of education and training, that when taken together evidences, in the opinion of the Registration Committee, successful completion of a program that is substantially equivalent to a program referred to in subparagraph i or ii.

8. Section 6(3) of the Regulation requires that one of the core components of the applicant's education program be designed to develop competency in the safe and effective use of self (SEUS) in a psychotherapeutic relationship.

9. To determine that an applicant's education program meets the Regulation's requirements, the College uses a competency-based registration model to determine whether the program meets these criteria:

1. The practice of psychotherapy must be central. The applicant's education must focus on psychotherapy, not another discipline.
2. The program must be at the graduate level. Graduate level refers either to a master's degree, or a program requiring an undergraduate degree as a prerequisite.

Entering the psychotherapy profession requires maturity of reasoning and character corresponding to a graduate level education.

3. The program must offer at least 360 hours of education and training. This is the typical length of a master's degree program. Direct client contact and clinical supervision are separate registration requirements and do not count toward the 360-hour requirement.
  4. The education must have allowed the applicant to develop key entry-to-practice competencies set by the College's governing Council.
10. The College requires detailed evaluation as to whether the education allowed the applicant to develop key entry-to-practice competencies. The College has contracted with a third party to review and recommend psychotherapy education programs for recognition by the Committee. Applicants who have not completed a recognized program are asked to demonstrate that their education has allowed them to develop required entry-to-practice competencies by completing a Competencies Mapping Tool (Mapping Tool) that allows them to provide detailed descriptions of their education, along with supporting documents such as transcripts and course syllabi. College staff evaluate the Mapping Tool submission by looking at aspects of an applicant's education, including program policies, accreditation, qualifications of faculty, the applicant's understanding of the competencies, range of learning delivery methods, and integration of competencies in theory and practice.

### **Other requirements**

11. Section 6 of the Regulation requires other non-exemptible requirements for registration such as completion of an examination and completion of direct patient contact and clinical supervision hours that are also at issue in this hearing.

### **III. BACKGROUND**

12. The Applicant applied to the College for registration via the regular route on December 17, 2019.

#### **Education**

13. On his application, the Applicant reported the following education and training in psychotherapy:
- Bachelor of Arts in Psychology, Simon Fraser University, completed May 2015; and
  - Master of Science in Clinical Applications of Psychology, University of Hull (United Kingdom), completed July 2017. World Education Services (WES) sent an evaluation of this degree stating it is equivalent to a Canadian Master's degree.
14. The Applicant also reported completing several other education and training activities:
- AODA Customer Services Training (Condensed), East Metro Youth Services (EMYS), completed June 28, 2017;
  - Occupational Health and Safety Awareness Training for Workers in Ontario, EMYS, completed June 28, 2017;
  - WHMIS 2015 including the GHS for Workers and Supervisors – All Jurisdictions, EMYS, completed June 28, 2017;
  - Workplace Violence and Harassment Training for Employees (Ontario – Bills 168 and 132), EMYS, completed June 28, 2017;
  - Standard First Aid/CPR Training, Canadian Red Cross, completed November 7, 2017;



- Applied Suicide Intervention Skills Training (ASIST), Living Works, completed May 11, 2018;
  - WHMIS 2015 Refresher Training, EMYS, completed October 23, 2019;
  - Workplace Violence and Harassment Refresher Training (Ontario – Bills 168 and 132), EMYS, completed October 23, 2019.
15. As part of his application, the Applicant completed the College’s Mapping Tool. Initially, College Staff noted significant information missing and asked the Applicant to submit detailed course outlines for the courses he completed. In response, the Applicant explained he had contacted his school but had not received a response. The Applicant provided a link to the University of Hull program website.
16. College staff completed the College’s Evaluation Tool for Determining Substantial Equivalence of Psychotherapy Education & Training and formed concerns about the content and quality of the Applicant’s education and training. Staff were uncertain whether his education and training were central to the practice of psychotherapy, at a graduate level, and allowed him to develop key entry-to-practice competencies.
17. Staff were concerned that the degree programs the Applicant completed were not intended to train psychotherapists; the undergraduate program in psychology with criminology was not taught at a graduate level; and the Applicant’s Mapping Tool responses focused on his clinical experiences and on-the-job training rather than education program learning activities for several competencies.
18. Staff noted that there was limited information available about the courses the Applicant completed and were uncertain whether the evaluative components of the program, learning content, and required readings were comparable to those found in a recognized program. As well, staff noted the SEUS did not appear to be a central component of the programs.

19. Staff raised concerns as to whether the Applicant's education and training activities addressed the entry-to-practice competencies at a level of detail equivalent to that found in recognized programs and identified gaps in several competencies including:
- Human development (competency 1.1);
  - Psychopharmacology, psychopathology and comparative psychotherapy (competency 1.3);
  - SEUS (competencies 1.4, 4.2 and 4.3);
  - Cultural and human diversity (competency 1.5);
  - Professional practice and ethics (competencies 3.2, 3.3, 3.4 and 4.5); and
  - Psychotherapeutic skills and assessment (competencies 3.5, 4.1, 4.6 and 4.7).
20. In addition, Staff commented that the Applicant did not provide adequate documentation for the other training activities he reported, and staff could not verify admission criteria, if the training had an evaluative component, and whether the activities were taught at a graduate level.

### **Clinical Experience**

21. On his application, the Applicant reported the following clinical experience:
- Clinical Youth Outreach Worker at East Metro Youth Services, employment position since June 2017.
22. The Applicant provided a Direct Client Contact (DCC) Confirmation Form confirming 472 DCC hours from June 2017 to December 2019 as well as a clinical Supervisor Attestation Form confirming 19 individual/dyadic clinical supervision hours and three group clinical supervision hours with Keith Cunningham, RP. On the "Clinical Requirements" form, it was indicated that Keith Cunningham did not meet CRPO's

independent practice requirement and had not completed 30 hours of directed learning in providing clinical supervision.

23. After considering all the information provided on the application and in correspondence, Staff were uncertain whether the Applicant's clinical supervision hours met the requirements.

### **Referral to the Committee**

24. On October 6, 2020, the College sent the Applicant a letter indicating that the Registrar had doubts as to whether the Applicant fulfilled the registration requirements and that his application would be referred to the Committee for its consideration.
25. The letter indicated that, based on the information the Applicant entered into the Mapping Tool for individual applicants, the Registrar had doubts as to whether the Applicant fulfilled the registration requirements set out in the Regulation, specifically regarding the Applicant's education and training, and his clinical experience.
26. The Applicant was provided with a copy of the review of his education and training by College staff and given the opportunity to submit information to the Committee that he believed would assist it in making a decision about his eligibility for registration.

### **Submissions to the Committee**

27. The Applicant responded to the notice from the College through correspondence. In his letter, the Applicant explained that his degree from the University of Hull (United Kingdom) had been certified by the WES and that it had prepared him to effectively use evidence-based interventions and modalities to support clients from diverse ethnicity within psychotherapy practicing guidelines.
28. Regarding his practicum training, the Applicant advised that he had completed 100 hours over three months under the supervision of Dr. Kim Dent-Brown, PhD, clinical psychologist in academia. The Applicant added that he had used his academic

qualification, practicum training and other self-directed learning to support his therapeutic work with clients as the Enhanced Youth Outreach Worker for Syrian youth and families, accessing mental health and substance-related counselling at Strides Toronto. The Applicant explained that the youth and families he worked with did not have access to the much-needed mental health clinical supports and that, in the interim, his work with them was limited to life skills related support and referrals.

29. The Applicant further stated that he had requested his supervised practicum hours from the University of Hull but that the request had been delayed due to disruption from the COVID-19 pandemic. The University's records department had assured him that they could provide a verified copy of the practicum hours but not before the Committee's meeting. The Applicant requested permission to submit these records post the Committee's review.

#### **IV. THE COMMITTEE'S ORDER**

30. The Committee found that the Applicant had not met the requirements for registration because he had not satisfied sections 6(1)1 of the Regulation which relates to education and training. The Committee directed the College's Registrar to refuse to issue a certificate of registration to the Applicant.

##### *Section 6(1)1 – Education and Training*

31. The Committee found that the Applicant's master's program in Clinical Applications of Psychology from the University of Hull was not substantially equivalent to a recognized program as psychotherapy was not central to this program. In addition, the information submitted by the Applicant did not provide evidence that the program provided sufficient training in psychotherapy treatment modalities or psychotherapeutic theory and foundations. While some of the education may have provided the Applicant with an introduction to some psychotherapy interventions, the Committee found that

the program overall did not appear to provide in-depth foundational psychotherapy education, nor was it intended to professionally train psychotherapists.

32. The Committee also found that there was no mention of the SEUS in the master's program materials and since section 6(3) of the Regulation requires SEUS to be a core component of a recognized program, it cannot be said the Applicant's master's degree was substantially equivalent to a recognized program.
33. Although it appeared the program was taught as the graduate level, the Committee was concerned with the lack of documentation available about the learning and evaluation methods used in the program. It found that the program was unclear whether it provided the rigorous formal evaluation methods expected of a graduate-level program.
34. The Committee commented that it did not receive evidence that the program offered at least 360 hours of education and training at the graduate level. The Applicant's transcript indicated that he completed six courses and a dissertation which the Committee found was well short of a recognized program. Also, WES evaluated the program as equivalent to a one-year master's degree in Canada which was not substantially equivalent to other College-recognized programs.
35. The Committee found that the Master of Science in Clinical Applications of Psychology program did not allow the Applicant to develop the full range of required entry-to-practice competencies in a manner substantially equivalent to a recognized program. Significant gaps were identified in the Mapping Tool and there was a lack of information available to assist the Committee in determining whether the courses addressed the competencies in the level of detail expected.
36. The Committee acknowledged that the Applicant completed other education and training, however, there was insufficient evidence that the courses were central to the practice of psychotherapy, delivered at a graduate level, had an evaluative component, and spanned the range of entry-to-practice competencies. Altogether, the Committee

found that the Applicant did not develop the key and non-key competencies in sufficient depth.

37. The Committee also acknowledged that the Applicant had clinical experience using some psychotherapy techniques; however, it noted that the education requirement is a separate requirement from client contact and clinical supervision. Clinical experience cannot substitute for foundational education in psychotherapy.

### *Section 6(1)3 – Clinical Experience*

38. Because the Applicant did not meet the educational requirements of the Regulation, the Committee did not accept the Applicant's reported clinical experience. Nevertheless, the Committee commented that the Applicant's clinical supervisor did not meet registration requirements. Also, the Applicant's role as a Clinical Youth Outreach Worker was more closely related to counselling, social work, and child and youth work, and not the practice of psychotherapy.
39. Additionally, although the Applicant stated that he completed additional clinical experience during a practicum placement, at the time of the Committee's decision, the College had not received information verifying these hours. The Committee commented that without reliable written documentation, it was not able to accept the reported hours.
40. The Committee concluded that a conditional registration was not appropriate in the circumstances as the Applicant had not demonstrated he had adequate education in psychotherapy or that gaps in his education were small enough to be remedied through additional training or examination.

## **V. REQUIREMENT FOR A HEARING**

41. In an email dated April 12, 2021, the Applicant required that the Board hold a hearing of his application for registration.

## **VI. POWERS OF THE BOARD**

42. Under section 22(6) of the *Health Professions Procedural Code*, (the *Code*), being Schedule 2 to the *Regulated Health Professions Act, 1991*, the Board shall, after a hearing or review, make an order doing any one or more of the following:
- 1) Confirming the order of the Committee;
  - 2) Requiring the Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examination or training the Committee may specify;
  - 3) Requiring the 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; or
  - 4) Referring the matter back to the Committee for further consideration by a Committee, together with any reasons and recommendations the Board considers appropriate.
43. Section 22(7) of the *Code* specifies that the Board may only make an order under paragraph 3 of section 22(6), the section that allows the Board to require the Committee to make an order directing the Registrar to issue a certificate of registration to an applicant, if the applicant substantially qualifies for registration and the Committee has exercised its powers improperly.
44. Section 22(8) of the *Code* states that the Board shall not require the Committee to direct the Registrar to issue a certificate of registration to an applicant who does not meet a registration requirement prescribed as a non-exemptible requirement.

## **VII. THE HEARING**

45. At the hearing of the Applicant's application, the Board had before it a brief of documents submitted pursuant to the Committee's duty under section 21(3) of the *Code*. In addition, both parties submitted caselaw and the Board had before it the following:

- a letter from Keith Cunningham, Manager of Community Services at Strides Toronto dated December 6, 2021;
- Application for Validation of On-Campus Provision – University of Hull;
- email exchanges between the Applicant and the Department of Psychology, University of Hull;
- the College's *Entry to Practice Competency Profile for Registered Psychotherapists*; and
- the College's *Program Definition Policy*.

46. The College forwarded to the Board a package of documents as part of the College's duty under section 21(3) of the *Code* to disclose to the Board a copy of the order made, its reasons and the information upon which the decision was based. This included the Applicant's application for registration and supporting documentation.

47. The Board considered this documentation in addition to oral submissions made by the parties.

### **The Parties' Submissions**

48. At the hearing, the Applicant testified and provided information on his current clinical experience as a youth outreach worker as well as his previous clinical experience and the various psychotherapy techniques used in these positions. The Applicant stated that his clinical supervisor was a registered psychotherapist. He worked with this supervisor



for five years and would have meetings with him every two weeks. The Applicant also explained how his additional trainings provided further education in the practice of psychotherapy.

49. The Applicant provided documentation regarding his education and testified that this education focused on the different approaches in psychotherapy. In his testimony, the Applicant explained that although the term “psychotherapy” is not used often in the United Kingdom – reference is made to “clinical psychology” - this was the equivalent to psychotherapy in Canada. He added that the concept of SEUS was not a term used specifically but that it was a concept canvassed in all of the courses taken.
50. The Applicant expressed that other individuals’ applications to the College were registered through the grandfathering process. He stated that this was an unequal treatment based on the fact that his education was obtained in another country and the only difference between those applications and his, was the time of the application for registration.
51. In cross-examination, the Applicant confirmed that his application for registration was submitted through the “regular route” but stated that his education was equivalent to a recognized program in Ontario.
52. In conclusion, the Applicant submitted that his education and clinical experience qualified him for registration.
53. On behalf of the Respondent, Alexandra Brennan testified to the requirements for registration via the “grandparenting route” versus the “regular route”. Ms. Brennan reviewed the Applicant’s application and stated that the information provided did not satisfy the registration requirements for education and training or for clinical experience and that the additional information provided by the Applicant following the Committee’s decision did not provide sufficient information to change the Respondent’s position.

## VIII. ANALYSIS AND REASONS

54. It is the College's duty under section 3(2) of the *Code* to serve and protect the public interest. Under section 3(1)2, the College is responsible for establishing and maintaining standards of qualifications for persons to be issued certificates of registration.
55. The onus is on the Applicant to demonstrate that he meets the registration requirements.<sup>1</sup> A college, in accepting an applicant as a member, is verifying to the public that the individual has demonstrated that they meet the standards of the profession as set by the college.
56. At issue in this hearing is whether the Applicant's educational background is substantially equivalent to an approved program in psychotherapy.
57. As discussed above, the College guidelines for assessing the education of applicants prior to 2015, who were pursuing the grandparenting route to registration, were different. The Applicant however applied after 2015 by the regular route and his application must be considered under the Regulation governing regular registration requirements, and not the pre-2015 provisions. The Regulation is now applied to all current applicants, whether they hold Canadian or international degrees.
58. The Applicant put forward evidence that other individuals with the same (or similar) credentials were registered through the grandparenting clause and submitted case law where the grandparenting clause was under review. This evidence and precedents are distinguishable and not relevant to this matter.

---

<sup>1</sup> *Chauhan v. Health Professions Appeal and Review Board and The College of Physicians and Surgeons of Ontario*, 2013 ONSC 1621 (CanLII) at paragraph 42.

59. The Committee concluded in its decision that the Applicant's master's degree, when combined with additional training, was not substantially equivalent to a recognized and approved program and fell significantly short of satisfying section 6(1)1 of the Regulation, a non-exemptible requirement, and because the educational requirement was non-exemptible it had no discretion to direct registration with terms, conditions, or limitations.
60. The Committee commented that although the Applicant had clinical experience using some psychotherapy techniques, the education requirement is a separate requirement from client contact and clinical supervision.
61. The Board has reviewed the Applicant's application, all the material he submitted to the Committee, and the evidence submitted at this Review. The Board finds no reason to displace the Committee's conclusions that the practise of psychotherapy was not central to the Applicant's program of education and that, although the Applicant's education may have provided the Applicant with an introduction to some psychotherapy interventions, the program overall did not appear to provide in-depth foundational psychotherapy education.
62. The Board acknowledges the Applicant's submissions that SEUS was not a concept specifically recognized in the UK but that the foundations of the concept were included in his education. The Board concludes however that the evidence provided does not substantiate that SEUS was a core component of the program.
63. The Board further acknowledges that the Applicant had clinical experience including using some psychotherapeutic techniques; however, the Board notes that the education requirement is separate from the requirement of client contact and clinical supervision, and the Board concludes that clinical experience cannot substitute for foundational education in psychotherapy.

64. The Board therefore finds that the Applicant has not met the educational requirements of section 6(1)1 for registration as a psychotherapist.
65. Having found that the Applicant is not eligible for registration under section 6(1)1 of the Regulation, there is no need for the Board to consider whether the Applicant meets other requirements for registration.

### **Conclusion**

66. The Board finds that the Applicant has not met the registration requirement for education and training and therefore he has not met the requirement of section 6(1)1 of the Regulation. The Board finds that the Applicant does not qualify for registration and finds no basis for returning the matter to the Committee for reconsideration.

**IX. ORDER**

67. Pursuant to section 22(6)1 of the *Code*, the Board confirms the order of the Committee directing the Registrar to refuse to issue a certificate of registration to the Applicant.

ISSUED May 9, 2023

*Trina Morissette*

---

Trina Morissette

*Mark Gordon*

---

Mark Gordon

*Bonita Thornton*

---

Bonita Thornton

Cette décision est aussi disponible en français. Pour obtenir la version de la décision en français, veuillez contacter [hparb@ontario.ca](mailto:hparb@ontario.ca)