


**CRPO** **COUNCIL AGENDA**  
 College of Registered  
 Psychotherapists of Ontario

**Date:** Thursday, September 14, 2023  
**Time:** 10:45 a.m. to 3:30 p.m.  
**Location:** Hybrid meeting – 375 University Avenue and Zoom video conference  
**Chair:** Kenneth Lomp, President

	Time	Item	Materials	Pg#	Action	Presenter
<b>1. WELCOME &amp; INTRODUCTIONS</b>						
1.a.	10:45	<b>Welcome and Opening Remarks</b>			Information	K. Lomp
1.b.	10:47	<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.	10:49	<b>Conflict of interest declarations</b>  <i>Council is asked to complete and return the Conflict-of-Interest Declaration form to document their status relative to the agenda prior to the meeting.</i>	1. COI disclosure form		Information	K. Lomp
<b>2. DISCUSSION &amp; DECISION (or DIRECTION)</b>						
2.a.	10:50	<b>Council Competency Matrix Revisions</b>  <i>Council is asked to approve the revised Council Competency Matrix as presented.</i>	1. Revised Competency Matrix 2023		Information, discussion, decision by consensus	K. Lomp
2.b.	10:55	<b>By-law Updates</b>  <i>Council is being asked to review proposed by-law changes regarding the addition of vice-chairs and revision of</i>	1. Briefing Note		discussion, decision by motion	K. Lomp, M. Piro

		<i>conflict of interest for committee members.</i>				
2.c.	11:05	<b>Vice-Chair Role description</b>  <i>Council is asked to approve the Vice-chair role description.</i>	1. Briefing Note  2. Draft Vice-Chair role description		discussion, decision by consensus	K. Lomp
<b>BREAK 11:15-11:30</b>						
2.d.	11:30	<b>Diversity, Equity and Inclusion Work</b>  <i>2.d.i. Land Acknowledgments</i>  <i>Council is being provided with resources to assist in the development of land acknowledgements.</i>  <i>2.d.i.i. Self-identification Data Collection</i>  <i>Council is being asked to approve a proposed self-identification data set.</i>  <i>2.d.i.i.i. Health Professions Regulators of Ontario (HPRO) Equity Impact Assessment tool</i> <i>Council is being provided with a presentation on the EIA tool that will be used by the College.</i>	1. Land Acknowledgments: A Guide  2. CCDI webinar  3. What are land acknowledgments?  4. Briefing Note: Self-identification data collection  5. Draft proposed data set  6. Draft Guiding policies and procedures  7. HPRO equity impact assessment tool		Information, discussion, decision by consensus	D. Adams

2.e.	11:45	<p><b>Policy Review: Removal of Information from Public Register</b></p> <p><i>Council is asked to review and approve the revised policy.</i></p>	<p>1. Briefing Note</p> <p>2. Draft policy</p> <p>3. Information Removal Application</p>		Information, discussion, decision by consensus	K. Lomp, P. Bialik
2.f.	11:50	<p><b>Policy Review: Question Period</b></p> <p><i>Council is asked to review and affirm the Council Question Period policy.</i></p>	<p>1. Briefing Note</p> <p>2. Draft Question Period policy</p>		Information, discussion, decision by consensus	K. Lomp, A. Fournier
2.g.	11:55	<p><b>Council and Committee Remuneration policy considerations</b></p> <p><i>Council is being asked to approve recommended changes to the professional remuneration policy.</i></p>	<p>1. Briefing Note</p>		Discussion, decision by motion	K. Lomp, J. Falkenburger
2.h.	12:05	<p><b>Non-Council Member Appointment and Recruitment</b></p> <p><i>2.h.i. non-Council Member Appointment to ICRC</i></p> <p><i>Council is asked to ratify the appointment of K. VanDerZwet-Stafford, RP, to the Inquiries, Complaints and Reports Committee.</i></p> <p><i>2.h.i.i. Non-Council Member Reappointment and Recruitment</i></p> <p><i>Council is asked to approve the reappointment of non-Council members and provide direction to staff regarding non-Council member vacancies and recruitment.</i></p>	<p>1. Briefing Note</p> <p>2. Briefing Note</p>		Information, discussion, decision by motion	K. Lomp
2.i.	12:15	<p><b>Education: Clinical Practice</b></p>			Information, discussion, education	H. Ahonen

		<i>Heidi Ahonen, RP will present on music therapy practice.</i>				
<b>LUNCH 12:30-1:30</b>						
<b>3. INFORMATION, EDUCATION &amp; UPDATES</b>						
3.a.	1:30	<b>Education: Reading Financial Statements and Key Audit Concepts</b>  <i>Welch LLP will present the audited financial statements along with an educational component regarding how to read financial statements.</i>			Information, Discussion, education	Welch LLP
3.b.	2:00	<b>Annual Report 2022</b>  <i>Council is being presented with the Annual Report 2022, including the audited financial statements.</i>	1. Annual Report 2022		Information	K. Lomp
3.c.	2:10	<b>Key Performance Indicator (KPI) Report update</b>  <i>Council is being provided with a quarterly update regarding the KPIs stemming from the College Performance Measurement Framework (CPMF).</i>	1. KPI Q1 report		information	K. Lomp, D. Adams
<b>BREAK 2:30-2:45</b>						
3.d.	2:45	<b>HIROC Risk Assessment Management System</b>  <i>Council is being provided with a presentation on a comprehensive risk assessment and management program that staff is implementing.</i>	1. Briefing Note  2. Risk Assessment Program Overview		Information, discussion	K. Roberts
3.e.	3:10	<b>Registrar's Report</b>  <i>Council will have the opportunity to pose questions on the Registrar's report.</i>	1. Registrar's Report  2. Google Analytics		Information, discussion	D. Adams

3.f.	3:20	<p><b>Governance Education Minute</b></p> <p><i>Council is being provided with a brief educational presentation on the RHPA and the Psychotherapy Act.</i></p>			Education, information	M. Piro
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4. CONSENT AGENDA						
4.a	3:30	<p><b>Consent Agenda</b></p> <p><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></p>	<p><b>Draft Minutes:</b></p> <p>1. June 22, 2023</p> <p><b>Committee Reports:</b></p> <p>1. Discipline &amp; FTP 2. Examination 3. Executive 4. Inquiries, Complaints and Reports (to follow) 5. Professional Practice Working Group 6. Quality Assurance 7. Registration</p>		Motion	K. Lomp
5.	3:30	<b>ADJOURNMENT</b>			<b>MOTION</b>	K. Lomp
		<p><b>2023 Council Meetings:</b></p> <ul style="list-style-type: none"> <li>December 7, 2023</li> </ul> <p><b>NEW! 2024 Council Meetings</b></p> <ul style="list-style-type: none"> <li>March 21, 2024</li> <li>June 13 &amp; 14, 2024</li> <li>September 26, 2024</li> <li>December 12, 2024</li> </ul>				

## Conflict of Interest Disclosure Form

**Meeting Date:** September 14, 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.

# WORKSHEET: Conflict of Interest

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## What is a conflict of interest?

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

## Self-screening Questions

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



### Financial interest

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

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

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

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### Personal or professional relationship

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

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

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

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

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

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

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### **Emotional bias**

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

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

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

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### **Interests of Related Persons**

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

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

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



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

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### **Threshold analysis**

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

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

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

## APPENDIX B

# Process for Considering & Declaring Conflicts of Interest

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



### Staff pre-screening

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

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

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

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

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

## Council Competency Matrix

### Council Attributes

Council works within a ‘critical friendship’ model, which is based on the recognition that both professional and organizational improvement is supported when individuals and groups face hard truths, emotionally difficult subjects, and frank assessments of their own and their collective performance.

<b>Committed</b>	Devotes the required time and energy to the role and strives to achieve best possible outcomes for the public. Prepared to give time, skills and knowledge to developing themselves and others in order to create highly effective governance.
<b>Confident</b>	Of an independent mind, able to lead and contribute to courageous conversations, to express their opinion and to play an active role on Council.
<b>Curious</b>	Possesses an enquiring mind and an analytical approach and understanding the value of meaningful questioning.
<b>Challenging</b>	Provides appropriate challenge to the status quo, not taking information or data at face value and always driving for improvement.
<b>Collaborative</b>	Prepared to listen to and work in partnership with others and understanding the importance of building strong working relationships within Council and with executive leaders, staff, and stakeholders.
<b>Critical</b>	Assesses information received to challenge appropriately where necessary and to hold the College accountable for regulatory outcomes.

## Core Competencies

Area of Competency	Core Understanding	Demonstrating the Competence
<p><b>Governance</b>  <i>Governance competence supports the provision of strategic direction and oversight for College. It allows members to be able to carry out the stewardship responsibilities, creates robust accountability for regulatory and financial performance, and enables Council to set and achieve strategic goals.</i></p>	<ul style="list-style-type: none"> <li>• Knows where the governance principles, the sources of law and regulation relating to the organization come from, what they require and what impact they have</li> <li>• Knows where authority &amp; accountability lies in the organization</li> <li>• Is aware of the processes and practices that are crucial to the smooth operation of the organization</li> <li>• Understands the purpose and requirements of reporting obligations of the organization</li> </ul>	<ul style="list-style-type: none"> <li>• Knows where to obtain further guidance</li> <li>• Can contribute to group discussions</li> <li>• Understands the distinction between the role of the board versus the role of management</li> <li>• Puts aside vested interests to make decisions that are most likely to achieve the organization's mandate</li> </ul>
<p><b>Finance</b>  <i>Financial competence supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.</i></p>	<ul style="list-style-type: none"> <li>• Has basic financial literacy, including financial concepts and how they relate to the organization and how they should inform Council's decision-making</li> <li>• Can understand (with explanation) financial controls and how to read and interpret financial statements</li> <li>• Has basic understanding of financial management</li> </ul>	<ul style="list-style-type: none"> <li>• Knows where to obtain further guidance</li> <li>• Understand (with explanation) basic finance concepts related to budget and audit presentations</li> <li>• Can contribute to group discussions</li> </ul>
<p><b>Technology Skills</b>  <i>Technology skills allow Council members to participate effectively in committee and panel work through efficient use of information and communication technology.</i></p>	<ul style="list-style-type: none"> <li>• Possesses basic computer skills, including ability to open and use word processing, PDF and spreadsheet files</li> <li>• Possesses basic internet skills – navigate using links; compose, send, open, read, reply to, and forward messages; attach a file and open an attachment; complete an online form</li> </ul>	<ul style="list-style-type: none"> <li>• Knows where to obtain further guidance</li> <li>• Understands how to keep information secure and confidential in an electronic or online environment</li> <li>• Basic internet skills, including email, downloading and uploading, using secured Wi-Fi connection</li> </ul>

Area of Competency	Core Understanding	Demonstrating the Competence
	<ul style="list-style-type: none"> <li>• Able to use board portal software to access schedule, respond to meeting requests and to open, view and annotate files</li> </ul>	<ul style="list-style-type: none"> <li>• Experience downloading, installing and using videoconference software</li> </ul>
<p><b>Diversity &amp; Inclusion</b>  <i>Diversity and inclusion competence supports the ability to shift cultural perspective and adapt one's behavior to function effectively across attributes that include, but are not limited to, gender, ethnicity, religion, sexual orientation, disability, and socio-economic class. Profession specific diversity may include attributes such as region of practice, practice setting and context, specialization or modality.</i></p>	<ul style="list-style-type: none"> <li>• Understands and values differences in the values and norms of other cultural frameworks</li> <li>• Able to apply this knowledge of the experience of diversity to deliberations and decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Valuing and actively advocating for diverse perspectives</li> <li>• Holding criticisms and comments to hear different views before making decisions</li> <li>• Conducting self-assessment to understand how one's own attitudes and values may create bias</li> <li>• Adjusting and adapting communication styles to be effective across diverse contexts (e.g., does not use ethnophaulisms or outdated terms, does use preferred terms)</li> <li>• Responding to inappropriate and non-inclusive behavior to re-direct and to build awareness</li> </ul>
<p><b>Risk Management</b>  <i>Risk management competence supports Council in identifying, evaluating and prioritising organisational and regulatory risks and ensuring appropriate action is taken to mitigate them.</i></p>	<ul style="list-style-type: none"> <li>• Understands issues surrounding the identification, management and reporting of risks</li> <li>• Understands the principles of risk management</li> <li>• Can identify organizational risks and its impact on the public</li> </ul>	<ul style="list-style-type: none"> <li>• Knows where to obtain further guidance</li> <li>• Can understand potential issues when identified &amp; escalate where appropriate</li> <li>• Can contribute to group discussions</li> </ul>

Area of Competency	Core Understanding	Demonstrating the Competence
<p><b>Mentee</b>  <i>Mentee competence supports individual members in effective engagement in professional development to facilitate transition into their new role within the College.</i></p>	<ul style="list-style-type: none"> <li>• Values the knowledge and insights of the mentor in a way that values differences and is open to new ideas</li> <li>• Demonstrate self-directed learning by identifying, prioritizing and sharing learning needs</li> <li>• Engages in a learning partnership, honoring the commitment to the mentoring relationships</li> <li>• Accepts accountability for competence development and regulatory work</li> </ul>	<ul style="list-style-type: none"> <li>• Reflect critically before and after meeting with mentor about motives, attitudes, thoughts and behaviors</li> <li>• Provides timely support and understanding when the mentee experiences setbacks</li> <li>• Engages in goal setting to ensure learning needs are met and time is used effectively</li> <li>• Accepts and provides constructive feedback</li> </ul>
<p><b>Regulatory Knowledge</b>  <i>Regulatory knowledge allows Council clarity about the function and purpose of the RHPA and the College's mandate, and how the Act and Regulations should be interpreted and applied.</i></p>	<ul style="list-style-type: none"> <li>• Awareness or knowledge of regulatory climate and evolving regulatory issues, regulated industries and their oversight systems</li> </ul>	<ul style="list-style-type: none"> <li>• Is aware of legislation, regulations, standards and by-laws that govern health care professionals</li> <li>• Aware of the College's role in the health care system</li> </ul>
<p><b>Health System Knowledge</b>  <i>Health system knowledge allows Council to understand the opportunities, challenges and external forces affecting the provision of mental health services.</i></p>	<ul style="list-style-type: none"> <li>• Has general understanding of how health care is delivered in Ontario</li> </ul>	<ul style="list-style-type: none"> <li>• Knows where to obtain further guidance</li> <li>• Can contribute to group discussions</li> </ul>

## Leadership Competencies

Area of Competency	Core Understanding	Demonstrating the Competence
<p><b>Governance (advanced)</b>  <i>Governance competence supports the provision of strategic direction and oversight for Colleges. It allows members to be able to carry out the stewardship responsibilities, creates robust accountability for regulatory and financial performance, and enables Council to set and achieve strategic goals.</i></p>	<ul style="list-style-type: none"> <li>• Knows where the governance principles, the sources of law and regulation relating to the organization come from, what they require and what impact they have</li> <li>• Knows where authority &amp; accountability lies in the organization</li> <li>• Understands and can act within the processes and practices that are crucial to the smooth operation of the organization</li> <li>• Understands purpose and requirements of reporting obligations of the organization</li> </ul>	<ul style="list-style-type: none"> <li>• Source of further guidance for peers</li> <li>• Identifies and explains governance concepts to Council</li> <li>• Can identify potential issues &amp; escalate where appropriate</li> <li>• Can challenge colleagues where appropriate</li> <li>• Contributes to technical discussions on governance issues</li> <li>• Identifies relevant legislation and how it relates to Council decision-making</li> <li>• Thinks strategically, ensures risks are assessed and monitored</li> <li>• Thinks about future direction of organization and how to achieve strategic goals</li> </ul>



Area of Competency	Core Understanding	Demonstrating the Competence
<p><b>Finance (advanced)</b>  <i>Financial competence supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.</i></p>	<ul style="list-style-type: none"> <li>• Solid financial literacy, including financial concepts and how they relate to the organization and how they should inform Council's decision-making</li> <li>• Understands financial controls and how to read and interpret financial statements</li> <li>• Solid understanding of financial management</li> </ul>	<ul style="list-style-type: none"> <li>• Has an understanding of financial management that allows assessment of integrity of financial information received by Council</li> <li>• Ability to read and understand financial statements</li> <li>• Distinguishes between the role of Council as an oversight body and the role of staff in day-to-day operations</li> </ul>
<p><b>Strategy</b>  <i>Strategy competence allows the Council to set vision and direction for the College through planning and prioritising, monitoring progress and managing change.</i></p>	<ul style="list-style-type: none"> <li>• Understands the process of strategic change and the obstacles and enablers to implement it</li> </ul>	<ul style="list-style-type: none"> <li>• Can distinguish between strategic and operational decisions</li> <li>• Demonstrated ability to think critically about systemic issues and the role of the organization in the healthcare system in Ontario</li> </ul>
<p><b>Leadership / Change Management</b>  <i>Leadership competence enables Council to effectively mobilize to further the mandate of the organization, adapt to changing circumstances, respond to crisis, identify opportunities for change and growth, and create future leaders.</i></p>	<ul style="list-style-type: none"> <li>• Ability to manage and adapt to change and innovation</li> <li>• Ability to address and respond to stakeholder scrutiny</li> <li>• Understands organizational and boardroom dynamics</li> </ul>	<ul style="list-style-type: none"> <li>• Provides leadership and support through organizational change</li> <li>• Identifies reasons for and benefits of change to stakeholders</li> <li>• Ensures change contributes to strategic priorities</li> <li>• Supports strategic change and ensures change is in public interest</li> <li>• Is inclusive and respectful</li> </ul>

Area of Competency	Core Understanding	Demonstrating the Competence
<p><b>Mentoring</b>  <i>Mentoring competence supports the Council fostering an inclusive diverse and collaborative environment, in translating and maintaining institutional knowledge, and ensuring decision-making in the public interest.</i></p>	<ul style="list-style-type: none"> <li>• Shares knowledge with mentees through role modeling, challenging, coaching and reflecting the College's competencies and code of ethics</li> <li>• Establishes a relationship as a vehicle for knowledge transfer, operating in an empowerment - not 'power over' - model</li> <li>• Engages in a learning partnership, providing a safe and non-judgmental environment for mentees to express ideas and concerns engage in self-discovery</li> <li>• Encourage accountability for competence development and regulatory work</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizes open-ended questions and other communication strategies to deepen communication with mentees</li> <li>• Provides timely support and understanding when the mentee experiences setbacks</li> <li>• Assists mentees in identifying their learning needs, and developing their action learning plans</li> <li>• Provides constructive feedback for mentees related to progress in meeting objectives and overall professional development</li> </ul>
<p><b>Stakeholder Relations / Communications</b>  <i>Stakeholder relations and communications competence supports the Council in being well-informed about the views and needs of key stakeholders, enabling productive relationships.</i></p>	<ul style="list-style-type: none"> <li>• Well-informed on views and needs of key stakeholders</li> <li>• Supports working in partnership with stakeholders in ways that contribute to achieving the goals of the organization</li> <li>• Identifies links that the organization needs to make with larger community</li> <li>• Understands impact of regulatory decisions on stakeholder groups</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies the needs of key stakeholders and their relationship with the organization</li> <li>• Articulates techniques to better engage with stakeholders</li> <li>• Considers the impact of Council's decisions and the effect they will have on the key stakeholder groups</li> <li>• Demonstrated ability to communicate a position to the intended audience</li> </ul>
<p><b>Risk Management</b>  <i>Risk management competence supports Council in identifying, evaluating and prioritising organisational and regulatory risks and ensuring appropriate action is taken to mitigate them.</i></p>	<ul style="list-style-type: none"> <li>• Understands issues surrounding the identification, management and reporting of risks</li> <li>• Understands the principles of risk management</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies and prioritizes risk</li> <li>• Can articulate how risk should be managed and how to achieve the right balance of risk</li> </ul>

Area of Competency	Core Understanding	Demonstrating the Competence
	<ul style="list-style-type: none"> <li>• Can identify organizational risks and its impact on the public</li> </ul>	
<p><b>Regulatory Knowledge</b>  <i>Regulatory knowledge allows Council clarity about the function and purpose of the RHPA and the College's mandate, and how the Act and Regulations should be interpreted and applied.</i></p>	<ul style="list-style-type: none"> <li>• Awareness or knowledge of regulatory climate and evolving regulatory issues, regulated industries and their oversight systems</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of College functions and issues facing Council</li> <li>• Awareness and knowledge of regulatory trends</li> <li>• Identifies when to seek legal advice on statutory and legal responsibilities and ethical aspects of Council's decision-making</li> </ul>
<p><b>Health System Knowledge</b>  <i>Health system knowledge allows Council to understand the opportunities, challenges and external forces affecting the provision of mental health services.</i></p>	<ul style="list-style-type: none"> <li>• Solid understanding of how health care is delivered in Ontario</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of the workings of government and their relationship to regulatory bodies</li> </ul>

## Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.b.
<b>Issue:</b>	By-law Updates
<b>Attachment(s):</b>	-
<b>Reference(s):</b>	-
<b>Action:</b>	Information x                      Discussion x                      Decision x
<b>Staff Contact:</b>	M. Pioro, D. Adams
<b>Submitted by:</b>	Executive Committee

### Purpose and Public interest rationale:

Good governance leads to good decisions and effective regulation. Committees must be resourced with an adequate number of competent members. This item proposes by-law amendments to better allow committees to meet their objectives.

### Background:

#### *Role Conflicts*

CRPO's by-laws restrict Council and committee members from taking on other roles with the College:

#### **16.10 – Staff Positions**

A member of Council or a Committee member may not hold any other position, contract or appointment with the College while serving as a member of Council or its Committees. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as peer assessor, investigator, inspector, examiner or staff.

The purpose of this provision is twofold. First, it prevents simultaneous, problematic dual roles, e.g., Council and staff member. Second, it prevents an actual and perceived conflict of interest wherein a Council or committee member uses their position of influence to secure personal gain, e.g., tendering a lucrative consulting contract to the College during or soon after their term.

This provision was part of CRPO's inaugural by-laws (2013). CRPO has learned from experience that the wording is overly broad, preventing committee members from making valuable, ethical contributions to CRPO's work. For example, a Working Group member could not serve as a peer assessor for QAC.

As CRPO works toward a more diverse representation on Council and committees at the same time as with roles like Peer Coaches and Practice Advisors, this limitation is problematic. This is particularly the case in the early days of this work when the College has limited qualified candidates for these roles.

Peer Coaches are appointed, which is another layer of check and balance beyond what happens when someone is looking for permanent or contract work. Peer Coaches are also not making a market rate for their work (i.e., it is not income replacement) so there is no significant financial incentive to use a committee position to secure a Peer Coach or Practice Advisor position.

### **Proposed Changes:**

The following proposed wording aims to maintain necessary safeguards while allowing unproblematic overlap to occur. It recognizes the distinction between the governance and regulatory functions of Council versus Committee members. It maintains the same restrictions on Council members while allowing some committee members to serve as a Peer Coach or Practice Advisor.

#### *Proposed Article 1.01 - Definitions [to add to existing definitions]*

*“Peer Coach” means a peer assessor appointed under section 81 of the Code*

*“Practice Advisor” means a contractor retained by the College to answer inquiries about standards that apply to Members*

#### *Proposed Article 16.10 - Staff Positions – Council Members*

*A member of Council may not hold any other position, contract or appointment with the College while serving as a member of Council. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as Peer Coach, investigator, inspector, examiner or staff.*

#### *Proposed Article 16.10 - Staff Positions – Committee Members*

*A Committee member may not hold any other position, contract or appointment with the College while serving as a member of a Committee. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College.*

*Notwithstanding this article, a Committee member who is not a member of the Quality Assurance Committee may be appointed as a Peer Coach. Notwithstanding this article, a Committee member who is not a member of the Inquiries, Complaints and Reports Committee and not a member of the Discipline Committee may be retained as a Practice Advisor.*

### *Vice Chair*

CRPO is beginning to follow a Vice Chair model for committees. This provides backup to the Chair and promotes succession planning and capacity building when recruiting a new Chair. CRPO’s by-laws state that the Vice President serves as President when the latter is unavailable. However, the by-laws do not currently contemplate that a Vice Chair would take over for a Chair on a committee. The relevant article currently states:

#### **14.03 – Chair**

In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her chairing duties,

the Committee shall then select an acting Chair to preside at the meeting from among its members.

To formalize the new Vice Chair approach, the following revised by-law article is proposed:

*Proposed Article 14.03 – Chair*

*In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Vice Chair, if Council has appointed a Vice Chair and if the Vice Chair is able and willing, shall preside at the meeting. Otherwise, in the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.*

**Next Steps:**

At their August 24, 2023 meeting, Executive Committee expressed support for these proposed by-law amendments. It is recommended that Council approve them. This kind of by-law amendment, dealing with internal College matters, does not require public consultation.

**Proposed Motion:**

That, effective immediately, Council approves the following proposed by-law changes:

Adding to Article 1.01,

*“Peer Coach” means a peer assessor appointed under section 81 of the Code*

*“Practice Advisor” means a contractor retained by the College to answer inquiries about standards that apply to Members*

Replacing the current Article 16.10 with,

*Staff Positions – Council Members*

*A member of Council may not hold any other position, contract or appointment with the College while serving as a member of Council. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as Peer Coach, investigator, inspector, examiner or staff.*

Adding, as Article 16.11,

*Staff Positions – Committee Members*

*A Committee member may not hold any other position, contract or appointment with the College while serving as a member of a Committee. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. Notwithstanding this article, a Committee member who is not a member of the Quality Assurance Committee may be appointed as a Peer Coach. Notwithstanding this article, a Committee member who is not a member of the Inquiries, Complaints and Reports Committee and not a member of the Discipline Committee may be retained as a Practice Advisor.*

Replacing the current Article 14.03 with:

*Chair*

*In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Vice Chair, if Council has appointed a Vice Chair and if the Vice Chair is able and willing, shall preside at the meeting. Otherwise, in the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.*

## Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.c.
<b>Issue:</b>	Vice-Chair Role Description
<b>Attachment(s):</b>	-
<b>References:</b>	<a href="#">Succession Planning Policy</a>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Lead:</b>	D. Adams

### Purpose & Public Interest Rationale:

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

Council and committee members in leadership roles must possess advanced competencies necessary to provide continuity and direction for the College to achieve its strategic objectives. To minimize the chance of disruption to committee and panel processes, the College should be proactively developing competence among members to chair effectively.

### Background:

At its June meeting, Council approved the appointment of Vice-chairs to the Registration, Examination, Quality Assurance, and Inquiries Reports and Complaints Committees. Guiding documents (e.g., a Vice-Chair role description) are needed to support Council and committee members and staff in ensuring that individuals appointed to these roles can fulfil their responsibilities.

### Key Considerations:

The existing Chair role description was developed to provide context to and an overview of the role, to outline specific responsibilities, to outline the expected time commitment, and to articulate desired role outcomes. A similar document could be useful to ensure that Vice-Chairs have appropriate direction and to set standards against which Vice-chairs could be evaluated.

There is currently no formal authority to direct how Vice-Chairs are appointed or to prescribe what work they will do. In appointing Vice-Chairs, Council relied on by-law 13.13 Chairs, which states “Unless stated otherwise in these by-laws, the Chair or Chairs of each Committee shall be appointed by Council.”

By-law 14.03 – Chair notes that “In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her



chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.”

The Executive Committee recommended revising the by-laws to clarify expectations that the Vice Chair assume the Chair’s responsibilities if the Chair is unavailable (proposed changes noted in previous agenda item).

**Proposed Decision by Consensus:**

That Council approve the Vice-Chair role description as presented or amended.

<b>Document type:</b> role description	<b>Approved by:</b> Council
<b>Date approved:</b> September 2023	<b>Next review date:</b> December 2024
<b>Amendment dates:</b>	

## Committee Vice-Chair Role Description

### Context

CRPO committees operate within a prescriptive framework drawn primarily from legislation and by-law. As such, committees and panels must work in the public interest, following due process and undertake appropriate and effective decision-making.

This decision-making must happen within an environment that encourages wide participation and allows opinions to be aired openly. The Vice-Chair supports the Chair in fulfilling their responsibility to help the committee accomplish their stated task, move through the agenda in the time available, and help the group make necessary decisions.

The following role description is intended to:

- Support members in deciding if they are interested/able to accept the role of Committee Vice-Chair.
- Provide the basis for matching training needs with available opportunities for development.
- Comprise the framework for formal evaluation of Vice-Chair performance and Committee function.

### Overview

The role of the committee Vice-Chair includes responsibilities that transcend specific committee mandates. Information specific to each committee (e.g., frequency of meetings, typical panel workload, and expected deliverables) can be found on the CRPO website, in the terms of reference, procedural manuals or rules of procedure, and minutes of previous meetings.

The Vice-Chairs of committees serve as replacements, presiding over meetings when the Chair is unable to attend. All the Chair's powers can be delegated to the Vice-Chair. Normally, Vice-Chairs will also serve as active (i.e., voting) members of the committee or panel.

Vice-Chairs must possess intermediate to advanced level competencies identified for the Committee they lead and have the expertise necessary to fulfill its mandate. They must also be knowledgeable and supportive of Council policy and the regulatory and statutory obligations of the committee and the College. The Vice-Chair must understand the purpose of the committee and provide support to the committee to achieve its goals.

The Vice-Chair collaborates with the Chair and an identified senior staff person to facilitate ongoing management of the committee's work.

## **Specific Responsibilities**

In being aware of broader issues, trends and best practices, the Vice-Chair will have the following specific responsibilities:

1. Provide support to the Chair in giving direction and guidance to the committee or group in keeping with its Council-approved terms of reference, any related legislative responsibilities, and the overall fiduciary duty to work in the public interest.
2. If chairing a meeting, apply the Council approach to rules of order, approved by-laws and code of conduct in overseeing committee or panel meetings.
3. Support the Chair when requested by participating in:
  - a. effective orientation of new committee members;
  - b. timely development of meeting agendas for both plenary and panel meetings; and
  - c. development of objectives and long-range plans for committee consideration.
4. Prepare for meetings by reviewing materials and working with the Chair and staff to establish a plan, priorities and/or direction prior to each meeting.
5. If chairing a meeting, facilitate dialogue at meetings in a manner that:
  - a. welcomes all members' perspectives on issues;
  - b. encourages independent thinking and constructive collaboration;
  - c. promotes alignment on decisions that are balanced;
  - d. upholds decisions once they are reached; and
  - e. demonstrates good judgment for the successful fulfillment of the committee's purpose.
6. If chairing a meeting, approve meeting minutes and decision and reasons, if applicable.
7. Respond to staff questions and make decisions on behalf of the Chair when the Chair is unavailable.
8. Consult with the President or Registrar as needed to manage circumstances where there are concerns that the Chair's competence or conduct is less than optimal, including introducing strategies to resolve conflicts which may arise.
9. Participate in the evaluation of committee or group processes as well as of individual members to ensure high levels of performance.
10. Ensure that the committee provides feedback to the Executive Committee on the Chair's performance.

## **Term of Office**

11. Committee Vice-Chairs are nominated by the Executive Committee and appointed annually by Council members, typically at the November meeting.
12. Committee or group members may serve as Vice-Chair when it is in the best interest of the continuity of the ongoing work of the committee or group.

## **Time Commitment**

### [CRPO Council: Time Commitment Guideline](#)

In addition to expected meeting preparation and attendance, the Committee Vice-Chair is expected to commit to:

- participate in providing direction to staff related to plenary agenda planning and meeting materials
- provide feedback (as needed) as to how committee members are fulfilling their duties
- contribute to annual report content development

## **Role Outcomes**

- Policies and standards of the College are upheld in the fulfillment of committee duties.
- Decisions comply with appropriate legislation and CRPO policies and are shaped by an understanding of the relationship of the various activities of the College committees.
- Reports to the College Council are made, as required, representing committee activities.
- Risk as it relates to the committee's mandate is managed, and Council is alerted to pertinent issues in a timely manner.
- New policies, guidelines or other tools are recommended to the Council, as required.
- Committee members are evaluated to support and promote the improvement of committee effectiveness.
- Interaction with College staff occurs by provision of information regarding the committee's work. Interaction with staff is managed in a respectful, collegial manner.
- Policy development, policy implementation, and communications initiated or led by the committee are informed by and respectful of diversity, including culture and gender identity.



# **A guide to acknowledging First Peoples and traditional land:**

## **Land acknowledgements for staff and volunteers**

Indigenous Advisory Committee

January 2021

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## Overview

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Do you host meetings, or are working with volunteers and committees who host meetings? This resource is for you! The purpose of this document is to provide guidance and to answer questions for Engineers Canada staff for conducting land acknowledgements at the beginning of meetings, public events, and conferences.

This guideline will be your hub for understanding the value of conducting land acknowledgements, as well as tips, templates, and protocols for how to do a land acknowledgement at your meetings. It will be regularly updated by the Diversity, Equity, and Inclusion Manager.

## What is a land acknowledgement?

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The land acknowledgements we hear today are based on an old tradition or protocol carried out by Indigenous communities in Canada. It is intended as a way for guests to show their respect for and pay homage to the Indigenous community with which they are visiting and engaging with.

*“It recognizes the strength and wisdom of the place that has given rise to the people who are of that land and it invokes the spirit of that place to support your good intentions.” (S. Calvez., R. Roberts, 2020)*

## Why do we do land acknowledgements?

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Land acknowledgements are a practice, but they are also part of a larger process that we are undertaking, as individuals and as an organization, towards reconciliation between non-Indigenous and Indigenous Peoples in Canada. The reality is that Indigenous people are underrepresented within the engineering profession and at the majority of the meetings and events we attend, so we have to be careful to not appropriate the traditional land acknowledgement practice in an empty and disconnected way. Engineers Canada supports the practices of land acknowledgements in order to:

- Raise awareness of Indigenous presence and land rights in everyday life, for ourselves and meeting participants.
- Acknowledge our presence on the land as visitors and as a part of colonial history.
- Recognize the history of colonialism and harms done by settlers to Indigenous communities, including to acknowledge the detrimental impacts that the engineering profession has had on Indigenous communities through discriminatory practices and disregard for Indigenous rights, traditions and knowledge; where decision-making that directly impacts Indigenous communities has ignored the rights of Indigenous Peoples to be stewards of their own land; where there has been a lack of free, prior and informed consent from Indigenous communities with regards to natural resource projects.

- Complement self reflection and cultural competency of staff and volunteers.

Land acknowledgements are not meant to:

- threaten or alienate non-Indigenous or Indigenous people
- speak for or represent Indigenous communities
- appropriate Indigenous ideas and knowledge
- be the only action we take towards truth and reconciliation. (see Resource section)

## How do we do land acknowledgements?

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The aim is to practice land acknowledgements in a meaningful way. To achieve this goal we have linked this guide to the provision of Indigenous awareness training for staff (4 Seasons of Reconciliation 2020), as well as a resource list for further learning (see Resources section).

### Who are the First Peoples of this area?

Do your research to find out if the land you are gathering on is Treaty Territory (numbered treaties), Unceded Territory (not legally signed away to the Crown or to Canada), or part of Inuit and Métis homelands. Find the names of local First Nations communities who have lived there, and review the official formats we have provided for in-person and online meetings.

### Pronunciation

There are hundreds of First Nations, Métis, and Inuit groups in Canada, and many territorial names and titles that settlers are not used to saying. Do not be afraid to ask questions and find out how to pronounce the local First Nation in your acknowledgement. If you are not sure how to pronounce a Nation's name, there are a number of ways to learn, including:

- Respectfully asking someone from that nation or from a local organization such as a Friendship Center or Indigenous Student Center.
- Check the nation's website; they may have a phonetic pronunciation on their "About" page, an audio-recording of their name, or videos that include people saying the nation's name.
- Call the nation after hours and listen to their answering machine recording.

### Your positionality

Speaking from the heart about colonialism and your personal path on reconciliation is challenging. A first step is to speak to what you know: your own positionality, your settler background, your relationship (or lack thereof) with Indigenous people in Canada.

*"By recognizing the intimate relationship between the place and people, you are demonstrating that you understand what is important and that you are trustworthy. To do this, you must use your own voice and provide the Land Acknowledgement from your heart."* (S. Calvez., R. Roberts, 2020)



## In-person meetings

OTTAWA: “As a visitor on this land, I would like to begin by acknowledging that we are gathered on the traditional and unceded territory of the Algonquin Anishinaabeg people. To do so recognizes Indigenous Peoples long-standing presence in this territory.

Further, this recognition and respect for Indigenous Peoples and their lands is a key towards reconciliation.

Thank you.”

## Personalization

Making the land acknowledgement your own is the next step. Relate your experience and the meeting itself to the Indigenous people of the land. Here are some examples:

“As a settler myself, I am committed to... [describe your commitment to actively working against colonialism, towards reconciliation].”

“As a visitor on this land, coming from [describe your background], I strive to deepen my own understanding of the local Indigenous communities.... Reframe my responsibilities to land and community.”

“I come with respect for this land that I am on today, and for the people who have and do reside here.”

“The reason for our meeting today is to discuss a project that involves natural resources and directly impacts Indigenous communities. We acknowledge the need for meaningful consultation with Indigenous communities.”

“We acknowledge the contributions of [name Indigenous community] to the project/work we are involved in today.”

## Online meetings

Land acknowledgements need to be part of all gatherings, including virtual meetings. Depending on the location of your participants, you may acknowledge all Indigenous groups, or research the First Peoples of the land you are on.

Here is the approved land acknowledgement you can use and personalize:

“I would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we meet today on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.

From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this land home.

Please join me in a moment of reflection to acknowledge the harms and mistakes of the past and to consider how we are and can each, in our own way, try to move forward in a spirit of reconciliation and collaboration”



## **Guide to Acknowledging First Peoples & Traditional Territory**

Canadian Association of University Teachers

<https://www.caut.ca/content/guide-acknowledging-first-peoples-traditional-territory>

## **Are you planning to do a Land Acknowledgement?**

Debbie Reese for American Indians in Children's Literature

March 9, 2019

<https://americanindiansinchildrensliterature.blogspot.com/2019/03/are-you-planning-to-do-land.html>

## **'I regret it': Hayden King on writing Ryerson University's territorial acknowledgement**

Unreserved, CBC

January 20, 2019

<https://www.cbc.ca/radio/unreserved/redrawing-the-lines-1.4973363/i-regret-it-hayden-king-on-writing-ryerson-university-s-territorial-acknowledgement-1.4973371>

## **How an acknowledgement of 'unceded Algonquin territory' became ubiquitous**

Ottawa Citizen

January 9, 2019

<https://ottawacitizen.com/news/local-news/how-an-acknowledgment-of-unceded-algonquin-territory-became-ubiquitous/>

## **Territory Acknowledgement Panel Talk**

Centre for Teaching, Learning and Technology, University of British Columbia

October 18, 2016

<https://youtu.be/lzqe2fh4Zdc>

## **Making Coast Salish Territorial Acknowledgements Matter**

Coast Salish Cultural Network

November 25, 2016

<https://youtu.be/-Tei5tGoQ4s>

## **Beyond Territorial Acknowledgements**

Chelsea Vowel

September 23, 2016

<http://apihtawikosisan.com/2016/09/beyond-territorial-acknowledgments/>

## **What is the significance of acknowledging the Indigenous land we stand on?**

Ramna Shahzad, CBC

July 15, 2017

<http://www.cbc.ca/news/canada/toronto/territorial-acknowledgements-indigenous-1.4175136>

## **Know the Land: Territories Campaign**

Laurier Students' Public Interest Research Group (LSPIRG)

<http://www.lspirg.org/knowtheland/>

**Gabriel Dumont Institute- Métis Culture**

<https://gdins.org/metis-culture/>

**4 Seasons of Reconciliation Education**

A series of bilingual online resources which promote a renewed relationship between Indigenous Peoples and Canadians, through transformative and engaging learning towards anti-racism education.

<https://www.reconciliationeducation.ca/>



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Anne-Marie Pham, MPA  
Executive Director  
Canadian Centre for Diversity and Inclusion  
[anne-marie.pham@ccdi.ca](mailto:anne-marie.pham@ccdi.ca)



ILLUSTRATIONS BY CHIEF LADY BIRD

## What are land acknowledgements and why do they matter?

Indigenous writer Selena Mills illustrates the importance of land acknowledgements—and shares perspectives about this newly popular form of reconciliation

BY SELENA MILLS

Chances are, you've seen or heard a land acknowledgement at some point in the past few years. Maybe this was during the introduction to an art, sporting, cultural, academic or civic event, or at one of the 160 Toronto bus shelters that now ask transit users to think about who first lived on the land they're commuting across. We know that Columbus did not discover the Americas, nor did the other European seafarers who preceded him. This land was—and still is—Turtle Island, already inhabited for well over 10,000 years by thriving traditional territories, bands and confederacies of Indigenous people. And we're still here, in spite of

intense and prolonged attempts by church and state to assimilate and colonize Indigenous peoples into white/Eurocentric society. But maybe you don't totally understand why land acknowledgements are so important. That's understandable—we can't know what we weren't taught, right? So, here's what you need to know.

## **WHAT IS A LAND ACKNOWLEDGEMENT?**

Land acknowledgements are an honest and historically accurate way to recognize the traditional First Nations, Métis and/or Inuit territories of a place. They can be presented verbally or visually: think signage, short theatre presentations or simple spoken-word greetings. According to Anishinaabe-kwe Wanda Nanibush, the first curator of Indigenous art at the Art Gallery of Ontario (AGO), land acknowledgements have one goal, regardless of format: They commemorate Indigenous peoples' principal kinship to the land—and the fact that we have not and cannot be erased from her, our collective first mother. “They're a starting place to a change in how the land is seen and talked about,” she says. “[They] help redefine how people place themselves in relation to First Peoples.”

Nanibush spearheaded the installation of multilingual labels for the AGO's permanent collection of Canadian and Indigenous art, which is housed in the newly renamed J.S. McLean Centre for Indigenous & Canadian Art. The labels are published in English, French and Inuktitut or Anishinaabemowin, the latter of which is the language of the land the AGO occupies. (Ojibway is a dialect of Anishinaabemowin.) “It's important for our audiences to grapple with the idea of the inherent right to land that First Peoples actually hold,” Nanibush says. “If it isn't stated everywhere, all the time, people can continue to ignore its existence.”

## WHY ARE LAND ACKNOWLEDGEMENTS NECESSARY?

Inspired by the 94 recommended calls to action contained in the Truth and Reconciliation Commission of Canada (now known as the National Centre for Truth and Reconciliation, or NCTR), land acknowledgements are a necessary first step toward honouring the original occupants of a place. They also help Canadians recognize and respect Indigenous peoples' inherent kinship beliefs when it comes to the land, especially since those beliefs were restricted for so long.


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*“Land acknowledgments are  
a stepping stone to honouring  
broken treaty relationships.”*

When we're being honest about why land acknowledgements are important—recognition of the attempted genocide of Indigenous peoples in Canada, which spans centuries—they might seem like an inadequate gesture. But the NCTR's recommendations help provide a solid framework for reconciliation for the injustices that have been carried out against Indigenous communities: broken treaty relationships, residential schools, the Sixties Scoop, and continued attempts by government (federal, provincial and territorial) and religious groups to control the Indigenous family unit, resources and access to services. I think that understanding colonization isn't just a historical problem—it's also a key component in grappling with why land acknowledgements are important today. Generations of Canadians have been affected—not just the oppressed.

Land acknowledgements aren't about placing blame, and not all Indigenous peoples agree on their efficacy

or even on how they should be done—especially when they are sloppy, done without Indigenous consultation or don't reflect actual Indigenous inclusion and representation within organizations as a whole. Part of the point in making land acknowledgements is to recognize how systemic and institutional systems of power have oppressed Indigenous peoples, and how that oppression has historically influenced the way non-Indigenous people perceive and interact with Indigenous peoples—all still quite prevalent in today's cultural, social and political climate.

### **HOW SHOULD I REACT DURING A LAND ACKNOWLEDGEMENT?**

Be mindful of the thoughts that go through your head when you hear or see a land acknowledgement.

Digging deep to look at how our personal biases might contribute to discrimination can be tough, but the work of personal introspection isn't supposed to be easy. Be honest with yourself about your first reactions and the commentary that ensues when we hear a land acknowledgement with our peers, or when your kids talk about hearing them at school. Today's land acknowledgements contradict what many of us were taught, even if we've been out of school for just a few years—not to mention with how our own Canadian identity is reflected through our family histories.

Know that proving and understanding identity is something that First Nation, Métis and Inuit people have to do every day.

When we start to connect the necessary dots to gain a thorough understanding of why land acknowledgements are important, we're faced with some harsh truths about injustices that have happened—and are still happening—right here in Canada, often carried out by institutions we've believed in and trusted. These are big things to grapple with, and


you'll find that most Indigenous people are understanding of that.

Sara Roque, a filmmaker who worked for years as the Indigenous arts officer at the Ontario Arts Council (OAC), has seen many land acknowledgements, both across Turtle Island and in other Indigenous communities such as in Australia and New Zealand. She understands how the scripted ones can be seen as a “yawn”—it’s a reaction she has witnessed from both audiences and jury panels and adds that it quickly becomes clear when speakers either don’t have a full understanding of land acknowledgements or are just reciting words.

Recognizing how generations before us have individually oppressed others doesn’t necessarily mean we are admitting to being bad people today. And holding one another accountable when it comes to self-reflection can seem like a tall order, too. But these are important things to think about—and more importantly, they’re actionable steps toward legitimate reconciliation.

### **IS THERE A WRONG WAY TO DO A LAND ACKNOWLEDGEMENT?**

Perhaps. I’m still on the fence. In my opinion, when they are dry, scripted and obviously hold no meaning to the speaker, I am critical—but I also appreciate that at least they’re being done in more and more spaces. Other peers and community members I’ve talked to about land acknowledgements say that many of them are very obviously less about accuracy and more about doing something in the name of “reconciliation” without doing anything else. Stumbling over some words just isn’t enough—Indigenous programming and leadership should also be consistently reflected throughout the event, workshop or curriculum.



*“We are all guests  
on this land—  
nobody owns her.”*

Roque looks to the origins of land acknowledgements amongst Indigenous peoples as inspiration and testimony to their importance, sharing that First Peoples often placed themselves in relation to their connection to the land they were born from (in), describing that Indigenous peoples recognize and honour their connection to the land. It’s about relational location: having an umbilicus to where you’re from and how to follow it. These introductions weren’t labelled as land acknowledgements—it was just how we carried and presented ourselves when gathering for governance and ceremony. Sometimes a verbal announcement wasn’t even necessary, as clan and territorial signifiers were present by way of dress, types of hides, tattoos and art weaved into all forms of aesthetics. Today, some Indigenous peoples might introduce themselves in their language and claim the land they are from, along with their name.

Years of experience have shown Roque that real change—such as land acknowledgements being more

than just a rote exercise—doesn't happen without institutions walking with integrity by supporting and properly consulting with Indigenous practitioners. She describes a surface approach of political correctness: checking off a box without really investing in learning what the motive or mandate requires, or its historical relevance.

“I think of the practice of giving tobacco as an Indigenous person. You can do that for years and years and it starts to feel like a performativity task and you ask yourself, ‘Why am I doing this?’,” she says. “I think when land acknowledgements are approached with humility and as a learning opportunity, that knowledge and that learning process can be transmitted to others.” Roque advocates taking a collaborative approach, which includes considering “how land acknowledgements are [handled] to reflect an inclusion of Indigenous worldviews, and challenging and rebalancing the whole idea that Indigenous people have been erased from the history of this land.”

Roque agrees that research and consultation are integral to this process. “It would be so neat to see [land acknowledgements] done more frequently in the languages representative of regions, wherein the words are embodied though an impactful, opening performance,” she says. “I have seen variations and interpretation like this and the audience was deeply impacted.”

## **WHAT ELSE DO I NEED TO KNOW?**

As Canadians, we have to understand that Indigenous people are healing and that each person's healing path is as different as their life experiences. Stop talking. Listen. You'll hear a perspective that you've never heard before that relates first-hand to centuries of oppression, but also a story of strength and resurgence.

We can effect real change by pushing ourselves to engage in conversations with each other. That's the goal for all of us, as professionals and community members, especially if we are in positions of power to create change and understanding. Because we are all guests on this land—nobody owns her. But it's the First Peoples who are her stewards and direct descendants, who hold the ancestral and genetic blood memory, knowledge of enriching philosophies, land-based skills and intrinsic belief systems that future generations will depend upon, regardless of cultural lineage. It's not so much about focusing on the omission of belonging, and all of us having a right to a home, but rather about introducing non-Indigenous people to this land's accurate confederate history and the importance of *relationship to land* despite the dominant worldview of *owning the land*. All we're asking you to do is to remember, and remember with us. □

### **Make a difference now:**

- Share this story with your friends and family!
- Sign up for The Good News Letter to get more stories like this in your inbox every Saturday.

### **RECOMMENDED READING & RESOURCES**

- Beyond territorial acknowledgements(âpihtawikosisân)
- Canadian Association of University Teachers: Guide to Acknowledging First Peoples & Traditional Territory
- Land acknowledgements – video (Whose Land)
- Native-land.ca mapping project and blog
- Land acknowledgements are a good first step, but there's a lot more work to be done (Today's Parent)

• Beyond 94: Truth and Reconciliation in Canada(CBC)

• Tide is turning on Canada's relationship with Indigenous people (The Globe and Mail)

• Canada's #Next150 Years Will Start With A Territory Acknowledgement (Animikii)

• Why our kids need to learn about residential schools(Today's Parent)

> POSTED MARCH 18, 2019

# Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.d.i.i.
<b>Issue:</b>	Diversity, Equity and Inclusion work: Self-identification Data Collection
<b>Attachment(s):</b>	<ul style="list-style-type: none"> <li>• DRAFT Proposed data set</li> <li>• DRAFT Guiding Policies and Procedures</li> </ul>
<b>Reference(s):</b>	Noted in briefing note
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	DEIWG, Executive

## Purpose & Public Interest Rationale:

The ability to conduct equity impact assessments supports decision-making that is fair and ensures that policies, programs, or processes are not discriminatory. Having access to data that identifies people based on race, disability, sexual orientation and other Ontario Human Rights Code grounds will support the College in being able to conduct equity impact assessments.

## Background:

At its May meeting, the Diversity Equity and Inclusion Working Group (DEI WG) was presented with a briefing on the issue of collecting self-identification data, a copy of the HPRO equity impact assessment tool section related to information management, and a reference list of related resources to inform the discussion of if or how CRPO might develop an approach to self-identification information management.

The DEI WG reviewed the data set and proposed approach at their May, June and July meetings, with staff revising both based on feedback. The data set was finalized by the DEI WG at their August meeting and recommended that Executive Committee and Council approve the data set for adoption.

## Key Considerations:

The group discussed the issue and arrived at the following:

- education must be part of any data collection plan
- accountability and transparency about how data is being used should be clear
- individuals must have the option of declining to provide self-identification information
- the collection format could include drop down menus but needs to ensure there is space to self-describe
- any collection tool that is developed should include the ability for individuals to update or change the information they provide



- it is important to collect information at various points in regulatory processes, including application and in relation to complaints

CRPO is required to implement an equity impact assessment tool in 2023. It is a requirement of the College Performance Measurement Framework. To be able to use any tool fully and effectively, the College will need self-identification information from applicants, registrants and complainants.

In establishing guidance on the use of standards for race-based and Indigenous identity data, the Canadian Institute for Health Information<sup>1</sup> (CIHI) notes that:

There are many benefits to collecting, measuring and analyzing race-based and Indigenous identity data, but there are also risks and barriers to assess and mitigate. Risks and barriers include potential discomfort, fear of self-identifying and the potential for stigma or discrimination to lead to unequal care or treatment. Prioritizing safe and appropriate collection and use of this data is an essential step in identifying and addressing inequities in health and health care.

While the risks identified by CIHI are in relation to accessing health care, it's reasonable to attribute these same concerns to accessing registration for clinicians and the protection of regulators for the public.

The Ontario Human Rights Commission<sup>2</sup> (OHRC) notes that “regularly collecting, tracking and reporting data can help organizations to:

- verify, monitor, measure and address gaps, trends, progress and perceptions proactively identify opportunities for improvement and growth
- attract, retain and motivate diverse, well-qualified people
- improve the quality of decision-making, service delivery and programming
- enhance perceptions of being progressive leaders in their sector or industry
- achieve organizational goals and strategic objectives
- gain trust, develop effective, respectful consultations, and secure the support of key decision-makers and stakeholders
- reduce exposure to possible legal action and human rights complaints.”

The OHC recommends that self-identification data be collected:

- in compliance to the Human Rights Code and with information and privacy laws
- after informing and consulting the affected communities
- using the least intrusive means that most respect dignity and privacy
- assuring anonymity when appropriate
- taking steps to protect privacy and confidentiality
- having clear policies related to collection, use and disclosure
- to collect data on an ongoing, permanent basis, and to analyze this data as often as is needed to identify, address and monitor barriers to Code-protected persons or other persons based on non-Code grounds

The DEI WG is also being asked to approve a communications plan to support buy in and trust from applicants, registrants and complainants who may be reluctant to share information about themselves. A draft communication plan is appended to this briefing note for information.

There are a number of policies that would be needed to guide the collection, use and storage of self-identification information. A draft of the proposed list, along with resources related to the approach are appended to this briefing note. Staff will undertake this work before any collection efforts are made.

### **Proposed Decision by Consensus:**

That Council approve the data set as presented.

### **Next Steps:**

Once Council approves the adoption of the data set, next steps – which would be guided by input from the DEI WG - would include:

- consulting RPs who are members of equity-deserving communities to gain their feedback on:
  - o whether the proposed approach and methodologies are culturally appropriate
  - o if the terminology is up-to-date and reflective of the groups' own usage
  - o developing data governance agreements
- piloting the proposed data set and communication plan with a limited number of applicants, registrants and complainants or over a limited time (e.g., 3 months) to collect feedback from these groups
- sharing the proposed data set and communication plan for applicants with education programs to collect feedback from faculty and students
- sharing the proposed data set and communication plan for registrants with RPs and their professional association representatives to collect feedback

It will take some time to incorporate the data set into the new registrant and complaints management systems and so approval by consensus at the September 14 Council meeting will be helpful in facilitating this work.

## References:

**\*\*Note that the following resources were reviewed by staff in drafting the proposed data set, communications plans and guiding policies.**

1. Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada, Canadian Institute for Health Information  
<https://www.cihi.ca/sites/default/files/document/guidance-and-standards-for-race-based-and-indigenous-identity-data-en.pdf>
2. Count me in! Collecting human rights-based data - Summary , Ontario Human Rights Commission  
<https://www.ohrc.on.ca/en/count-me-collecting-human-rights-based-data-summary-fact-sheet>
3. Data governance agreements  
First Nations Principles of OCAP, First Nations Information Governance Centre  
<https://fnigc.ca/ocap-training/>  
  
Engagement, Governance, Access, and Protection (EGAP): A data Governance Framework for Health Data Collected from Black Communities in Ontario, Black Health Equity Working Group. (2021).  
[https://blackhealthequity.ca/wp-content/uploads/2021/03/Report\\_EGAP\\_framework.pdf](https://blackhealthequity.ca/wp-content/uploads/2021/03/Report_EGAP_framework.pdf)  
  
CIHI resources on data governance  
<https://www.cihi.ca/en/health-data-and-information-governance-and-capability-framework>  
  
<https://www.cihi.ca/sites/default/files/document/path-toward-respectful-governance-fnim-2020-report-en.pdf>
4. Disability Screening Questions (DSQ), Statistics Canada  
[https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&lang=en&Item\\_Id=1400719#qb1403005](https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&lang=en&Item_Id=1400719#qb1403005)
5. Health Equity Impact Assessment, Government of Ontario  
LGBT2SQ Populations Supplement  
[https://www.health.gov.on.ca/en/pro/programs/hea/docs/hea\\_lgbt2sqpopulations\\_en.pdf](https://www.health.gov.on.ca/en/pro/programs/hea/docs/hea_lgbt2sqpopulations_en.pdf)  
  
Indigenous Lens Tool  
[https://www.health.gov.on.ca/en/pro/programs/hea/docs/HEIA\\_Indigenous\\_lens\\_tool.pdf](https://www.health.gov.on.ca/en/pro/programs/hea/docs/HEIA_Indigenous_lens_tool.pdf)  
  
Immigrant Populations Supplement  
<https://www.health.gov.on.ca/en/pro/programs/hea/docs/HEIA-Immigrant-Supplement.pdf>
6. Data Standards for the Identification and Monitoring of Systemic Racism, Government of Ontario  
[https://files.ontario.ca/solgen\\_data-standards-en.pdf](https://files.ontario.ca/solgen_data-standards-en.pdf)
7. Guidelines for collecting data on enumerated grounds under the Code, Ontario Human Rights Commission  
<https://www.ohrc.on.ca/en/guidelines-collecting-data-enumerated-grounds-under-code>
8. Measuring-Health-Equity-in-TC-LHIN-CHCs-Pilot-Project-Report.pdf (torontohealthequity.ca)  
<http://torontohealthequity.ca/wp-content/uploads/2014/10/Measuring-Health-Equity-in-TC-LHIN-CHCs-Pilot-Project-Report.pdf> <http://torontohealthequity.ca/wp-content/uploads/2014/10/Measuring-Health-Equity-in-TC-LHIN-CHCs-Pilot-Project-Report.pdf#page=23>

9. We Ask Because We Care, CAMH  
[https://www.camh.ca/-/media/files/socio-demographic\\_patient\\_pamphlet-pdf.pdf](https://www.camh.ca/-/media/files/socio-demographic_patient_pamphlet-pdf.pdf)
10. Anti-Racism & Equity Code, Professional Engineers of Ontario  
<https://peo.on.ca/sites/default/files/2022-04/ARECODE.pdf#page=7>

## DRAFT Guiding Policies and procedures

**Note: this is a list of possible policies and procedures that could be developed to guide the collection, use and management of self-identification data. The DEI WG is being asked to comment on whether it is comprehensive and to make recommendations for additional or different policies to be considered.**

Self-identification data set collection and use

- when data will be collected
  - o applicants
  - o registration renewal
  - o complaints
- how data will be collected
- how it will be used and reported on
- principles for analyzing the data

Data governance agreement for users (see EGAP and OCAP diagrams appended to this document)

Data security (if different than general policy)

- data storage, encryption, retrieval, transmission and disposal / destruction
- ensure an appropriate separation of self-identification EDI data from other administrative information on registrants, candidates, complainants, etc.

Privacy breach reporting (if different than general policy)

Self-identification data changes/updates or withdrawal

- provide participants with the ability to update or withdraw their identity data. An individual's self-identification data can change – e.g., they may acquire a disability; change their gender identity; or become aware of a heritage characteristic that was previously unknown to them (e.g., Indigenous background, ethnic or racial heritage, etc.). Some individuals' comfort level with self-identification may change over time.

Results sharing

- sharing the results of any reviews, articulating when and how demographic data will be reported and the extent to which results will be disaggregated by identity factors
- protocols regarding sample sizes to be used when reporting, especially to ensure the protection of identifiable factors that can become an issue in small sample sizes. Particularly when reporting on racialized identity and other under-represented groups, numbers can be small and the risk of revealing personal identities is increased

Review cycle (if different from general cycle)

- regular consultations with representatives of equity-deserving groups to review and adjust information management practices.
- robust set of practices for analyzing, interpreting and making decisions on DEI-related data.

### Staff training

- education and training for staff involved with data, with clear direction on how to do this respectfully and in a way that reduces the risks of harm (e.g., staff script for data collection and answers to frequently asked questions).

# EGAP Framework



[https://blackhealthequity.ca/wp-content/uploads/2021/03/Report\\_EGAP\\_framework.pdf](https://blackhealthequity.ca/wp-content/uploads/2021/03/Report_EGAP_framework.pdf)

## OCAP Framework



The First Nations principles of OCAP® establish how First Nations' data and information will be collected, protected, used, or shared. Standing for ownership, control, access and possession, OCAP® is a tool to support strong information governance on the path to First Nations data sovereignty. Given the diversity within and across Nations, the principles will be expressed and asserted in line with a Nation's respective world view, traditional knowledge, and protocols.

If you work with First Nations, consider how you interact with First Nations data.

OCAP® asserts that First Nations alone have control over data collection processes in their communities, and that they own and control how this

information can be stored, interpreted, used, or shared.

**Ownership** refers to the relationship of First Nations to their cultural knowledge, data, and information. This principle states that a community or group owns information collectively in the same way that an individual owns his or her personal information.

**Control** affirms that First Nations, their communities, and representative bodies are within their rights to seek control over all aspects of research and information management processes that impact them. First Nations control of research can include all stages of a particular research project—from start to finish. The principle extends to the control of resources and review processes, the planning process, management of the information and so on.

**Access** refers to the fact that First Nations must have access to information and data about themselves and their communities regardless of where it is held. The principle of access also refers to the right of First Nations' communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.

**Possession** While ownership identifies the relationship between a people and their information in principle, possession or stewardship is more concrete: it refers to the physical control of data. Possession is the mechanism by which ownership can be asserted and protected.

Tools and resources to support the application of OCAP® can be found below, and at our [Online Library](#).

<https://fnigc.ca/ocap-training/>



**CRPO Self-Identification**  
**DRAFT Data Set**

Question	Response options	Explanatory notes
<p><b>For all questions, choose as many options as are relevant to you. **This notation will appear with all questions.</b></p>		
<p>Please indicate the gender identity/ies that best describe/s you now.</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Cisgender</li> <li>• Gender fluid</li> <li>• Intersex</li> <li>• Man</li> <li>• Nonbinary</li> <li>• Questioning</li> <li>• Transgender</li> <li>• Trans man</li> <li>• Trans woman</li> <li>• Two-Spirit</li> <li>• Woman</li> <li>• Other (please specify)</li> </ul>	<p>The gender identity question asks you to indicate the identity (or term) that best describes you now. The question does not ask about sex assigned at birth or sexual orientation.</p> <p>"Gender identity" refers to a person's internal sense of being a woman, man, both, neither or somewhere along the gender spectrum. The question recognizes that gender identity can change over time.</p> <p>"Cis gender" refers to a person whose gender identity corresponds with the sex registered for them at their birth.</p>
<p>Please indicate the orientation/s that best describe/s how you currently identify.</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Asexual</li> <li>• Bisexual</li> <li>• Gay</li> <li>• Heterosexual</li> <li>• Lesbian</li> <li>• Pansexual</li> </ul>	<p>The sexual orientation question asks you to select how you currently identify.</p>

	<ul style="list-style-type: none"> <li>• Queer</li> <li>• Questioning</li> <li>• Two-Spirit</li> <li>• Other (please specify)</li> </ul>	
Please indicate your first language(s) from the list below.	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• See language list below*</li> <li>• Other (please specify)</li> </ul> <p><i>*Note that it will be a drop-down alphabetically ordered list based on the list appended below.</i></p>	<p>The language question asks you to identify which language you first learned and which language you use most often at home. You may select all categories that apply.</p> <p>The question does not ask which language you prefer to use to communicate with the College or in which language(s) you can provide care. This information is collected elsewhere in the application/registration renewal process.</p>
Do you have First Nations, Inuit or Métis ancestry?	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Yes</li> <li>• No</li> <li>• I don't know</li> </ul>	<p>The Indigenous ancestry question asks you if your ethnic or cultural origins are First Nations, Inuit or Métis.</p> <p>Ancestry refers to the ethnic or cultural origins of a person's ancestors, either on the maternal or paternal side.</p>
Do you identify as First Nations, Inuit or Métis?	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• No</li> <li>• First Nations</li> <li>• Inuit</li> <li>• Métis</li> <li>• Other (please specify)</li> </ul>	<p>The Indigenous identity question asks you if you identify as a member of a First Nations, Inuit or Métis cultural community.</p> <p>An individual with Indigenous ancestry may self-identify as being an Indigenous person, regardless of legal status. No proof of ancestry or belonging to a band is necessary.</p> <p>For Indigenous identity, a write in option will allow respondents to self-identify as they prefer. For example:</p> <ul style="list-style-type: none"> <li>• specific communities or Nations</li> <li>• status or membership</li> </ul>
Do you identify as a racialized person?	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Yes</li> <li>• No</li> </ul>	<p>The racialized identity question asks you to indicate if you identify as a member of a racialized community.</p> <p>In our society, people are often described by their race or racial background. These are not based on science, but our race may influence the way we are treated by individuals and institutions. You are asked to select all categories that best describe you.</p>

<p>Do you have Indigenous ancestry from outside the land now known as Canada?</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Yes</li> <li>• No</li> </ul>	<p>The Indigenous ancestry question asks you if your ethnic or cultural origins are from a social or cultural group that share collective ancestral ties to the lands and natural resources where they are from or from which they have been displaced.</p> <p>Ancestry refers to the ethnic or cultural origins of a person's ancestors, either on the maternal or paternal side.</p>
<p>Which population group(s) best describe you?</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Black <ul style="list-style-type: none"> <li>○ For example: African, African Canadian, Afro-Caribbean descent</li> </ul> </li> <li>• East Asian <ul style="list-style-type: none"> <li>○ For example: Chinese, Japanese, Korean, Taiwanese descent</li> </ul> </li> <li>• Indigenous <ul style="list-style-type: none"> <li>○ For example: First Nations, Hausa, Māori, Nahua</li> </ul> </li> <li>• Latin American <ul style="list-style-type: none"> <li>○ For example: Hispanic or Latin American descent</li> </ul> </li> <li>• Middle Eastern <ul style="list-style-type: none"> <li>○ For example: Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)</li> </ul> </li> <li>• South Asian <ul style="list-style-type: none"> <li>○ For example: South Asian descent (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)</li> </ul> </li> <li>• Southeast Asian</li> </ul>	<p>Population group refers to the distinct group(s) of individuals with shared identity or characteristics.</p> <p>Population group should not be confused with citizenship or nationality.</p>

	<ul style="list-style-type: none"> <li>○ For example: Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent</li> <li>● White <ul style="list-style-type: none"> <li>○ For example: European descent such as Germanic, Celtic, Slavic, Finno-Ugric</li> </ul> </li> <li>● Another race category <ul style="list-style-type: none"> <li>○ Please specify</li> </ul> </li> <li>● Do not know</li> </ul>	
<p>What is your immigration or citizenship status?</p>	<ul style="list-style-type: none"> <li>● Prefer not to answer</li> <li>● Recent immigrant</li> <li>● Established immigrant</li> <li>● Canadian-born</li> </ul>	<p>This question asks you to indicate your immigration status because immigration status is increasingly recognized as a social determinant of health and a reason that people experience discrimination.</p> <p>“Recent immigrant” refers to a person who obtained a landed immigrant or permanent resident status up to five years prior to a given year.</p> <p>“Established immigrant” refers to an immigrant who obtained landed immigrant or permanent resident status at least five years prior.</p>
<p>Do you identify as having a disability?</p>	<ul style="list-style-type: none"> <li>● Prefer not to answer</li> <li>● Yes</li> <li>● No</li> </ul>	<p>The disability questions ask you to indicate whether you personally identify as having a disability, according to the definition provided by the Accessible Canada Act. According to the Act, disability means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that in interaction with a barrier, hinders a person’s full and equal participation in society. You may select all categories that apply.</p> <p>The question does not ask whether you have ever qualified for a disability benefit under the Canada Pension Plan or other program. It also does not take into consideration whether you have received accommodation.</p>

<p>What type/s of disability/ies do you have?</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• physical impairment</li> <li>• mental impairment</li> <li>• intellectual impairment</li> <li>• cognitive impairment</li> <li>• learning impairment</li> <li>• communication impairment</li> <li>• sensory impairment</li> <li>• functional limitation</li> <li>• Other (please specify)</li> </ul>	<p>See above (questions should be presented so the same explanation).</p>
<p>Does your disability result in any barriers to meeting application or registration obligations?</p> <p>Does your disability result in any barriers to accessing the complaints process?</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• Yes</li> <li>• No</li> <li>• Don't know</li> </ul>	<p>This question asks you to indicate if you have had difficulties with any of the requirements or interactions with the College. This includes steps, processes or</p>
<p>If yes, please describe the barriers.</p>	<ul style="list-style-type: none"> <li>• Text box</li> </ul>	

## Language Options (will be presented

in alphabetical order to allow respondents to type first 3 letters and be offered relevant choices)

English

French

Indigenous languages

Algonquian languages

Blackfoot

Cree-Innu languages

Atikamekw

Cree languages

Ililimowin (Moose Cree)

Inu Ayimun (Southern East Cree)

Iyiyiw-Ayimiwin (Northern East Cree)

Nehinawewin (Swampy Cree)

Nehiyawewin (Plains Cree)

Nihithawiwin (Woods Cree)

Cree

Innu (Montagnais)

Naskapi

Eastern Algonquian languages

Mi'kmaq

Wolastoqewi (Malecite)

Ojibway-Potawatomi languages

Anicinabemowin (Algonquin)

Oji-Cree

Ojibway languages

Anishinaabemowin (Chippewa)

Daawaamwin (Odawa)

Saulteau (Western Ojibway)

Ojibway

Algonquian languages

Athabaskan languages

Northern Athabaskan languages

Dakelh (Carrier)

Dane-zaa (Beaver)

Dene

Gwich'in

Slavey-Hare languages

Deh Gah Ghotie Zhatie (South Slavey)

Satuotine Yati (North Slavey)

Slavey

Tahltan languages

Kaska (Nahani)

Tahltan

Tlicho (Dogrib)

Tse'khene (Sekani)

Tsilhqot'in (Chilcotin)

Tsuu T'ina (Sarsi)

Tutchone languages

Northern Tutchone

Southern Tutchone

Tutchone

Wetsuwet'en-Babine

Tlingit

Athabaskan languages

Haida

Inuktut (Inuit) languages

Inuinnaqtun (Inuvialuktun)

Inuinnaqtun

Inuvialuktun

Inuktitut

Inuktut (Inuit) languages

Iroquoian languages

Cayuga

Mohawk

Oneida

Iroquoian languages

Ktunaxa (Kutenai)

Michif

Salish languages

Halkomelem

Lillooet

Ntlakapamux (Thompson)

Secwepemctsin (Shuswap)

Squamish

Straits

Syilx (Okanagan)

Salish languages

Siouan languages

Assiniboine

Dakota

Stoney

Siouan languages

Tsimshian languages

Gitxsan (Gitksan)

Nisga'a

Tsimshian

Wakashan languages

Haisla

Heiltsuk

Kwak'wala (Kwakiutl)

Nuu-chah-nulth (Nootka)

Wakashan languages  
Indigenous languages  
Non-Indigenous languages  
Afro-Asiatic languages  
Berber languages  
Kabyle  
Tamazight  
Berber languages  
Chadic languages  
Hausa  
Mina  
Coptic  
Cushitic languages  
Bilen  
Oromo  
Somali  
Cushitic languages  
Semitic languages  
Amharic  
Arabic  
Aramaic languages  
Assyrian Neo-Aramaic  
Chaldean Neo-Aramaic  
Aramaic  
Harari  
Hebrew  
Maltese  
Tigrigna  
Semitic languages  
Austro-Asiatic languages  
Khmer (Cambodian)  
Vietnamese  
Austro-Asiatic languages n.i.e  
Austronesian languages

Bikol  
Bisaya  
Cebuano  
Fijian  
Hiligaynon  
Ilocano  
Indonesian  
Kankanaey  
Kinaray-a  
Malagasy languages  
Merina  
Malagasy  
Malay  
Pampangan (Kapampangan Pampango)  
Pangasinan  
Tagalog (Pilipino Filipino)  
Waray-Waray  
Austronesian languages  
Creole languages  
Haitian Creole  
Jamaican English Creole  
Krio  
Morisyen  
Sango  
Creole  
Creole languages  
Dravidian languages  
Kannada  
Malayalam  
Tamil  
Telugu  
Tulu  
Dravidian languages  
Georgian

Hmong-Mien languages  
Indo-European languages  
Albanian  
Armenian  
Balto-Slavic languages  
Baltic languages  
Latvian  
Lithuanian  
Slavic languages  
Belarusian  
Bulgarian  
Czech  
Macedonian  
Polish  
Russian  
Rusyn  
Serbo-Croatian  
Bosnian  
Croatian  
Serbian  
Serbo-Croatian  
Slovak  
Slovene (Slovenian)  
Ukrainian  
Slavic languages  
Celtic languages  
Irish  
Scottish Gaelic  
Welsh  
Celtic languages  
Germanic languages  
Frisian  
High German languages  
German

Pennsylvania German  
Swiss German  
Yiddish  
Low Saxon-Low Franconian languages  
Afrikaans  
Dutch  
Low German  
Low Saxon  
Plautdietsch  
Vlaams (Flemish)  
Scandinavian languages  
Danish  
Icelandic  
Norwegian  
Swedish  
Germanic languages  
Greek  
Indo-Iranian languages  
Indo-Aryan languages  
Assamese  
Bengali  
Gujarati  
Hindi  
Kacchi  
Kashmiri  
Konkani  
Marathi  
Nepali  
Odia languages  
Odia  
Punjabi (Panjabi)  
Rohingya  
Sindhi  
Sinhala (Sinhalese)

Urdu  
Indo-Aryan languages  
Iranian languages  
Baluchi  
Kurdish  
Parsi  
Pashto  
Persian languages  
Dari  
Iranian Persian  
Persian (Farsi)  
Iranian languages  
Indo-Iranian languages  
Italic (Romance) languages  
Basque  
Catalan  
Italian  
Portuguese  
Romanian  
Spanish  
Italic (Romance) languages  
Indo-European languages  
Japanese  
Korean  
Mongolian  
Niger-Congo languages  
Akan (Twi)  
Bamanankan  
Edo  
Éwé  
Fulah (Pular Pulaar Fulfulde)  
Ga  
Ganda  
Gikuyu

Igbo  
Kinyarwanda (Rwanda)  
Lingala  
Luba-Kasai  
Mòoré  
Mwani  
Ndebele  
Rundi (Kirundi)  
Shona  
Soninke  
Sotho-Tswana languages  
Swahili  
Wojenaka  
Wolof  
Yoruba  
Niger-Congo languages  
Nilo-Saharan languages  
Dinka  
Nuer  
Nilo-Saharan languages  
African  
Sign languages  
American Sign Language  
Quebec Sign Language  
Sign languages  
Sino-Tibetan languages  
Chinese languages  
Hakka  
Mandarin  
Min Dong  
Min Nan (Chaochow Teochow Fukien  
Taiwanese)  
Wu (Shanghainese)  
Yue (Cantonese)



Chinese  
Chinese languages  
Tibeto-Burman languages  
Burmese  
Kuki-Chin languages  
Karenic languages  
S'gaw Karen  
Karenic languages  
Tibetan

Tibeto-Burman languages  
Sino-Tibetan languages  
Tai-Kadai languages  
Lao  
Thai  
Tai-Kadai languages  
Turkic languages  
Azerbaijani  
Kazakh

Turkish  
Uyghur  
Uzbek  
Turkic languages  
Uralic languages  
Estonian  
Finnish  
Hungarian

# HPRO EDI Organization Self-Assessment and Action Guide

|| (Incl. Equity Impact Assessment tools)

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## Acknowledgements

## Overview of this document

Research into the effect of exclusion and racism, whether they be systemic or interpersonal, intentional or unintentional, has demonstrated the need to ensure that EDI and anti-racism form an important part of the lens through which any health or other regulatory college undertakes its work, from how it is governed to what policies and processes it develops. As much as it is important to assess the impact of exclusion and racism on those receiving services from practitioners regulated by these colleges, recent studies have also demonstrated the need to combat systemic and interpersonal exclusion and racism within regulatory colleges, between colleges and their registrants, and among regulated professionals. Doing so requires colleges to assess the level of integration of Equity, Diversity, and Inclusion (EDI) and anti-racism<sup>1</sup> processes and initiatives within the various aspects of their work.

Self-assessments are beneficial when they can provide the health regulatory College (the College) with an understanding of the status of their practices related to EDI and anti-racism, what areas they can further advance in, and how to do so within important areas of interest. However, embarking on EDI and anti-racism self-assessment processes can be daunting. It is also very hard to properly undertake without some form of direction.

The objective of this guide is to assist the College with the continuous process of integrating EDI and anti-racism into their work. Given the importance of ensuring that EDI and anti-racism are integral to any process undertaken by the College, this guide helps the College carry out an EDI and anti-racism self-assessment across all aspects of their work and their functions. It also helps the College on its journey of continual integration and improvement of EDI and anti-racism.

To ensure coherence with the College Performance Measurement Framework (CPMF), this Guide provides an assessment along the following domains:

1. Governance Goals
2. Resource Goals
3. System Partner Goals
4. Information Management Goals
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement

These domains are meant to cover most of the work that the College undertakes and the manner in which it functions. Consequently, there will be some repetition and overlap between various domains, especially as it relates to certain assessment markers and suggested actions.

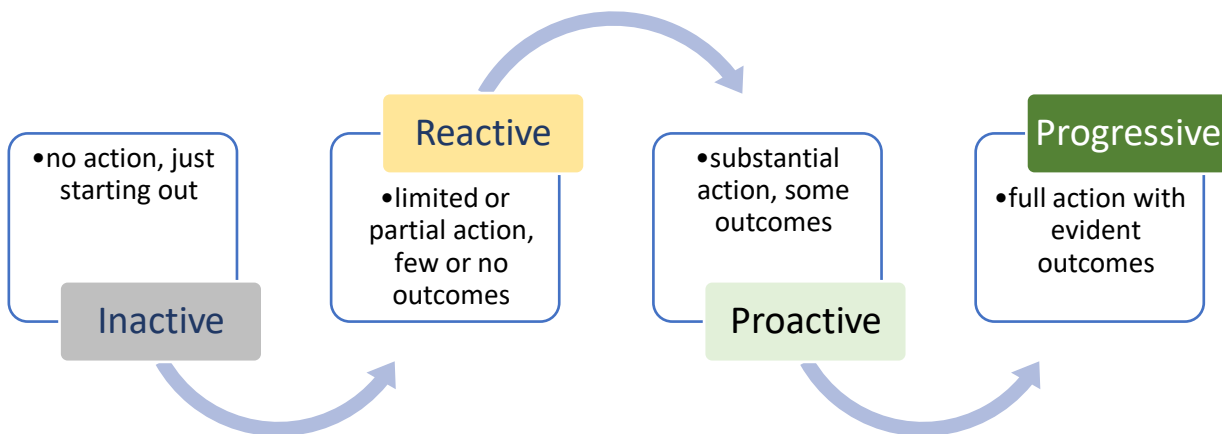
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<sup>1</sup> Throughout the document, EDI is used to reflect the comprehensive approach to issues related to the barriers and successful practices for achieving equitable outcomes across many different equity-seeking groups. Anti-racism is specifically mentioned to bring attention to the particular challenges in this regard.

Moreover, the guide assists the College in undertaking a regulatory **Health Equity Impact Assessment (HPRO-EIA)** with a focus on applicants to the profession, registrants in the profession, or those leaving their health profession prematurely.. The assessment found under **Domains 5 and 6** (Regulatory Policies and Suitability to Practice) is particularly helpful in this regard.

This guide contains three interrelated components:

1. **Self-Assessment Grid:** This grid is a summary matrix that helps Colleges undertake an initial assessment of their strengths and gaps as they relate to EDI and anti-racism. The results are presented along a continuum (inactive, reactive, proactive, progressive) so as to provide the College with an ability to assess its varying levels of achievements related to the various domains. The four levels were informed and inspired by the Global Diversity, Equity, and Inclusion Benchmark. In effect, this grid supports a first high-level “taking stock” and allows the College to describe and come to terms with its current degree of organizational commitment and performance in EDI and anti-racism.



\*Figure to be further assessed for accessibility.

2. **Assessment Markers:** These markers provide a more detailed assessment of the integration of EDI and anti-racism along the above-listed seven domains. The markers are presented in a manner that supports a more comprehensive self-assessment along the same continuum presented in the grid. The colour categorization among the various levels in these domain-specific tables is meant to be understood as a representation of the fluidness of the continuum rather than an abrupt or distinct transition from one level to the other. As such, each level is interconnected with the adjacent levels; movement along these levels is complex and not necessarily linear in all cases. It also means that some of the markers might not continue throughout the four levels. In such cases, these markers are meant to feed into the accomplishment of markers at the higher levels. The College can use these lower-level markers as preparation for the potential achievements of the higher-level markers.
3. **Guidance Document:** This document provides the Colleges with some suggested actions that can be taken related to some specific areas of improvements. The guidance is meant to leverage strengths and remedy gaps in EDI and anti-racism practices at the personal and institutional levels within the College and the profession.



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These interrelated components help provide the College with a reflective tool and a means to tell an evidence-based story regarding their work on EDI and anti-racism. Moreover, the suggested story telling approach allows the College to demonstrate advancements over time. It is not a tool that can allow the College to quantitatively report its achievements since the quantification process requires a valuation that would be misleading and that would have to grapple with varying levels of importance and varying number of markers across the continuum.

If the College finds itself in a situation where the self-assessment indicates achievements at differing levels related to different aspects that are being assessed, including within the same domain, it is suggested that the College assess the implications of each achievement. For example, if the self-assessment indicates that College has completed a few suggested markers within each of the four levels of a domain, the College can determine whether the achievements at the reactive or proactive levels are parts of a building process to achieve related markers at the proactive or progressive levels respectively. This approach to assessing achievements integrates the objectives of continuous improvements, of working on EDI and anti-racism through a building block approach, and of approaching work on EDI and anti-racism from a story telling perspective that reflects the inherent endless journey that must be undertaken to effect real change, especially at the institutional level.

### Suggested Usage of this Guide

While all three components can be used individually or in isolation from each other, it is suggested that the assessment process follow the following steps:

1. Begin with the **self-assessment grid** in order to develop high-level takeaways regarding the College's level of integration of EDI and anti-racism into the seven domains. Naturally, the College might find that it has realised differing levels of achievements regarding the different domains (or sub-domains, if applicable).
2. Refer to the **assessment markers** that correspond to the domain (or sub-domain, if applicable) that the College has quickly assessed. As noted earlier, the College can find that within one domain, there are practices that it has undertaken that are in the lower levels of achievement while others are another level. The College can use these markers as guidance on what it can do to improve its integration of EDI and anti-racism in the relevant domain (or sub-domain, if applicable).
3. If the College is interested in achieving certain markers, the College can turn to the **guidance document** for step-by-step guidance on certain domain markers. The guidance document follows the same seven domains that are represented in the self-assessment grid and the assessment markers. The list is not comprehensive of all of the markers, but provides essential steps to achieving certain markers at the progressive level. Note: given the importance of Domains 5 and 6, the interconnection between them, and the link between them and the HPRO-EIA, Domains 5 and 6 have been combined together in the guidance document.

Finally, this guide is to be used and, if necessary, adapted to the realities of the College. It is also to be used on a continuous basis with the interval being decided by the College. This helps the College establish a benchmark and the information needed to show the change (the process of improvement). It is also a guide that will be regularly reviewed and adjusted to allow for the continuous learning and advancements that are inherent to any EDI initiative, process, and understandings.

## Introduction and terminology

### Identity Factors

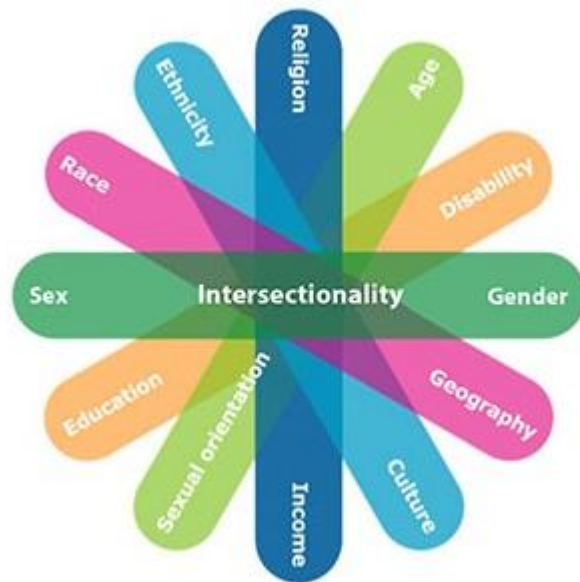
In this document, there are many references to “identity factors” – this is a term that loosely refers to the various ways in which people define themselves, or are defined by others. They can include characteristics such as gender, age, ethnicity, race, (dis)ability, and sexual orientation, as well as aspects such as profession, geographic location, national origin, family status, socioeconomic status, and many others. These identity factors will be more or less important to certain individuals, and will have more or less impact on their lived experience within systems and processes as well as in their interactions with others.

The concept of intersectionality, initially coined by Kimberley Crenshaw after drawing on work done by women from the African continent and from Latin America in the 1960s and 1970s, is used to capture the multitude of interlocking identities, social and personal, that make each person unique in their own way (see figure). These identities can be self-proclaimed or imposed by others within society.

A comprehensive lens of Equity, Diversity and Inclusion (EDI) allows for the recognition of multiple identity factors as well as their intersections.

### EDI, Intersectionality and Anti-racism

The various factors that make up the identity of a person could offer them opportunities of power and privilege<sup>2</sup> as well as challenges and difficulties. The concept of intersectionality and the approaches that are based on it avoid ranking and comparing the intensity of oppression, domination, or hindrance of each factor. However, when assessed through the lens of societal organization, systemic oppression, and power and privilege, race is understood to present an amplified multiplying factor that further limits one’s power, privilege, and social location. We see this in studies that assess the power dynamics within women’s groups,



<sup>2</sup> Privilege in this context refers to power or benefits that are provided to someone without them doing anything to earn it. For example, from a physical perspective, an abled bodied person has privilege given that they can move through physical spaces easily. An abled bodied person did not ‘earn’ this power or advantage. A person in a wheelchair cannot navigate these same spaces with the same ease, will face many hurdles and blockages, and will likely have to fight to be treated equally and to be able to move in the space with the same ease as an abled bodied person.

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LGBTQ2+ community groups, disability groups, etc. To this day, race and racism continue to be a predominant influence in societies. They also remain deeply influential in many interpersonal interactions and within institutional and societal systems.

### *Equity-seeking Groups*

Equity-seeking groups are groups of people loosely or officially connected (e.g. civil society groups) who have been denied equity and true equality and are fighting for both. Not all members who share equity-related identity factors with equity-seeking groups are fighting to change systems and structures. Moreover, those that have none to limited levels of privilege should not be the ones who are saddled with the overwhelming responsibility to fight for change. The onus of change is a shared one, but when groups of people are denied equity, the urgency of action for those who have privilege becomes important.

It is also important to recognize that while it is not fair to saddle all members of equity-seeking groups with the responsibility of change, each equity-seeking group has members that are fighting hard for equity. As such, this document uses the terminology **'members of equity-seeking groups'** as a means to:

- Highlight that those who have to fight for equity do so because they are deserving of it,
- Note that members of equity-seeking groups are denied equity,
- Recognize that not everyone who belongs to a group that has to fight for equity wants to, is able to, and should be saddled with the responsibility to do so,
- Recognize that there are actors who belong to groups or represent people who deserve equity who are actively fighting for it through group structures (e.g., civil society groups), and
- Indicate that the reference is about people who belong to these groups that are fighting for equity without implying or placing the onus on these same people and without erasing or minimizing the need for true equality and justice through systemic change.

### *Self-Assessment Domains and Markers*

In the process of conducting equity impact assessments there will be discussion of key measures suitable to describe the current state and to track progress on performance, and facilitate decision making regarding equity and anti-racism across the seven domains of the CPMF.

There are three types of key measures structure, process, and outcome (Donabedian, 1966). Each type serves a purpose, and each has benefits and challenges. Generally speaking, an organization developing key measures to assess, monitor and track progress on equity will move from structural markers as a starting point, to process markers, to outcome indicators as the gold standard.

**Structural measures** refer to “things”, entities, that are established to help lead to a desired outcome (e.g. committees, institutions, and manuals). They set the stage for the work needed to achieve a goal or series of goals. Structural measures are often easily defined and easily measured (frequently, but not always, these measures are yes/no measures). However, they are often considered “necessary but not sufficient” because it is not always possible to establish a clear relationship

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between the structural measure and the ultimate desired outcome. Examples of these measures include policies, committees, and resources committed to providing EDI focused practice advice.

**Process measures**, as the name suggests, refer to measures of procedures or processes or the implementation of institutional policies to achieve a goal. They generally target the application of ‘good’ procedures or best practices. Process measures are usually more immediately sensitive to differences in quality or to implementation steps than are structure or outcome measures and they can be easier to interpret. They have been criticized, however, because continuously employing good procedures does not always equate with desired goals. Again – they are necessary but not sufficient to measure the important objectives that organizations, groups, or individuals are trying to achieve. Examples include training and EDI and anti-racism focused data collection.

**Outcome measures** are considered to be the “highest standard” because they most clearly articulate the desired objectives of a policy, program, standard, guideline, or decision (e.g., being sensitive to identity factors of registrants). They are the most concrete of the three types but may be hard to measure. Outcome measures are also sometimes challenging to link directly to adopted processes or policies – especially if other intervening factors may be involved. For example, regulatory anti-racism outcome measures may include levels of trust of regulators by members of equity-seeking groups, differential access to professional development across geographical regions, or increased access to healthcare education among these groups. However, these outcomes might be produced through policies that are unrelated to regulator decisions, such as changes to payment policies for care. The broader and more ambitious the outcome measure, the harder it can be to link to regulatory activity.



## ORGANIZATION SELF-ASSESSMENT GRID: OVERVIEW OF CURRENT EDI STATUS AT OUR COLLEGE

The **Self-Assessment Grid** is a summary matrix to help Colleges do an initial assessment of strengths and gaps on the EDI and anti-racism continuum (inactive, reactive, proactive, and progressive). It supports a first high-level “taking stock”, allowing a College to describe and come to terms with its degree of organizational commitment and current performance in EDI and Anti-racism.

## EDI Organization Self-Assessment and Action Guide

### Self-assessment Grid: Overview of Current EDI Status at our College

How it is related to the CPMF	EDI Integration Areas	Wording that Colleges can customize to situate themselves and to support their reporting.			
	<p><b>PROPOSED MARKERS</b></p> <p>(Colleges can skip proposed markers and add additional markers)</p> <p>“Which of the following is in place?” yes/no – and to what degree?</p>	A. INACTIVE	B. REACTIVE	C. PROACTIVE	D. PROGRESSIVE
<p>CPMF DOMAIN AND GOALS</p> <p>(Note: CPMF standards have been transformed into related goals)</p>		<p>No action plan has been developed or implemented</p> <p>No evidence of improved EDI outcomes</p>	<p>Limited or partial action plan has been developed or implemented</p> <p>Unknown/unclear connection between actions and outcomes</p>	<p>More comprehensive action plan developed, substantial implementation under way</p> <p>Clear connection between actions and outcomes</p>	<p>Action plan has been fully implemented; effects may be assessed.</p> <p>Improved EDI outcomes are apparent</p>
<p>1. GOVERNANCE Goals:</p> <p>Council and committee members have EDI competence. Decisions are made in a diverse public’s interest. Transparency about actions fosters trust with a diverse public.</p>	<p>Public EDI commitment and transparency of actions</p>	<ul style="list-style-type: none"> <li>There is no public commitment to EDI</li> </ul>	<ul style="list-style-type: none"> <li>There is a public commitment with no goals or action plans</li> </ul>	<ul style="list-style-type: none"> <li>There is a public commitment with high-level goals or action plans</li> <li>The commitment is not consistently integrated in public statements</li> </ul>	<ul style="list-style-type: none"> <li>Progress and achievements are reported</li> <li>Public commitments are integrated, and outcomes frequently shared/communicated</li> </ul>
	<p>EDI competence of council and committee members</p>	<ul style="list-style-type: none"> <li>Council and committee members have insufficient awareness to support the application of EDI concepts</li> <li>There are no efforts to promote diversity of identities and lived experience among council/committee members</li> </ul>	<ul style="list-style-type: none"> <li>Decision-makers (council or committee members) display some EDI awareness or skills with limited effectiveness in applying EDI concepts when making decisions</li> <li>There are limited efforts to promote diversity of identities and lived experience among council/committees</li> </ul>	<ul style="list-style-type: none"> <li>Council/committee membership reliably reflects the diversity of the populations we serve/the public</li> <li>There have been some learning events or resources provided to decision makers</li> </ul>	<ul style="list-style-type: none"> <li>EDI lens is applied consistently by committees, working groups and projects</li> <li>EDI competency is a factor in making council/ committee appointments</li> <li>Council and committee members are driving EDI, providing leadership on</li> </ul>

## EDI Organization Self-Assessment and Action Guide

					related issues, and engaging with training and education opportunities
<b>2. RESOURCE Goals:</b>  Responsible stewardship of financial and human resources dedicated to EDI is demonstrated.	EDI competence of staff	<ul style="list-style-type: none"> <li>Staff have no awareness of how to support EDI</li> <li>There is no effort to promote diversity of identities and lived experience among staff</li> </ul>	<ul style="list-style-type: none"> <li>Staff display some EDI awareness or skills</li> <li>There are limited efforts to promote diversity of identities and lived experience among staff</li> </ul>	<ul style="list-style-type: none"> <li>The college's staff reliably reflects the diversity of the populations we serve/the public</li> <li>There have been some learning events or resources provided to staff</li> <li>EDI competency is a key consideration in making staff assignments</li> </ul>	<ul style="list-style-type: none"> <li>EDI competency is a factor in hiring staff</li> <li>Staff play an active part in leading EDI initiatives</li> <li>Staff are capable to help train committees and councils on EDI</li> </ul>
	EDI specific internal resourcing and external funding	<ul style="list-style-type: none"> <li>The College has not made EDI specific resourcing or funding commitments</li> </ul>	<ul style="list-style-type: none"> <li>EDI specific resourcing or funding is being explored</li> </ul>	<ul style="list-style-type: none"> <li>EDI specific funding applications have been submitted to non-profit, provincial, or federal funding agencies; and/or</li> <li>EDI specific internal resources have been allocated</li> </ul>	<ul style="list-style-type: none"> <li>EDI is included, resourced and/or funded in key projects; impact has been demonstrated through project evaluation</li> </ul>
<b>3. SYSTEM PARTNER Goals:</b>  There is active engagement with other colleges and system partners regarding EDI. Cooperative and collaborative relationships to progress on EDI are maintained.	Relations with EDI system partners	<ul style="list-style-type: none"> <li>Relations with EDI system partners may be perceived as outside of the regulatory mandate</li> </ul>	<ul style="list-style-type: none"> <li>External EDI system partners initiate relations</li> <li>Relations with EDI system partners are minimal and inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>Equity-seeking groups are consulted</li> <li>Several relations with EDI system partners exist, mostly within short-term initiatives</li> </ul>	<ul style="list-style-type: none"> <li>There is a robust set of contacts and a consistent practice of engaging relevant interested parties</li> <li>There is ongoing collaboration across groups and health professions</li> </ul>
<b>4. INFORMATION MANAGEMENT</b>  There is protection from unauthorized disclosure of EDI data.	Collection of EDI-related data and protection from unauthorized disclosure data	<ul style="list-style-type: none"> <li>There is no equity-related data collected on a consistent basis</li> </ul>	<ul style="list-style-type: none"> <li>Data collection is limited to what is legally required</li> <li>Other available data that could potentially be used for EDI purposes are not leveraged.</li> </ul>	<ul style="list-style-type: none"> <li>There are data systems in development, applied occasionally, or with limited focus</li> </ul>	<ul style="list-style-type: none"> <li>There is consistent use of high-quality data to inform EDI initiatives</li> </ul>

## EDI Organization Self-Assessment and Action Guide

<p><b>5. REGULATORY POLICIES</b></p> <p>Policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are reasonably aligned with changing public expectations on EDI and other College.</p>	<p>Policies, standards of practice and practice guidelines</p>	<ul style="list-style-type: none"> <li>There is no EDI consideration in policies, practice standards and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Limited EDI consideration in policies, current practice standards and guidelines</li> <li>Review of policies, practice standards and guidelines through an EDI-lens is being planned</li> </ul>	<ul style="list-style-type: none"> <li>EDI impact is considered when developing/renewing policies, practice standards and guidelines</li> <li>Research into the best available evidence is incorporated as part of any policy/guidelines/standard review</li> <li>Registrants' questions and enquiries are handled sensitively, and alternative communication channels offered when requested</li> </ul>	<ul style="list-style-type: none"> <li>Policies and practice standards are grounded in best available evidence using an EDI-lens</li> <li>EDI is embedded in each practice standard and guideline</li> <li>EDI impact of the standard or guideline has been evaluated</li> <li>Registrants routinely suggest how to enhance EDI in practice</li> </ul>
<p><b>6. SUITABILITY TO PRACTICE</b></p> <p>Diverse registrants are assessed for competent, safe, and ethical practice with diverse patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are prioritized based on a diverse public's risk and actions to protect.</p>	<p>Registration</p>	<ul style="list-style-type: none"> <li>EDI in registration is limited to what is legally required</li> </ul>	<ul style="list-style-type: none"> <li>There is anecdotal evidence of inequity</li> <li>Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates)</li> <li>Assessment of competence may be conflated with language ability</li> </ul>	<ul style="list-style-type: none"> <li>Bridging programs are offered</li> <li>Efforts are underway to increase access to education and credentials</li> <li>Potential bias in assessments is being addressed</li> </ul>	<ul style="list-style-type: none"> <li>Bridging programs increase access</li> <li>Equitable registration streams increase access for populations such as Indigenous practitioners and specialized Internationally Educated Health Professionals (IEHPs)</li> </ul>
	<p>Quality assurance</p>	<ul style="list-style-type: none"> <li>EDI competence is not part of continuing development and quality assurance and is deferred to schools training new graduates</li> <li>Only mandatory areas of focus (e.g., sexual abuse) are being addressed</li> </ul>	<ul style="list-style-type: none"> <li>EDI competence is not a discrete part of continuing development and quality assurance</li> <li>Patients/clients are predominantly viewed from the bio-medical and individualist lenses</li> </ul>	<ul style="list-style-type: none"> <li>Eligible professional development activities include EDI</li> <li>Patients/clients are viewed holistically, and beyond a bio-medical and individualist lens, while protecting privacy and confidentiality</li> <li>Key concepts, (e.g., social determinants of health, recovery orientation, trauma informed care) are being explored</li> </ul>	<ul style="list-style-type: none"> <li>Quality assurance and continuing professional development provide safe spaces where health professionals may reflect and commit to improving their awareness and application of EDI principles in their practice</li> </ul>



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	Complaints and discipline	<ul style="list-style-type: none"> <li>The complaint, investigation and tribunal processes have no scope and/or capacity for addressing EDI issues in competence or professional conduct</li> <li>Focus is on the Regulated Health Professions Act's definition of 'incapacitated'</li> <li>Training relating to harassment or discrimination may be recommended if determined relevant as part of discipline and re-licensing</li> </ul>	<ul style="list-style-type: none"> <li>The fitness to practice, complaints, investigation and tribunal processes have limited scope and/or capacity for addressing EDI issues</li> <li>Biases and humility in fitness to practice, complaints, and discipline decision-making are explored if raised during the process</li> </ul>	<ul style="list-style-type: none"> <li>EDI training for tribunal members exists</li> <li>EDI concerns are addressed during complaints, investigations and tribunal processes</li> <li>There is some access and support addressing biases, humility and intersectionality during the complaints and discipline processes</li> </ul>	<ul style="list-style-type: none"> <li>EDI is thoroughly considered during all phases of the complaints, investigation, and tribunal processes</li> <li>EDI is integrated in all phases of the complaints, investigation, and tribunal processes</li> <li>Potential biases are actively identified and managed</li> <li>Humility and intersectionality are explicitly embedded in the fitness to practice, complaints, discipline and tribunal processes</li> </ul>
<p>7. MEASUREMENT, REPORTING, AND IMPROVEMENT</p> <p>College monitors, reports on, and improves its performance.</p>	Accountability, reporting, action planning	<ul style="list-style-type: none"> <li>EDI initiatives are not part of reporting</li> <li>EDI is not defined</li> <li>EDI issues are considered at a surface level when they arise</li> <li>Legal aspects of EDI are met</li> </ul>	<ul style="list-style-type: none"> <li>There is very limited involvement in EDI initiatives</li> <li>EDI may be defined</li> <li>EDI issues are considered at a surface level when they arise</li> <li>Some equity-seeking groups are considered</li> <li>There are limited KPIs, typically output / activity measures</li> </ul>	<ul style="list-style-type: none"> <li>There is a designated individual with accountability for EDI progress and action planning</li> <li>Bias in decision-making is minimized</li> <li>Policies and processes are updated with EDI in mind</li> <li>There is some monitoring and measurement of outcomes in place</li> <li>There is some evidence that policies are having a positive impact</li> </ul>	<ul style="list-style-type: none"> <li>There is a consistent planning and budgeting process for EDI initiatives and progress integrated into business planning</li> <li>Strategic plans incorporate EDI and Key Performance Indicators are tracked</li> <li>Partnerships with EDI interested parties are nurtured</li> <li>There is strong evidence of positive outcomes from inclusive policies</li> <li>More patients have access to culturally safer and evidence-informed care</li> </ul>



## SELF-ASSESSMENT DOMAINS AND MARKERS

The **Assessment Markers** are more detailed tables of established good practices that Colleges can use for more comprehensive self-assessment in areas they have identified for early attention. The colour categorization among the various levels in these domain-specific tables is meant to be understood as a representation of a continuum rather than a distinct transition. Each level is interconnected with the adjacent levels; movement along these levels is complex and not necessarily linear in all cases.

## DOMAIN 1: GOVERNANCE

**GOVERNANCE Goals:** Council and committee members have EDI competence. Decisions are made in a diverse public’s interest. Transparency about actions fosters trust with a diverse public.

### 1.1 Public EDI commitment and transparency of actions

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has made no public commitment to EDI.</li> <li><input type="checkbox"/> The College has made no public commitment to anti-racism</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has made a public commitment to EDI (publishing a statement on the College’s website).</li> <li><input type="checkbox"/> The College has made a public commitment to anti-racism (publishing a statement on the College’s website).</li> <li><input type="checkbox"/> The College has undertaken consultation processes with several groups without being guided by EDI and anti-racism benchmarks and best practices.</li> <li><input type="checkbox"/> The College has developed a basic anti-racism vision, mission, or strategy. The vision, mission or strategy is written in a general manner.</li> <li><input type="checkbox"/> The College has developed a basic EDI vision, mission, or strategy. The vision, mission or strategy is written in a general manner.</li> <li><input type="checkbox"/> The College’s commitment to EDI and anti-racism is integrated, albeit somewhat inconsistently, into other public statements, processes, and policies and is linked to long-term EDI and anti-racism objectives, albeit vaguely.</li> </ul>

Proactive

- The College has defined EDI broadly to include some dimensions beyond gender, race, and Indigeneity.
- The College’s commitment to EDI and anti-racism is consistently integrated into other public statements, processes, and policies with limited foresight into how this integration will help or work (in the case of products).
- The College’s public commitment includes high-level goals or action plans that reflect the College’s responsibility as a regulated health profession regulator so that the diverse needs of the communities served are met, but with limited EDI and anti-racism-related details.
- The College has undertaken consultation processes with various equity-seeking groups (e.g. Indigenous, other racialized groups, people disabilities, members of the LGBTQ2+ community) that were guided by EDI and anti-racism benchmarks and best practices.
- The College has qualitative goals for achieving EDI and anti-racism within the College’s mandate that include input from a variety of internal and external interested parties.
- The College has quantitative goals for achieving EDI and anti-racism within the College’s mandates that include input from a variety of internal and external interested parties.
- The College has examined its organizational policies and procedures to identify opportunities for reducing barriers to equity, diversity, and inclusion.
- Most of the Council members, registrants, and key system partners are aware that EDI and anti-racism are important to the College.
- The College’s commitment to EDI and anti-racism are communicated widely and frequently, and integrated into most of the College’s messaging.

Progressive

- The College has incorporated EDI and anti-racism concepts as part of the organizational culture, and it is considered in the College’s strategic planning.
- The College regularly undertakes consultation processes with several equity-seeking groups that are guided by EDI and anti-racism benchmarks and best practices.
- Competencies that help achieve the College’s EDI and anti-racism goals and strategy are openly demonstrated by most decision-makers within the College (Executive and Management, Council and committee and tribunal members, etc.).
- The College regularly reports its progress and achievements in relation to its stated goals in a number of ways suitable to different audiences.
- The College demonstrates a commitment to lessons learned, adjusts its approach to EDI and anti-racism and its action plan when needed, and integrates updates in its communication channels and in its statements.
- EDI and anti-racism (featuring an intersectional approach) are embedded in the College’s operations as a core value, a source of innovation, and a means to belonging, sustainability and success.
- The College is frequently acknowledged and benchmarked by others (e.g., health regulatory Colleges, community organizations, or associations) for its EDI and anti-racism accomplishments.
- The College is proactive and responsive to EDI and anti-racism challenges faced by society.
- EDI and anti-racism are now ingrained in the College’s work culture.

## 1.2 EDI competence of council and committee members

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members have no or limited understanding of EDI and anti-racism.</li> <li><input type="checkbox"/> The composition of the Council and committees appears to be homogeneous, and is generally unquestioned.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members have had some training on EDI, anti-racism and unconscious bias.</li> <li><input type="checkbox"/> Council and committee members have some knowledge and awareness of EDI and anti-racism focusing on personal interactions, not yet developing College-specific approaches, policies, procedures, and processes.</li> <li><input type="checkbox"/> Council and committee members are open to making EDI and anti-racism-related adjustments within the College while maintaining the existing systems and processes as they are.</li> <li><input type="checkbox"/> Council and committee members issue a commitment to increasing representation of equity-seeking groups (members of the LGBTQ2+ community, Indigenous groups, other racialized groups, disability groups, ethnic/religious groups, etc.)</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members are actively working on enhancing the diversity to better represent the public the College has a mandate to protect (within the constraints that they are under).</li> <li><input type="checkbox"/> Council and committee members have continuous training on EDI and anti-racism as a means to stay up to date and to keep the EDI and anti-racism lens strong and effective.</li> <li><input type="checkbox"/> Council and committee members use their EDI and anti-racism competencies while making decisions.</li> <li><input type="checkbox"/> Council and committee members are supporters, and several are champions of EDI and anti-racism.</li> <li><input type="checkbox"/> Council and committee members are open and willing to make EDI and anti-racism-related adjustments within the College (flexibility and the willingness to implement recommended changes).</li> <li><input type="checkbox"/> Council and committee members use EDI and anti-racism tools to make some changes to their approaches, projects, working groups, etc., although the changes may be inconsistent.</li> </ul>
Progressive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Council and committee members use EDI and anti-racism tools to make consistent and long-term changes to their approaches, projects, working groups, etc.</li> <li><input type="checkbox"/> Council and committee members draw on their EDI and anti-racism resources to make committee and council assignments.</li> <li><input type="checkbox"/> Council and committee members understand the need to and demonstrate support for undertaking EDI and anti-racism assessments within their College.</li> <li><input type="checkbox"/> Council and committee members are champions of EDI and anti-racism and take consistent action to achieve EDI and anti-racism objectives.</li> </ul>

## DOMAIN 2: RESOURCES

**RESOURCE Goals:** Responsible stewardship of financial and human resources dedicated to EDI is demonstrated.

### 2.1 EDI competence of staff (including leadership)

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff have no to very limited awareness of the importance of EDI and how to support it.</li> <li><input type="checkbox"/> Staff have no to very limited awareness of the importance of anti-racism and how to support it.</li> <li><input type="checkbox"/> Diversity among staff members is either non-existent or limited along very few identity factors (e.g., men and women).</li> <li><input type="checkbox"/> Staff are unwilling or do not feel able to take the initiative to inform themselves of EDI.</li> <li><input type="checkbox"/> Staff are unwilling or do not feel able to take the initiative to inform themselves of anti-racism.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff can identify some aspects of EDI, even if there is not a clear understanding of the implications and complexity of EDI.</li> <li><input type="checkbox"/> Staff can identify some aspects of anti-racism, even if there isn't a clear understanding of the implications and complexity of anti-racism.</li> <li><input type="checkbox"/> Staff assess or implement basic EDI measures (e.g., adjust language references, have one level of equity-markers (e.g., women and men))</li> <li><input type="checkbox"/> Staff assess or implement basic anti-racism measures (e.g., add language on diversity and send out reminders on the College's stand on racism)</li> <li><input type="checkbox"/> Staff have some knowledge and awareness of EDI and anti-racism focusing on personal interactions, not yet developing College-specific approaches, policies, procedures, and processes.</li> <li><input type="checkbox"/> The diversity of staff members is very limited and cuts across one or two identity factors.</li> <li><input type="checkbox"/> The willingness and ability of the staff to engage, intentionally and consistently, with diversified voices outside those officially staffed by the College is limited, or at best is done in a performative manner (for cases where staff diversity is limited).</li> </ul>

## EDI Organization Self-Assessment and Action Guide

### Proactive

- Staff have access to EDI and anti-racism resources to help guide them.
- The diversity of staff members more closely reflects the diversity of the public they are mandated to protect.
- Staff have a solid understanding of EDI and the steps that need to be taken to increase EDI.
- Staff have a solid understanding of racism and the steps that need to be taken to fight against the various forms of racism and to become anti-racist.
- Staff members are assigned to varying tasks based on EDI competencies and an equity lens.

### Progressive

- Staff are actively and consistently implementing changes to help improve EDI, using an intersectional approach and beyond just responding to a specific situation.
- Staff are actively and consistently implementing changes to help decrease racism (against Indigenous and other-racialized groups), beyond responding to a specific situation.
- Staff hiring processes incorporate an equity lens.
- Staff's performance is assessed through an equity and intersectional lens.
- Staff members have the knowledge and expertise to provide some training to committee and council members on EDI.
- Staff have the knowledge and expertise to engage appropriate experts to train committees and council members on EDI (in cases where external expertise may be required).
- Staff undertakes continuous learning and training on EDI.

## **2.2 EDI specific funding (in-kind and otherwise, internal and external)**

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has not made EDI specific resourcing commitments.</li> <li><input type="checkbox"/> The College has not made anti-racism specific resourcing commitments.</li> <li><input type="checkbox"/> The College has not identified any in-kind or budgetary commitments that it can make to EDI.</li> <li><input type="checkbox"/> The College has not identified any in-kind or budgetary commitments that it can make to anti-racism.</li> <li><input type="checkbox"/> The College draws on freely available resources and does not commit to ensuring in-kind or monetary support for the necessary EDI and anti-racism initiatives/changes.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has completed the assessment of the availability of the in-kind and monetary resources that it can and will dedicate to EDI and anti-racism.</li> <li><input type="checkbox"/> The College has identified external funding or in-kind potentials that can help it advance on its EDI and anti-racism journey.</li> <li><input type="checkbox"/> The College has assessed the level/quality of its human and financial capacity to implement EDI- and anti-racism-related changes.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has secured in-kind or financial funding internally for EDI- and anti-racism-related changes.</li> <li><input type="checkbox"/> The College has specifically allocated in-kind or financial funding internally solely for EDI- and anti-racism-related changes.</li> <li><input type="checkbox"/> The College has submitted applications for external funding to support its EDI and anti-racism initiatives.</li> <li><input type="checkbox"/> The College has secured external funding to support its EDI and anti-racism initiatives (including combining resources with other regulatory Colleges).</li> </ul>
Progressive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has implemented key EDI-related projects, with clearly identified resourcing/funding.</li> <li><input type="checkbox"/> The College has developed an EDI and anti-racism-specific funding mechanism that protects the funds (in-kind and otherwise) from their diversion to other purposes.</li> <li><input type="checkbox"/> The College continuously assesses its budget to maintain the continued funding (in-kind and otherwise) for EDI and anti-racism initiatives that integrate intersectional approaches.</li> </ul>



## DOMAIN 3: SYSTEM PARTNERS

**SYSTEM PARTNER Goals:** There is active engagement with other colleges and system partners regarding EDI. Cooperative and collaborative relationships to progress on EDI are maintained.

### 3.1 Relations with EDI system partners

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> No initiative or effort is undertaken to reach out to other Colleges and partners within the health system regarding the sharing of information on EDI and anti-racism.</li> <li><input type="checkbox"/> No initiative or effort is undertaken to reach out to other colleges and partners within the health system regarding collaborative activity on EDI and anti-racism.</li> <li><input type="checkbox"/> The College considers the work on EDI and anti-racism as a College-based work and as not connected to the rest of the system/process.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is limited engagement about EDI practices with other Colleges within the health system in Ontario.</li> <li><input type="checkbox"/> There is limited engagement with other Colleges about EDI practices within the health system across Canada.</li> <li><input type="checkbox"/> There is limited engagement with other interested parties working on EDI and anti-racism within the health sector in Ontario.</li> <li><input type="checkbox"/> There is limited engagement with other interested parties working on EDI and anti-racism within the health sector across Canada.</li> <li><input type="checkbox"/> Contacts with other interested parties are initiated by external interested parties and the sharing of information is limited and guarded.</li> <li><input type="checkbox"/> Contact with other interested parties (other Colleges and civil society groups) on issues related to EDI and anti-racism is occasional and inconsistent.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Various equity groups have been consulted, but consultation is not ongoing or consistent outside of specific initiatives.</li> <li><input type="checkbox"/> Collaboration with other interested parties on issues related to EDI and anti-racism is completed as part of an initiative and is not ongoing or consistent following the end of a project or an initiative.</li> <li><input type="checkbox"/> There is an updated list of actors to consult, but the consultation process remains selective (always choosing selected groups for consultation rather than undertaking consultations with a wide range of groups).</li> </ul>

## EDI Organization Self-Assessment and Action Guide

Progressive

- The College has established and consistently implements an ongoing plan for consistent and meaningful consultation with various equity groups (e.g., Indigenous, other racialized groups, gender-based groups, LGBTQ2+ groups, disability groups, religious groups, etc.).
- The College has established and consistently implements an ongoing plan for consultation with other Colleges and actors in the health sector in Ontario.
- The College has established and consistently implements an ongoing plan for consultation with other Colleges and actors in the health sector across Canada.
- The College has expanded its reach to outside entities through upstream (universities, educational institutions, certifiers, etc.), downstream (civil society organizations, community groups, advocates, etc.), and horizontal (other Colleges, professional associations) consultations.
- The College regularly reviews and improves its collaborations efforts on EDI and anti-racism (using an intersectional lens).

## DOMAIN 4: INFORMATION MANAGEMENT

**INFORMATION MANAGEMENT Goals:** There is protection from unauthorized disclosure of EDI data.

### 4.1 EDI-related data collection and protection from unauthorized disclosure

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s practices for EDI-related data collection and protection are informal.</li> <li><input type="checkbox"/> There has not been collection of any EDI-related data from individuals.</li> <li><input type="checkbox"/> EDI data collection has been very limited.</li> <li><input type="checkbox"/> College staff, council and committee members show little or no awareness of issues related to the management of EDI-related information.</li> <li><input type="checkbox"/> The College’s formal practices governing data collection and protection make no reference to particular considerations for EDI-related information.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI data collection is undertaken for only a very limited number of individual characteristics, generally to respond to specific pressures.</li> <li><input type="checkbox"/> EDI data collection is undertaken within particular initiatives but not on an ongoing basis.</li> <li><input type="checkbox"/> There are processes in place to manage any unauthorized disclosure of individuals’ EDI information.</li> <li><input type="checkbox"/> Clear and ongoing communication efforts are in place to minimize individuals’ hesitation to self-identify EDI data.</li> <li><input type="checkbox"/> College staff, council and committee members receive training and ongoing support to manage EDI-related information.</li> <li><input type="checkbox"/> There are policies and practices in place to prevent clearly inappropriate (e.g., racist, misogynist, biased) information being shared in the College’s social media and public documents.</li> <li><input type="checkbox"/> The College’s data analysis and reporting practices explicitly address the risk of individual identities being discoverable due to small group sizes.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s data collection methods are regularly reviewed to reflect EDI terminology and definitions that are currently recommended by experts and system partners.</li> <li><input type="checkbox"/> The College undertakes regular strategic reviews of its need for EDI-related data and its processes for collecting, securing, analyzing, and reporting it.</li> <li><input type="checkbox"/> Self-identification of a range of EDI-related characteristics (e.g., race, gender, age, disability, etc.) and their intersections is in place with registrants.</li> <li><input type="checkbox"/> Self-identification of a range of EDI-related characteristics and intersections (e.g., race, gender, age, disability, etc.) is in place with individuals other than registrants (e.g., applicants, complainants).</li> <li><input type="checkbox"/> The College’s data analysis and reporting practices recognize the potential for causing harm, including groups’ discomfort or stigma resulting from reporting of EDI-related data.</li> </ul>

## EDI Organization Self-Assessment and Action Guide

Progressive

- The College regularly consults with representatives of equity-seeking groups to review and adjust its information management practices.
- The College has a robust set of practices for analyzing, interpreting and making decisions on EDI-related data.
- There are policies and practices in place to enhance the equity-promoting impact of information being shared in the College’s social media and public documents.

## DOMAIN 5: REGULATORY POLICIES

**REGULATORY POLICIES Goals:** The development, review and implementation of policies, standards of practice, and practice guidelines are based on the best available EDI evidence. They reflect current best practices on EDI and are reasonably aligned with changing public expectations on EDI and other College objectives.

### 5.1 Policies, standards of practice and practice guidelines

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> College staff responsible for professional practice and policies have little experience with practice-related and policy-related issues understood through an EDI lens.</li> <li><input type="checkbox"/> EDI is not a factor in identifying potential new policy or practice standard areas.</li> <li><input type="checkbox"/> The development process for practice standards does not involve an EDI lens.</li> <li><input type="checkbox"/> The College develops policies using a standard approach without considering inclusion and equity.</li> <li><input type="checkbox"/> No input from equity-seeking groups is sought when policies, practice standards, and guidelines are reviewed.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College applies an EDI lens when reviewing individual policies, practice standards, and guidelines where adverse effects have been raised by external interested parties.</li> <li><input type="checkbox"/> The College has issued a statement/policy on EDI including how it relates to practice issues.</li> <li><input type="checkbox"/> The College involves some equity-seeking groups in new policy and practice standards development process.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> College staff responsible for professional practice and/or policies has demonstrated awareness of unconscious bias, intersectionality and other EDI dynamics and systemic challenges for equity-seeking groups (e.g., racialized, Indigenous, gender non-conforming, people with disabilities, etc.).</li> <li><input type="checkbox"/> The College engages with equity-seeking groups and individuals, as well as relevant interested parties and knowledgeable experts to identify underlying themes and considerations within practice issues and the implementation of policies.</li> <li><input type="checkbox"/> The College has integrated an EDI lens into its policy and practice standard development, review, and launch process.</li> <li><input type="checkbox"/> The College has a formal process for tracking and analysing how practice issues may be caused or affected by discriminatory or biased behaviours. The College consistently acts on findings, e.g., publishing practice advice, revising policies</li> </ul>

## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College invests resources to provide practice advice to registrants with an equity and intersectional lens.
- The College invests in-kind resources working with interested parties in raising awareness and addressing common root causes that negatively affect some registrants (and their patients / clients).
- The College consistently takes into account intersectionality and the social determinants of health when developing or reviewing policies, practice standards, and guidelines.
- The College is promoting self-identification, and tracking and analysing multiple identity factors (e.g., Indigenous people, other racialized groups, gender, sexual orientation, disability, etc.) for participants involved in the development and review of policies, practice standards, and guidelines.

## DOMAIN 6 SUITABILITY TO PRACTICE

**SUITABILITY TO PRACTICE Goals:** Registrants are assessed for competent, safe and ethical practice with patients/clients and colleagues. Continuing competence is assured. Complaints processes are integrated, accessible and supportive of EDI. Activities are prioritized based on a diverse public’s risk and actions to protect.

### 6.1 Registration

Inactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s registration committee is not representative of the diversity of applicants or registrants.</li> <li><input type="checkbox"/> The registration process only includes legally required EDI references/questions.</li> <li><input type="checkbox"/> The College does not track identity factors for applicants or registrants.</li> </ul>
Reactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College is tracking success rates on licensing assessments for domestic and international applicants.</li> <li><input type="checkbox"/> The College communicates its registration policies and procedures.</li> <li><input type="checkbox"/> The College is asking applicants and registrants to self-identify along one or two identity factors.</li> <li><input type="checkbox"/> The College integrates limited EDI identity factors in its formal decisions related to registration practices.</li> <li><input type="checkbox"/> The College has an appeal process.</li> </ul>
Proactive	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has a registration committee that is broadly representative of the diversity of applicants or registrants.</li> <li><input type="checkbox"/> The College is implementing strategies to promote self-identification of applicants and registrants (along multiple identity factors).</li> <li><input type="checkbox"/> The College is tracking and reporting success rates on licensing assessments along multiple identity factors or categories.</li> <li><input type="checkbox"/> The College is supporting efforts by educational institutions to ensure a diversified pool of candidates qualified in competency and experience.</li> <li><input type="checkbox"/> The College engages diverse registrants who self-identify using multiple identity factors to validate assessment tools and identify unintended bias.</li> <li><input type="checkbox"/> The College tracks and reports its appeal data broken down along multiple identity factors.</li> <li><input type="checkbox"/> The College collects, uses and protects applicants’ and registrants’ identity data following all required legislative, regulatory and industry standards.</li> </ul>

## EDI Organization Self-Assessment and Action Guide

### Progressive

- The College invests resources to work with other system partners to increase registrant diversity along several intersectional factors.
- The College invests resources working with interested parties in raising awareness and addressing common root causes that have a disproportionate negative impact on the assessments of diverse registrants' physical or mental capacity to practice.
- The College consistently acts upon the findings of differential success rates on licensing assessment for those who self-identify using multiple intersectional identity factors.
- The College engages diverse registrants who self-identify using multiple identity factors to develop inclusive communication materials and preparatory resources, as well as feedback processes, in order to support the success of diverse groups of applicants.
- The College invests resources to identify unintended biases in registration policies, requirements, and assessment tools as part of its defined processes for developing and updating them.
- The College takes action to minimize the impact of unconscious bias and institutional, structural, and systemic inequity and racism on the successful registration outcomes for seeking applicants who are members of equity-seeking groups.



## 6.2 Quality assurance

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s quality assurance committee is not representative of the diversity of registrants.</li> <li><input type="checkbox"/> The College does not track identity factors related to the quality assurance process, e.g., identity of peer assessors, identity of registrants selected for peer assessments.</li> <li><input type="checkbox"/> The College only addresses mandatory areas of focus (e.g., sexual abuse).</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College has explicitly considered the potential impacts of the diversity of peer assessors and QA committee members.</li> <li><input type="checkbox"/> The College asks peer assessors to self-identify using one or two identity factors.</li> <li><input type="checkbox"/> The College asks registrants selected for peer assessments to self-identify on one or two identity factors.</li> <li><input type="checkbox"/> The College includes a reference to equity considerations in its communications about its quality assurance policies and procedures.</li> <li><input type="checkbox"/> The College assesses EDI competency as a ‘nice to have’ and not as an integral part of continuing development and quality assurance.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College is implementing strategies to promote diversity of peer assessors, including self-identification of multiple identity factors.</li> <li><input type="checkbox"/> The College is tracking and analysing multiple identity factors for registrants selected for peer assessment.</li> <li><input type="checkbox"/> The College is tracking and analysing the decisions on remediation directives broken down by multiple identity factors.</li> <li><input type="checkbox"/> The College is tracking and analysing improvement on re-assessment broken down by multiple identity factors.</li> <li><input type="checkbox"/> The College has a representative quality assurance committee.</li> <li><input type="checkbox"/> The College has intentional practices for reaching out and engaging diverse registrants to act as peer assessors.</li> <li><input type="checkbox"/> The College seeks feedback from diverse peer assessors about its peer assessment process and tools.</li> <li><input type="checkbox"/> The College collects, uses and protects peer assessors and registrants’ identity data following all required legislative, regulatory and industry standards.</li> </ul>

## EDI Organization Self-Assessment and Action Guide

Progressive

- The College consistently reports and acts upon the findings of differential rates of selection for peer assessment, remediation directives, and/or improvement upon reassessment by considering multiple identity factors, and intersectional identity breakdowns (numbers permitting).
- The College invests resources to identify unintended biases in its quality assurance program as part of its defined processes for development and updating it.
- The College invests in-kind resources working with interested parties in ensuring that remediation 'training' or other supports are inclusive and meeting the needs of diverse registrants.
- The College provides its registrants with the support/safe space to reflect on and commit to improving their awareness and understanding of EDI and anti-racism.

## 6.3 Complaints, discipline and fitness to practice

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College’s Inquiries, Complaints and Report committee (ICRC) is not representative of those involved in complaints, investigations and discipline proceedings (e.g., complainant, registrant, witnesses).</li> <li><input type="checkbox"/> The College’s Fitness to Practice committee is not representative of those being assessed for Fitness to Practice.</li> <li><input type="checkbox"/> The College’s Discipline committee is not representative of those involved in hearings (e.g., patient / client, registrant).</li> <li><input type="checkbox"/> The College’s Patient/Client Relations committee has little or no representation of members of equity-seeking groups (e.g., Indigenous, other racialized groups, member of the LGBTQ2+ community, those with disabilities, etc.).</li> <li><input type="checkbox"/> The College does not track identity factors related to Patient/Client Relations program participants.</li> <li><input type="checkbox"/> The College does not track identity factors related to Fitness to Practice allegations.</li> <li><input type="checkbox"/> The College does not track identity factors for those involved in complaints, investigations and discipline.</li> <li><input type="checkbox"/> The College’s complaint, investigation, and tribunal processes have no scope and capacity for addressing EDI and anti-racism issues.</li> <li><input type="checkbox"/> The College’s commitment to harassment and discrimination training is limited.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The College makes some reference to EDI considerations in its communications about its Patient/Client relations programming.</li> <li><input type="checkbox"/> The College asks those involved in complaints, investigation, and tribunal processes to self-identify along one or two identity factors.</li> <li><input type="checkbox"/> The College asks those applying to the victim compensation fund to self-identify along one or two identity factors.</li> <li><input type="checkbox"/> The College communicates its complaints and discipline policies and procedures.</li> <li><input type="checkbox"/> The College’s complaint, investigation, and tribunal processes have limited capacity to protect from bias and address EDI and racism issues.</li> <li><input type="checkbox"/> The College explicitly considers EDI and anti-racism issues in the development of its Patient/Client Relations programming.</li> </ul>

Proactive

- The College is implementing strategies to promote self-identification of complainants, health professionals and witnesses along several identity factors.
- The College is tracking and analysing multiple identity factors for all involved in the complaints, investigation, and tribunal processes, including the members of the tribunal.
- The College has representative professional conduct, complaints and discipline committees (ICRC, etc.).
- Members of the ICRC, Discipline and Fitness to Practice committees (and others involved in complaints and discipline proceedings) have had training or access to learning resources about how unconscious bias, racism, cultural differences, gender bias, and other factors can affect the dynamics of the complaints and discipline process.
- The College seeks feedback from diverse complainants and registrants about its complaints, patient/client relations, discipline, and fitness to practice processes.
- The College provides support for addressing biases, humility, and intersectionality during complaints and discipline processes.
- The College’s communications regarding its complaints, patient/client relations, discipline and fitness to practice processes are accessible and inclusive for a diverse population of registrants and the public, for example in various languages and formats, and with consideration of cultural norms, accessibility, and inclusion.
- The professional conduct committees have demonstrated awareness of unconscious bias and other EDI dynamics and systemic challenges for equity-seeking groups, including racialized, Indigenous, gender non-conforming, people with disabilities, cross-cultural differences, etc.

Progressive

- The College consistently reports and acts upon the findings of differential rates of complainants, and of health professionals subject to the complaint, by considering the potential impact of intersectional identity factors.
- Members of the ICRC committee (and others involved in complaints, discipline and fitness to practice proceedings) are knowledgeable and actively consider how unconscious bias, racism, cultural differences, trauma-informed practice, gender bias, and other factors might be affecting the dynamics of the complaints and discipline process.
- The College invests resources to identify unintended biases in its complaints, investigations and discipline process as part of its development and update processes.
- The College invests resources to apply an equity and intersectionality lens to its patient / client relations activities.
- The College invests in-kind resources working with interested parties in identifying, raising awareness, and addressing root causes for common complaints.
- The College consistently applies EDI and anti-racism principles to its Professional Conduct portfolio.
- The College consistently reports and acts upon the findings of differential rates of those involved in professional conduct proceedings, using multiple and intersectional identity factors.

## DOMAIN 7 MEASUREMENT, REPORTING AND IMPROVEMENT

**MEASUREMENT, REPORTING AND IMPROVEMENT Goals** College monitors, reports on, and improves its performance.

### **7. 1. Structural and Process Markers for Measurement – selecting, collecting and analyzing EDI and anti-racism indicators**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> There are no identified EDI-related measurements collected on a regular basis.</li> <li><input type="checkbox"/> There are significant concerns on the part of College staff, leaders, or interested parties about the appropriateness of collecting EDI-related data to inform performance metrics.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined at a general level.</li> <li><input type="checkbox"/> There are limited KPIs, typically output / activity measures.</li> <li><input type="checkbox"/> There are occasional reviews of selected policies and practices, measuring against best practice EDI benchmarks, to assess strengths and opportunities for improvement.</li> <li><input type="checkbox"/> The College communicates why the selected indicators are important and how they are measured.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined in a comprehensive manner incorporating multiple identity factors – e.g., including anti-racism, gender, Indigeneity, disability, etc.</li> <li><input type="checkbox"/> Measurement methods are designed to be inclusive (in language, cultural norms, accessibility, etc.).</li> <li><input type="checkbox"/> There is some monitoring and measurement of EDI-related outcomes.</li> <li><input type="checkbox"/> There is movement toward integrating the College’s EDI-related process and outcome measurements into a logic model showing how activities and results are linked.</li> <li><input type="checkbox"/> Both internal and system-level data are utilized to identify EDI progress.</li> <li><input type="checkbox"/> KPIs and EDI-related indicators are to some extent compared to other relevant indicators such as: comparable regulatory Colleges; population / patient health outcomes; diversity within ‘feeder’ educational programs; etc.</li> <li><input type="checkbox"/> Relevant interested parties and equity-seeking groups are consulted about data collection purposes and methods.</li> <li><input type="checkbox"/> There is some evidence that EDI and anti-racism policies and practices may be accomplishing their stated goals.</li> </ul>

Progressive

- EDI has been defined in a comprehensive manner incorporating multiple and intersecting identity factors.
- Strategic plans incorporate EDI and related Key Performance Indicators (KPIs).
- There is strong evidence that EDI and anti-racism policies and practices are accomplishing their stated goals.
- Meaningful EDI-related outcomes across the CPMF domains are measured and monitored including quantitative and qualitative metrics such as (illustrative examples):
  - Percentage of registrants (survey) who perceive the College as open to addressing EDI issues; disaggregated by multiple identity factors.
  - Documented perception of interested parties (focus groups) who perceive that the College is a safe place to bring concerns.
  - Percentage of Board / Committee members who (1) feel confident they understand EDI implications of their work; (2) believe the College has fully embraced EDI procedures in actual practice.
  - Geographic distribution of registrants, such as in urban / rural / remote / Indigenous communities; this can be based on their self-identification.
  - Percent of complaints received by College where EDI issues are identified as part of the complaint.
  - Percent of complaints dismissed or no further action taken, disaggregated by identity factors and/or intersections, compared to all dismissed complaints.
  - Percent of surveyed patients / clients reporting being treated fairly in the previous 6 months; disaggregated by identity factors and/or intersections.
- EDI-related metrics are used to inform the College’s consultations with interested parties who are seeking to identify and mitigate barriers or identify under-served groups or communities.

## **7. 2. Structural and Process Markers for Reporting – purposeful and inclusive communication of EDI progress**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> EDI initiatives are not part of organizational reporting.</li> <li><input type="checkbox"/> EDI reporting is focused on demonstrating compliance with requirements such as legislated requirements and Ontario Fairness Commissioner (OFC) standards.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI reporting is limited to meeting the requirements of the Ontario Fairness Commissioner (OFC).</li> <li><input type="checkbox"/> EDI reporting is consistent with the College’s definition(s) of EDI, including aspects such as anti-racism, gender, Indigeneity, disability, etc.</li> <li><input type="checkbox"/> Reporting focuses on a few EDI initiatives.</li> <li><input type="checkbox"/> There are limited performance indicators (KPIs) related to EDI or anti-racism, and typically limited to output / activity measures.</li> <li><input type="checkbox"/> Reporting identifies some equity-seeking groups who may be affected by College activities.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is some reporting of EDI-related outcomes.</li> <li><input type="checkbox"/> There is some reporting of evidence that equity-focused policies and practices are accomplishing the stated goals.</li> <li><input type="checkbox"/> The methods, vehicles, content and timing of EDI and anti-racism reporting activities are intentionally designed to be meaningful and accessible to multiple, diverse audiences.</li> <li><input type="checkbox"/> Reporting and review of relevant indicators takes place at multiple levels of the organization (operational, strategic).</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI-related issues are reflected in other organizational reporting such as risk reviews.</li> <li><input type="checkbox"/> EDI-related Key Performance Indicators (KPIs) are tracked and integrated into ongoing reporting methods (briefings, balanced scorecards, dashboards, etc.).</li> <li><input type="checkbox"/> There is reporting of strong evidence of positive outcomes that EDI and anti-racism policies and practices are accomplishing the stated goals.</li> <li><input type="checkbox"/> Relevant system partners and equity-seeking groups are advised of detailed EDI-related outcomes (measurement results) and engaged in validating and interpreting the findings.</li> <li><input type="checkbox"/> Approaches for creating and delivering College performance reporting are explicitly designed to educate, engage and influence system partners, as part of the College’s broad commitment to making progress on EDI and anti-racism.</li> </ul>

## **7.3. Structural and Process Markers for Improvement – sustainable organizational practices for making progress on EDI**

<b>Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI is not clearly defined.</li> <li><input type="checkbox"/> EDI issues that arise are generally not addressed in a robust manner.</li> <li><input type="checkbox"/> The sole or primary performance standard is the avoidance of legal risk.</li> </ul>
<b>Reactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EDI has been defined at a general level.</li> <li><input type="checkbox"/> Involvement in EDI initiatives is limited and/or compartmentalized without systemic linkages.</li> <li><input type="checkbox"/> KPIs are generally limited to output / activity measures, without a clear linkage to desired improvement in outcomes.</li> <li><input type="checkbox"/> EDI issues are considered at a surface level when they arise; they are resolved as exceptions or discrete events, not as potential indicators of systemic considerations.</li> <li><input type="checkbox"/> Some equity-seeking groups are named as system partners in improvement efforts.</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a clear definition / vision of EDI that compares current state to ideal future across multiple dimensions.</li> <li><input type="checkbox"/> Policies and processes are updated with explicit considerations of EDI aspects.</li> <li><input type="checkbox"/> There is some monitoring and measurement of EDI-related outcomes.</li> <li><input type="checkbox"/> There is a designated individual with accountability for EDI progress and action planning.</li> <li><input type="checkbox"/> There is a formal process for using KPI data to identify areas for improvement.</li> <li><input type="checkbox"/> Representatives of some equity-seeking groups are consulted for their input into selected improvement initiatives.</li> <li><input type="checkbox"/> There is some demonstration to interested parties that changes to policies and practices are having a positive impact.</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a consistent planning and budgeting process for EDI initiatives and progress integrated into business planning.</li> <li><input type="checkbox"/> The strategic plan incorporates EDI and related Key Performance Indicators (KPIs) are tracked and integrated into decision making and future planning.</li> <li><input type="checkbox"/> Potential bias in decision-making about improvement priorities and budgeting is minimized through explicitly designed processes and supporting resources and learning investments.</li> <li><input type="checkbox"/> Partnerships with EDI interested parties are nurtured as strategic partners in identifying, scoping and prioritizing improvement initiatives.</li> <li><input type="checkbox"/> There is strong evidence of positive outcomes from changes introduced to have more inclusive policies and practices.</li> <li><input type="checkbox"/> There is ongoing and transparent communication of high-level KPI results and how the findings have translated into ongoing improvement activities.</li> </ul>





## GUIDANCE DOCUMENT

The **Guidance Document** section provides the Colleges with some suggested actions that can be taken to leverage strengths and remedy gaps in EDI and anti-racism practices at the personal and institutional levels within the College and the profession.

Colleges will find it helpful to first complete a self-assessment using the Markers in the previous section. It is not necessary to complete an assessment in all areas. If there are areas of concern, previously identified priorities, or concurrent initiatives that can be leveraged for other actions, those can be appropriate areas for focus.

## **Domain 1: Governance**

### **Guidance for: Demonstrating commitment to EDI on the Board level (representation, awareness, appointments, etc.)**

The governance aspect of EDI and anti-racism requires that EDI and anti-racism become integrated into the ethos of the College. At the heart of it, EDI and anti-racism should become an integral part of the processes that guide the governance of the College. However, this cannot come to fruition without a commitment to EDI and anti-racism. Cementing such a commitment to EDI and anti-racism requires (a) the establishment of processes to ensure genuine commitment to EDI and anti-racism and (b) the building of EDI competency among Council and Committee members (*see 1.2 below*).

It is important to undertake a review process that leads to transparent and genuine commitments to EDI. At a minimum, the College should undertake a review of whether its policies and procedures make genuine and transparent commitments to EDI and anti-racism. This can take place concurrently with actions that are taken to improve the EDI- and anti-racism-related competency of Council and Committee members.

#### **1. Undertake a Review Process of College Policies and Procedures**

An important part of achieving EDI and eliminating racism is to revise policies and procedures that dictate the College's work. This is important for three main reasons: (1) to ensure that the policies and procedures are written in a manner that does not discriminate and are inclusive of voices that have been historically excluded, (2) to establish a discrimination and racism free environment at the interpersonal level, promoting an inclusive and diverse environment, and (3) to ensure that aspects of institutional and systemic discrimination and racism are eliminated.

Undertake a review of the existing documents, policies and procedures through an EDI and anti-racism lens:

- a. Begin by reviewing the policies and procedures that are considered the most important for the functioning of the College, assigning an EDI and anti-racism expert (within the College or from the private sector) to review important materials,
- b. Expand the analysis to the rest of the policy and procedure suite,
- c. Engage with interested parties to develop a better understanding of the challenges and impact of the current policies and procedures on equity-seeking groups, and
- d. Identify areas of concern from an EDI and anti-racism perspective and steps that can be taken to remedy the identified concerns.

## 2. Make Public Commitments to EDI and anti-racism and Relevant Updates

Public commitments to EDI and anti-racism are not only a way to demonstrate the seriousness of the process, but it is also a way to be held accountable by the public and by the registrants, to demonstrate a commitment to make the environment more welcoming for equity-seeking groups, and to attract more applicants / registrants from equity-seeking groups.

- Make commitments to EDI and anti-racism and publish them in a manner that is accessible and transparent:
  - a. Consult with EDI and an anti-racism experts/point person to help write a strong EDI and anti-racism statement that mentions actions, notes targets, and establishes timelines and follow-up procedures for the achievement of the targets,
  - b. Make the link between the statements and the actual changes that the College has committed to or will commit to, and
  - c. Ensure that the information is continuously updated and made public and demonstrate successes and issues that need continued attention.

### Guidance for: Mitigating unconscious bias in decision-making (systemic and personal)

The mitigation of unconscious bias requires several steps. First, consultations need to be undertaken to better understand and document the impact on equity-seeking groups. Second, learning should be undertaken to better understand the impact of discrimination and racism at the individual and systemic levels and to learn EDI and anti-racism tools. Third, systems, tools, and procedures need to be put in place to mitigate its impact.

To achieve the level of competency that can contribute to sustainable commitment to EDI and anti-racism, the following are three very important steps that need to be taken:

#### 1. Undertaking Consultations

Understanding one's own competency requires an ability to assess one's own knowledge and understanding of the subject matter at hand. To do so, it is important that there be an effort to engage with interested parties that can help better understand the experiences of equity-seeking groups and help improve policies, systems, tools, and procedures. These interested parties can include:

- d. Professional organizations
- e. Relevant networks that are sources of applicants for registration (e.g., students and faculty members, newcomers to Canada)
- f. Other Colleges and regulatory bodies
- g. Representatives of equity-seeking groups
- h. Experts/researchers working on EDI and anti-racism

## 2. Undertake Learning

An important part of the EDI and the anti-racism process is increasing one's awareness of issues related to EDI and racism. No one person can understand the experiences of everyone else and no one can be fully aware of how they contribute (directly or indirectly, consciously or unconsciously) to the factors that have a negative impact on equity-seeking groups. Therefore, EDI and anti-racism training, when properly done, can help develop a better understanding of the experiences of members of equity-seeking groups and the changes that are necessary to eliminate discrimination and racism.

The training related to EDI and anti-racism can include:

- a. An initial introductory facilitated training
- b. Continuous learning trainings
- c. A self-reflection and a self-assessment from the point of view of EDI and anti-racism
- d. Continuous learning opportunities to continue updating one's own knowledge (e.g., self-paced reading) with established methods or checks that evaluate and ensure learning goals or objectives are met.

## 3. Integrating Unconscious Bias Checks into Processes, Procedures, and Policies

The work on EDI and anti-racism should occur at the personal, interpersonal, and systemic levels if the objective is to genuinely increase diversity and, more importantly, inclusivity. Therefore, in addition to working on enhancing one's own understanding of unconscious bias and how it manifests into challenging situations for equity-seeking groups, it is important to assess how biases impact decision-making and the design of policies and approaches. This can be done by adding checks throughout the decision-making processes to help limit the impact of biases.

These can include:

- a. Using an EDI and anti-racism reference document that provides questions to help surface unconscious and systemic biases and limit their impacts in decision-making
- b. Consulting with interested parties (like those listed earlier) to help provide an EDI- and anti-racism-based assessment of the decision that is to be made
- c. Reflecting on the impact of the decision on equity-seeking groups in the profession
- d. Establishing and following formal practices that include EDI and anti-racism considerations (e.g., EDI and anti-racism codes of conduct for council and committee members)

## **Domain 2: Resources**

### **Guidance for: Hiring and retaining diverse staff including with competence to manage EDI initiatives**

Places of work and membership often suffer from the following conundrum: there is the intention and drive to hire and include a more diverse group, but the lack of diversity turns away members of the very communities that are under-represented. It is thus important that this objective be completed as part of an overall approach to increasing diversity and inclusion among staff and in the profession in general.

#### **1. Fostering Diversity Among New Hires**

Hiring with an EDI lens allows the College to assess candidates based on their ability and potential, rather than mostly on experience. Moreover, hiring with an EDI lens allows for a more inclusive hiring process that is accessible to different equity-seeking groups. To do so, it is important to

- a. Write job ads in a manner that is accessible for people with disabilities and for certain groups who have language barriers or other barriers that can limit them from knowing about the job ads or feeling that they are sufficiently qualified
- b. Distribute the job ads as widely as possible, with special attention paid to targeting equity-seeking communities
- c. Consult with EDI and anti-racism interested parties in the development of EDI-informed candidate assessment criteria that do not penalize members of equity-seeking groups who may have faced barriers in gaining directly comparable experience or having educational credentials from “preferred” institutions
- d. If possible, include members of equity-seeking groups in the hiring process when interviewing someone from an equity-seeking group

#### **2. Ensuring Equitable Assessment Practices of Candidates and Staff**

Given the systemic and institutional racism and discrimination that equity-seeking groups face, it is important to re-assess how candidates are evaluated and the specific skills and abilities that are critical for performance. Doing so will help ensure an assessment of the candidate’s abilities rather than the results of a system where discrimination and racism impact the success of candidates. This will likely require the hiring committee to

- a. Develop more inclusive assessment criteria that allow for candidates to demonstrate capacity and ability and not only previous very similar experience; look for transferable skills
- b. Have some knowledge of the impact of discrimination and racism on achievement and thus what could be missing from the CV

- c. Re-write parts of the Codes of Conduct as it relates to hiring and/or hiring policies in the College; similarly, review implications for other processes that affect current staff (e.g., performance reviews, advancement processes, etc.)
- d. Consult with interested parties on the process of assessment of staff belonging to equity-seeking groups to help eliminate the influence of bias
- e. Reassess candidate and staff complaint mechanisms to ensure that they are free of bias and to include an equity, anti-discriminatory, and anti-racism-based assessment of the complaints
- f. Include an assessment of EDI- and anti-racism-related awareness and skills that are related to the job in question

### 3. Ensure Continued EDI and Anti-racism Training

- a. Include EDI and anti-racism training as part of the competency assessment of staff
- b. Make EDI and anti-racism training mandatory for staff
- c. Include evaluation measures to assess knowledge gained and skills applied from training

#### **Guidance for: “Don’t re-invent the wheel,” and Do Sustain Efforts Past Specific Projects**

Work on EDI and anti-racism is being undertaken in many professions, both beyond and within fields relevant to healthcare. Within the health professions, these efforts are also being undertaken by various Colleges. There are many lessons that can be learned from the experiences of various Colleges and other entities within the health sector and outside of it. Collaboration across Colleges is essential in being able to learn from one another and using the resources available to build on previous work and continue to improve and innovate.

As such, it is important that the Colleges

### 1. Build and Maintain a Network related to EDI and Anti-racism

- a. Communicate and collaborate with each other on EDI and anti-racism
- b. Review reports of successes and challenges related to work on EDI and anti-racism in the health sector (and other sectors if helpful)
- c. Engage interested parties who have experience in working on and working with other health professionals
- d. Build a network of EDI and anti-racism committees/groups that develop avenues for sharing information (successes, failures, and discoveries) among each other

## 2. Ensure Continued Allocation of Resources to EDI and Anti-racism

- a. Continuously assess financial and in-kind College contributions to EDI and anti-racism initiatives
- b. Include and maintain a commitment to EDI and anti-racism in the budget
- c. Look for other sources of funding and in-kind contributions (external and otherwise) to support continued work on EDI and anti-racism, including government funding
- d. Ensure that an identified staff or committee member is tasked with ensuring sustainability of EDI and anti-racism initiatives by keeping abreast of funding opportunities and capacity needs
- e. Collaborate with other Colleges on joint EDI and anti-racism activities as a means to learn from each other and pool available resources
- f. Protect the commitments (financial and otherwise) made to existing EDI and anti-racism initiatives
- g. Ensure that committee members and other system partners on EDI initiatives are adequately compensated for their time and effort

## **Domain 3: System Partners**

### **Guidance for: Identifying and working with key partners, interested parties and interprofessional networks**

EDI and anti-racism by its nature is inclusive of many factors that make up the identity of a person (some proclaimed by the person and some imposed on them by the rest of the society). As such, when working towards EDI and anti-racism, it is imperative to be inclusive of the voices that are heard, of the representation that is pursued, and of the spaces that can be accessed. This, in turn, requires reaching out to and collaborating with a diverse set of partners, interested parties and networks. It also requires the establishment of a system that is inviting for others who are looking to join future collaborative efforts and that is capable of finding and accommodating the participation of others. The quality and type of networking and collaborative system that a College has put in place has a direct bearing on whose voices are heard and who contributes to certain policies and initiatives.

Therefore, it is important that the College:

- a. Complete an environmental scan to identify potential partners, interested parties, and networks
- b. Reach out to the partners, interested parties, and networks that the College wants to engage
- c. Establish a process that allows for a consistent and continued engagement with these partners, interested parties, and networks
- d. Set up an evergreen list of partners, interested parties, and networks that can be and is continuously updated and rotated to minimize mental and emotional burnout, stress and fatigue
- e. Ensure that the collaborative space is inclusive and safe for various equity-seeking groups to engage in
- f. Formalize the collaborative process and ensure that adequate time and resources are allocated to it.
- g. Formalize a process that is meant to integrate some of the findings of these collaborations into the work of the College



## **Domain 4: Information Management**

### **Guidance for: Mitigating privacy and confidentiality concerns in data collection**

Within the CPMF Domain 4, this section is focused on mitigating privacy and confidentiality concerns as it relates to EDI and anti-racism data collection within the College. Often, people who face discrimination and racism are reluctant to provide personal data for fear of its misuse and/or its use in a manner that further discriminates against them. Therefore, the proper use and management of personal data not only helps prevent any negative unintended outcomes, but it also helps build trust in the process, which in turn creates further willingness to participate in data collection processes.

Trusted data collection processes also help in achieving the objectives in Domain 3, consultations with interested parties in general, since it provides some key data that can help identify interested parties and help guide discussions. Effective EDI and anti-racism data gathering is also fundamental to conducting an Equity Impact Assessment (EIA) and making progress under Domains 6 and 7. Colleges can track the extent of the trust in their data collection efforts by monitoring the self-identification rates of those from whom data is requested – i.e., how many do not respond at all, how many indicate that they prefer to not self-identify, unusually low representation rates in particular identity groups, and so on.

### **Mitigating privacy and confidentiality concerns in data collection**

Colleges are expected to take reasonable steps to secure personal information throughout its life cycle; for example, during transmission, storage and disposal (transportation, handling and destruction or transfer to an archive). Taking these steps is necessary, but not sufficient, for fully addressing privacy and confidentiality concerns that may be raised by registrants and interested parties.

#### **1. Managing Security of Information**

- a. Develop and publish data security policies and procedures
- b. Implement and continuously assess the performance of these policies and procedures, with transparent reporting processes accessible to groups of interested parties
- c. Develop and implement a reporting mechanism in case of a breach in privacy
- d. Develop a strategy to securely store private information. It is best practice to ensure an appropriate separation of self-identification EDI data from other administrative information on registrants, candidates, complainants, etc.

#### **2. Mitigating Concerns of Individuals and Groups**

- a. Increase transparency around the purpose of the EDI and anti-racism data gathering and the methodologies that will be used. Consult with representatives of equity-seeking

populations to ensure that the methodologies are culturally appropriate, and that terminology is up-to-date and reflective of groups' own usage.

- b. Ensure that participants in the data collection process are aware of how their information is being secured and managed. The communication should be intentionally inclusive of people with disabilities and those from various cultural backgrounds.
- c. Provide participants with the ability to update or withdraw their identity data. An individual's self-identification data can change – e.g., they may acquire a disability; change their gender identity; or become aware of a heritage characteristic that was previously unknown to them (e.g., Indigenous background, ethnic or racial heritage, etc.). Some individuals' comfort level with self-identification may change over time. State that there is no expectation that previous data will be amended. Explain in reporting that the data and results that are reported are “point in time”.
- d. Ensure continuous consultation and communication with interested parties and participants. Designate an individual who will be a consistent contact and who will receive and address concerns in a timely manner.
- e. Draw on the following: CIHI Data Standards, 2022 and the Government of Ontario systemic racism data standards to ensure the continued respect of existing data standards<sup>3</sup>

### 3. Demonstrating outcomes of data collection

- a. Develop a policy on sharing the results of studies and reviews, articulating when and how demographic data will be reported and the extent to which results will be disaggregated by identity factors.
- b. Ensure that all information is de-identified and the identity of the participants remain anonymous
- c. Develop protocols regarding sample sizes to be used when reporting, especially to ensure the protection of identifiable factors that can become an issue in small sample sizes. Particularly when reporting on racialized identity and other under-represented groups, numbers can be small and the risk of revealing personal identities is increased.

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<sup>3</sup> With a particular focus on race-based and Indigenous identity collection, there is other useful reference information available to guide the data collection efforts, such as

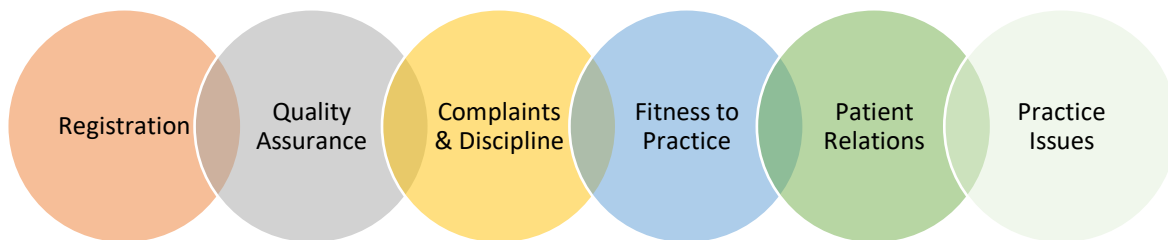
- the Canadian Institute for Health Information <https://www.cihi.ca/en/race-based-and-indigenous-identity-data> and
- the Anti-Racism Directorate of Ontario <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/collection-personal-information#section-5>

## Domains 5 and 6: Regulatory Policies and Suitability to Practice

The **HPRO Equity Impact Assessment** (HPRO-EIA) establishes processes for identifying and monitoring equity impacts and outcomes of policies, programs, and standards on applicants to and registrants in regulated health professions. The processes are largely situated in the CPMF domains 5 and 6.

In the context of HPRO, an Equity Impact Assessment is a systematic, evidence-based process developed to assess a regulatory policy, suitability to practice program, or standard to identify unforeseen and unintended adverse effects on equity (i.e., racial and other identity factors) and to modify it so that it does not result in negative impacts or a worsening of existing disparities.

The tools apply an EDI, anti-racism and anti-oppression lens and are intended to be used in conjunction with the EDI Self-Assessment Guide and Resources, supporting a more in-depth review of adverse impacts to foster change for more inclusive and equitable regulatory activities. Figure 1 shows the six statutory functions of a health regulatory College which have potentially adverse effects on domestic and international applicants, and registrants who are/identify as a member of a racialized, marginalized, or equity-seeking community.



While all CPMF domains have some relevance for an Equity Impact Assessment (EIA), this section of the guidance document presents the methodology within the context of domains 5-6. This set of tools can be used for any scope of equity impact assessment related to any policy, process, practice standard or guideline.

Conducting equity impact assessments is integral to organizational change and to convey a clear message that health regulatory Colleges contribute to equity, anti-racism, anti-oppression, diversity and inclusion. Activities and outcomes can inform health regulatory Colleges’ annual reporting in response to the CPMF’s central question “how well are Colleges executing their mandate which is to act in the public interest”?

This section contains markers, guides and resources to support health profession regulators of all sizes to identify and eliminate systemic inequity and racism and advance equity in professional regulation.

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The HPRO-EIA will equip users to:

- Recognize the nature and scope of racial and other equity issue(s) as they relate to policies, programs, and standards
- Assess how the implementation of regulatory statutory functions may differently impact regulated health practitioners and those seeking to become licensed whether Indigenous, racialized, or belonging to other equity-seeking groups
- Identify and understand the “root causes” of inequities, to support the development of effective actions to address adverse impacts
- Anticipate and address adverse impacts of implementation of regulatory statutory functions on people who are Indigenous, racialized or who belong to other equity-seeking groups
- Implement monitoring and evaluation systems to determine and track progress in advancing equity in programs, policies and standards
- Report and communicate findings.

*HPRO-EIA* consists of four sequential phases of information gathering, analysis and engagement/consultation that should be carried out in respect of assessing a policy, program or standard.

1. Scoping
2. Information Gathering
3. Analysis
4. Action

## 1. SCOPING

As a health regulatory College completes the Self-Assessment Grid, some areas related to the CPMF domains 5 and 6 will have been identified as a priority and approved for further action by its governing body. To begin the assessment, explore the context and describe what is being assessed; this could include a policy, program, standard, guideline, or decision (e.g., standards on language requirements or therapeutic relationships, or policies on appeals, committee representation, or qualification recognition.) The following guidance informs your assessment scope and the co-creation of terms of reference with interested parties.

### Guidance for reflecting on the extent of your assessment approach

Many factors will affect a health regulatory College's ability to perform equity impact assessments. Determining your approach will require agreement among decision-makers. It is advisable to document the factors that were considered in this decision. The list below outlines many of the criteria that will help you determine whether a light touch or more robust assessment approach would be more appropriate. (Please note: While each approach requires the same steps, the central difference relates to the extent and scope of information gathering and engagement with key communities.)

Public sentiment:

1. Are your system partners, registrants/applicants and clients/patients generally satisfied?
2. Is the policy's, program's or standard's area of focus a priority in the profession, department, or jurisdiction?
3. Are there highly charged concerns among partners, interested parties and communities?

Budgets, resources, and time:

1. Are your resources and time very limited?
2. Is new investment allocated to refresh or expand the policy, program or standard?
3. Do you have support for the investment of significant resources? Is there an opportunity to partner and leverage available in-kind or financial resources?

Indication of adverse effects:

1. Are there credible and evidence-based indications that adverse effects are unlikely?
2. Do historical data or results from comparable professions indicate potential for adverse impacts on people who are Indigenous, racialized, or who belong to other equity-seeking groups?
3. Are there existing indications of impact and adverse effects based on race and other identity factors?

Availability of disaggregated data:

1. Is there significant recent/relevant research and consultation information available (disaggregated) on groups affected, barriers and promising actions?
2. Is there limited amount of information available – e.g., areas of uncertainty regarding populations affected or actions that may be effective?
3. Is there no disaggregated data available?

Other reasons for choosing a more robust assessment approach:

- Is the policy, program, standard, guideline, or decision slated for a revision or update, and/or unlikely to be thoroughly assessed again in the near future?
- Are the changes likely going to require significant investment, for which a thorough review is warranted?
- Are there important strategic linkages to identified priorities of the profession, the health sector, and interested parties?
- Are there legal, government, or funder requirements for EDI information that must be met?

### Guidance for building on existing knowledge and activities

As a general guideline, and as your circumstances permit, the more research and engagement/consultation you can conduct, the more valid and reliable the evidence you will have upon which to base your key decision points. As more organizations are engaging in this type of research, explore ways that build on existing knowledge and activities, which brings efficiencies to your approach::

#### **In research:**

Mining readily available information and experience in your team or College, or in comparable professions, such as:

- background research or needs assessments already conducted on potentially affected groups
- possible barriers indicated through data/records on participation in related programs
- successful actions that have addressed inequities in similar policy, program or standards

Should disaggregated data be lacking in the public domain, instead of gathering it through your research, consider requesting a custom data order – e.g., through [Statistics Canada](#).

Should gaps in the research emerge, consider continuing to an engagement/ consultation phase, scaling up activities as a way to address the gaps.

## In engagement/consultations:

Leveraging current knowledge and working experience in your team or College, or in comparable professions, such as:

- effective outreach methods or barriers to participation in previous engagements
- contacts with potentially affected networks, communities and subject matter experts\*
- existing data collection methodologies and instruments that can be adapted

Focusing on quality over quantity by, for example:

- using a single (or limited number of) methods to address several topics – e.g., ask questions on both impacts and potential actions in the same interview/survey, etc.
- focusing topics/questions on areas with the largest potential to meet your target needs and outcomes for the assessment
- using methods that are most accessible to your applicant / registrant population, your target partners, interested parties, communities and networks

Investigate the option of partnering with community organizations or other health regulatory Colleges to include a segment on your project in an existing engagement/consultation they have planned.

\*Draw on existing frameworks for community consultations such the *Community Engagement Framework developed by the Centre for Addiction and Mental Health*<sup>4</sup> through a literature review of best practice with a focus on the Canadian health care context. It discusses engagement levels, informs engagement planning and initiatives, and identifies further resources, checklists and links to practical tools and templates.

### **Guidance for reflecting on quality and potential bias of existing policies, standards of practice, or guidelines**

Often there is an assumption that policies or practice standards are neutral and apply to everyone equally. Incorporating an equity approach into research will help to understand and expose racial and other types of inequities and will ensure that the research process itself does not perpetuate them. Use the following questions for reflection:

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<sup>4</sup> Centre for Addiction and Mental Health <https://camh.ca/-/media/files/camhcommunityengagementframework-pdf.pdf>

- What kinds of disaggregated data would be important in understanding the different ways that Internationally educated, Indigenous, Black, other racialized people and those belonging to other equity-seeking groups of applicants and registrants experience this policy or standard?
- How diverse is the information available: are there a number of sources and a mix of quantitative and qualitative data?
- How old is the data? Is it based on dated stereotypes or assumptions? Does it identify or consider racial and other identity differences in its methodology?
- What are the gaps in information on this policy or standard?
- Could there be unconventional data sources such as Elder knowledge, and oral information passed down from generations? Might there be anecdotal evidence that point to additional research questions?
- How might assumptions, attitudes and norms – own, the College’s, the profession’s, and those of the institutions and society – limit the range of options being considered and proposed?

### Guidance for developing terms of reference with key partners and interested parties

A Terms of Reference (TOR) is the concept for the *HPRO-EIA*. Some elements of a TOR will involve describing:

- Objectives and outcomes (including key groups affected)
- Responsibilities and involvement of decision-makers, steering and working groups
- Engagement and consultation approach, and compensation of participants<sup>5</sup> )
- Accountability, resourcing, evaluation and reporting

A TOR is a living document and will likely be updated as you begin to plan, prepare, and manage the implementation. Every HPRO-EIA will be different, and TORs can be tailored to the specific requirements or equity problem being considered for the policy, program or standard, as well as the resources available for the assessment.

In developing a TOR, consider who is around the table from the start and where there might be important gaps. A key component of the assessment process is establishing relationships with the individuals and communities of interest who are most affected. The process itself can impact people and groups – this should be reflected in the TOR. (For more information and a useful conceptualization

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<sup>5</sup> Wellesley Institute. Compensating Research Participants: A Survey of Current Practices in Toronto. <https://www.wellesleyinstitute.com/wp-content/uploads/2018/07/Fair-compensation-Report-.pdf>



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about different levels of consultation and engagement, see the IAP2 public participation spectrum<sup>6</sup>.) Consider both, internal groups, such as board, staff, and volunteers, as well as external partners and interested parties like current and potential registrants, clients or patients, educators, partners, funders, and communities. Involve others such as staff and community members with lived experiences, and especially those who experience the issue in question.

Ensure that equity-seeking groups who are most adversely affected by systemic racism and oppression are informed and authentically engaged. To ensure diverse perspectives are heard, individuals and groups or communities of interest should be engaged in a manner that recognizes and respects cultural identities, histories, and ways of knowing and doing and does not challenge, deny, diminish, or disempower individuals and communities. Avoid tokenism, or using the same people for all of the EDI work, as EDI work can be mentally, emotionally and physically cumbersome and tiring for members of equity-seeking groups.

Undertaking an HPRO-EIA requires that those leading the assessment recognize and acknowledge the connection between the College and the broader context and community in which the policy, program or standard exists.

Partners, interested parties and communities of interest can be involved in several ways, including:

- sitting on an external committee to share their views
- contributing to the information collection process
- helping identify indicators to measure success
- helping share the assessment results and engaging in ongoing monitoring

An effective and inclusive approach to engaging partners and interested parties, considers:

- Why is this important for the organization? Why is it important to populations such as [...]?
- Who might the process harm?
- Are there accepted practices and norms (such as the First Nations OCAP Principles for ownership, control, access and possession of information) that should be reflected or that might shape expectations about an appropriate process?
- Are there any barriers to engagement that could deter some partners and interested parties? Who was involved in this issue in the past? Who has not been involved but perhaps should have been?

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<sup>6</sup> See, for example, the IAP2 spectrum for public participation. [https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20\(1\).pdf](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf)

## 2. INFORMATION-GATHERING and ENGAGEMENT

Health regulatory Colleges regularly gather quantitative and qualitative data for a variety of purposes. Domain 4 addresses the management of personal information, focusing on aspects like security, privacy, confidentiality and reporting. This section hones in on the manner information is gathered and research subjects are engaged, to identify and inform solutions to address barriers.

### Guidance on meaningful and safe engagement

For a successful EIA, partners, and interested parties from different racial/ethnic and equity-seeking groups— especially those most adversely affected—must be meaningfully involved and authentically represented, by:

1. Developing a plan for engagement in collaboration with key partners and interested parties.
2. Using communications and outreach methods that incorporate inclusive language, are aligned with community values, and clarify the benefits of taking part and their expected role.
3. Designing methods of engagement that promote cultural safety, respect confidentiality, and include equitable measures.
4. Utilizing trauma-informed approaches when engaging with members of equity-seeking groups.
5. Ensuring that there are adequate measures in place during engagement processes to mitigate the risk of potential exposure to triggering content or adverse impact or experiences for members of equity-seeking groups. For example, consider having a counsellor or social worker from an equity seeking group present during public engagement discussions.
6. Ensuring the consideration of an individual or community's views on how they wish to be engaged/ consulted.
7. Recognizing and respecting the community or organization's protocols on research and information collection.
8. Ensure information collected is only used for the intended purpose.
9. Ensure you receive consent or permission for participation, documentation and aggregated reporting.

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Depending on the group or individual you plan to consult, as well as their geography, there are several information-gathering methods you could use.

Method	When to use
Social media and advertising	To share information about the College’s Equity Impact Assessment on a particular topic and opportunities to contribute – may be useful to create awareness about EIA activities.
Surveys	For gathering quantitative information and individual perspectives and experiences – may be useful when capacity, timing and budget are constrained and potential groups for consultation are large in number.
Individual interviews	For in-depth discussions and solution-finding with a small set of selected individuals – may be useful to build relationships or gather expert views
Focus groups	For in-depth discussions and solution-finding with a larger set of selected individuals. Ensure appropriate session design and skilled facilitation to support a safe environment.

### Guidance on types of feedback

Engage and consult with applicants and registrants, separately or in mixed groups, to explore, gain a deeper understanding, and validate your findings. When developing questions, it is helpful to consider the type of feedback to be collected and whether it describes needs and experiences, identifies barriers and impact, or pinpoints root causes. While personal needs or root causes may not always be within the mandate of the health regulatory College, collaboration with interested parties who are most impacted, is important to inform the co-creation of possible actions that address adverse impacts and success measures.

Consult on:	Examples may include:
Professional and personal needs	skills-commensurate employment; psychological safety; work in chosen field; provide for loved ones
Experiences in getting licensed and practising	anecdotes and stories about wait times, misinformation, failing assessments, lack of respect for values, etc.
Barriers to registration, etc.	lack of available gap training; focus on clinical knowledge and skills in education; lack of tools to combat -isms;
Positive or negative impact	more likely/less likely to pass assessments; be at the receiving end of a complaint
Root causes of impact or barriers	lack of access to post-secondary education; lack of sponsors lack of role models; values conflicts; discrimination in K-12;
Actions to address adverse effects	Implementation of policies; increasing awareness; recognition of work experience; flexible assessments; mentoring and bridging; limited licensing; gap assessments and training; online access

Success measures	Identity factors of applicants/registrants: named in complaints; passing licensing; involved in exam development. Patients applying to the victim compensation fund.
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**Guidance for applying an intersectional lens**

In the Introduction and Terminology section we have introduced the concept of identity factors and intersectionality. An awareness of how race intersects with other forms of systemic inequities is integral to conducting an Equity Impact Assessment. It is critical to fulsome identification and monitoring of racial and other equity impacts and outcomes of policies and programs on racialized and marginalized communities and sub-groups within those communities.

In exploring the impact of race, there is a tendency to talk about it as separate and distinct from impacts of other inequities. We often forget that people may be subject to many different types of inequities which work together to limit opportunities and hinder advancement.

Integrating an intersectional<sup>7</sup> lens into an EIA means moving beyond simply looking at race or gender or other identity factors in isolation. It encourages us to look at the experiences of a group more holistically and offers a better understanding of the cumulative impact of multiple forms of inequities, i.e., race, gender identity, class, sexual orientation, ability, religion etc. It recognizes that various inequities overlap, combine, and intersect to produce specific experiences of inequality. It explains why all inequality is not created equal. For example, the inequities experienced by Indigenous and Black students in the postsecondary educational system, may be best analyzed and understood from a lens that considers not only race, but also socio-economic status, community of residence, education, and family status.

An intersectional lens reveals the complex historical, social, and political contexts which lead to persistent and growing inequities for Indigenous, Black, other racialized people, and members of other equity-seeking identity groups. It recognizes unique individual experiences resulting from the confluence of different types of identity and exposes the diversity within groups at risk of being treated as a homogenous mass.

An intersectional lens supports the consideration of a variety of socio-political forces and understand how privilege, power, oppression, and exclusion operate in interlocking ways to shape the lives of individuals i.e., how gender identity intersects with race, how sexual orientation intersects with age, how disability intersects with national background, and how the interaction of these inequities

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<sup>7</sup> Intersectionality – term was coined over 30 years ago by Kimberlé Crenshaw, a law professor who is Black

exacerbates each other. *“It is simply about how certain aspects of who you are will increase your access to the good things or your exposure to the bad things in life”*<sup>8</sup>.

It considers the ways in which people’s lives are shaped by their multiple and overlapping identities and social locations, which together can create additional barriers, opportunities, and/or power imbalances<sup>9</sup>.

### Guidance for equity in consultations<sup>10</sup>

When the voices of all affected population groups can be heard, and when the consultation method is culturally and contextually robust, the validity and quality of the findings – and eventual mitigation solutions – increases.

- Include a variety of perspectives, in terms of identify factors, geographic location, professional practice experience, and familiarity with the policy, standard, or guideline.
- Be clear about what you expect from the individual or group and what you are planning to give back.
- Be transparent how you protect participants’ confidentiality and anonymity throughout the information collection, analysis and reporting activities. Confirm any limitations around confidentiality and anonymity. And, collect only what is necessary to your context.
- Provide participants or interested parties with a brief overview of what information is being collected, why these questions are being asked, the participant's right to choose not to disclose uncomfortable information, the participant's right to ask questions, how the information and data will be used to benefit the health-regulatory system and protect the public.
- Use inclusive language and customize messaging to describe why each group or community you want to hear from should engage in the consultation process.
- Engage community and professional network leaders in outreach and disseminating invitations to participate.
- Co-create an ethical space for dialogue and promote cultural safety and recognition of the cultural identities, histories, knowledge and perspectives within identity groups.
- Use mixed methods (interviews, focus groups, narrative, longform surveys) in conjunction with quantitative administrative data to better understand the lived experience of members of

<sup>8</sup> Understanding Intersectionality | Carpenter Smith ..., <https://www.carpentersmith.com/business-coach/understanding-intersectionality/>.

<sup>9</sup> <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary>

<sup>10</sup> Adapted from [https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit\\_5.27.20.pdf](https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit_5.27.20.pdf)  
<https://drive.google.com/file/d/1OEJmWNYjlyDjQWt24p24GF6HPs3N7tdZ/view>

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equity-seeking groups, administrative data could include information related to age, gender, sex, race, ethnicity, social economic status, income, housing, (dis)ability/accessibility as well as other new/emerging social determinants of health

- Proactively solicit feedback on data collection practices during engagement planning.
- Avoid over-burdening certain groups and individuals, and consider compensating participants for their time (similar to committee member per diems).
- Develop authentic records and avoid paraphrasing interview and focus group responses in the data gathering stage.
- Work with interviewers and facilitators that have experience collaborating with the communities they are engaging with.

## 3. ANALYSIS

Once you have gained a preliminary understanding of potential disparities between identity groups, the next step is to analyze the potential and actual impacts – both positive and negative – on particular groups or more likely on individuals/groups with various relevant identity factors. In cases, where the information gathered is not as fulsome as hoped for, or sample sizes required for statistical significance are not attainable, data can still be useful and should be presented accordingly.

### Guidance for identifying impacts and root causes

The information gathered may point to positive and adverse impacts. *Positive* impacts include meeting the equity intents of the policy, program or standard, or an increase in equity for racialized or members of other equity-seeking groups (e.g., increased number of competent [...] become licensed).

*Adverse* impacts include a diminishing of opportunities and benefits, a limiting of access, or over- or underrepresentation (e.g., registration, complaints, disciplinary action).

Review and analyze the evidence gathered, considering...

1. Is the policy, program or standard, or guideline meeting the needs of various or targeted communities of interest?
2. Keeping in mind the related regulatory context and intent of the policy, program, standard, guideline, or decision:
  - a. What are the *positive* impacts/outcomes for [a given population]? How does that differ from other populations [such as ...]?
  - b. What are the *adverse* impacts/outcomes for [a given population] and how does that differ from other populations [such as ...]?
  - c. Are these impacts/outcomes in line or in contradiction with related research and evidence?
3. Is there parity in impacts and outcomes across populations?
  - a. Do some groups benefit more?
  - b. Are others limited more?
4. Consider the intersections in these groups – e.g., do impacts differ based on intersecting identity factors such as country of education, immigration status, gender identity, ethnic origin, religion, language, race, Indigenous heritage, disability, age, family status, socio-economic status, etc.? Are the sample sizes sufficient for drawing meaningful conclusions?
5. Have any adjustments/other possible options been identified to address adverse impacts?
6. What assumptions underlie these differential impacts? What are their effects?
7. Have we gone beyond mainstream literature/evidence sources by including research from community organizations? (This may help to gain valuable insights and perspectives not considered in peer-reviewed or mainstream research.)

Inequities based on race or other identity factors can typically be attributed to a number of factors. Complex issues are best understood by looking at how these factors may be interrelated and going beyond the surface factors, or symptoms, to identify and address the “root cause”. When a social problem is observed, we often are tempted to move too quickly to develop solutions.

For example, a health regulatory College receiving numerous patients’ complaints about the English language proficiency of its internationally trained registrants, may consider increasing the language benchmark requirements of its registrants. Root cause analysis (RCA) aims to uncover instances in which chosen solutions could be addressing a misunderstood problem and may therefore be ineffective. It does this by guiding partners and interested parties in asking why they might be observing the outcomes they do, or in other words: what is the story behind the information?

In the above example, RCA could lead a health regulatory College to find that racism, lack of communicative competence and other causes are at play. A health regulatory College may take action to strengthen its entry to practice competency profile and assessment by accounting for applicants’ diversity by including communicative competence in patient encounters. It may also involve bridging/continuing professional development programs regarding unconscious bias, cultural differences, allyship, and dealing with racism in the practice environment.

RCA is a method of problem-solving and system evaluation which can be used to guide assessment of a policy, program or standard’s equity impacts. While it can be particularly helpful in the exploration of racial equity, it is a widely used technique outside of this context. The purpose of RCA is to *define, analyze, and solve* an equity problem by tracing it back to its systemic root cause/source and evaluate how to prevent or mitigate root causes of inequities. Collaboration with partners and interested parties and communities will help to validate evidence and findings to date and may help to inform the identification of root causes. Key to an effective analysis is approaching it with an open mind, avoiding making assumptions, and probing as far as needed to determine what the mitigating solution would be. In some cases, root causes may be outside of the regulatory health College’s mandate, which may make follow-up action more complex and require collaboration with other interested parties.

### Guidance for describing inequity<sup>11</sup>

Racial disproportionality and disparity indices are widely used to compare the outcomes of populations or groups in sectors such as child welfare, youth and adult justice, education, and health. Data-driven results that meet requirements for statistically significant data sets on racial disparities or disproportionality are scarce, but can underscore the need for a race focused impact assessment, such as the HPRO-EIA, to help identify the root causes and mitigate racial inequities. The same analytical

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<sup>11</sup> Adapted from [https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit\\_5.27.20.pdf](https://www.aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit_5.27.20.pdf)  
<https://drive.google.com/file/d/1OEJmWNYjlyDjQWt24p24GF6HPs3N7tdZ/view> AND Data Standards for the Identification and Monitoring of Systemic Racism: Analyses of information collected | Ontario.ca



model can be applied to a range of identity groups, such as persons with disabilities, Indigenous peoples, internationally trained professionals, etc. Collaboration with quantitative researchers is recommended.

Racial disparity is *unequal outcomes* in a comparison of one racial group to another racial group. Racial disproportionality is the *over-representation or under-representation* of a racial group in a particular program or system, compared with their representation in the general population. For more information, please refer to Standard 29 of the Anti-Racism Data Standards (ARDS).

### Calculating Racial Disproportionality Index

The disproportionality index is calculated using this equation:

$$\text{Disproportionality}_{\text{GroupA}} = \frac{\left( \frac{\# \text{GroupA\_ProgramPop}}{\# \text{Total\_ProgramPop}} \right)}{\left( \frac{\# \text{GroupA\_BenchmarkPop}}{\# \text{Total\_BenchmarkPop}} \right)}$$

Where:

**#GroupA\_ProgramPop**

Is the number of individuals of Group A in a program population

**#Total\_ProgramPop**

Is the total number of all individuals in the program population

**#GroupA\_BenchmarkPop**

Is the total number of individuals of Group A in a benchmark population (or eligible population)

**#Total\_BenchmarkPop**

Is the total number of all individuals in a benchmark population (or eligible population)

The racial disparity index (also known as a risk ratio or relative risk index) is calculated as follows:

a.  $\text{Disparity}_{\text{GroupA/B}} = \frac{\text{Disproportionality}_{\text{GroupA}}}{\text{Disproportionality}_{\text{GroupB}}}$

While still largely unavailable, anecdotal, or limited by small data sets, disproportionality indicators are beginning to form. Some examples include:

- Race: there are fewer Black students in health programs requiring Bachelor's and Master's degrees, more Black students in health programs requiring certificate or diploma qualifications.
- Race: An Ontario-wide survey conducted by RNAO revealed that 88.3% of Black nurses *'believe to have experienced racism and/or discrimination'*.<sup>12</sup>
- Country of Education: Canadian Alliance for PT Regulators shares on its website the pass rates for its licensing exam -- 44% of Nigerian educated, 70% of UK educated, 83% of Australian educated PTs pass on the first attempt, compared to 95% of Canadian educated PTs.

To contribute to building up the data necessary to produce these indices:

- Disaggregate data beyond the level of major racial groups (e.g., Racialized or Indigenous) to also reflect sub-groups (e.g., Latin American, Black Canadian, Inuit, etc.)
- Disaggregate data and analyze intersectional experiences (e.g., looking at race by gender identity or by years of experience).

Markers in domain 7.1 provide some concrete examples of other disparity indicators, for example:

- Percent of complaints dismissed or no further action taken, disaggregated by identity factors and/or intersections, compared to all dismissed complaints.
- Percent of surveyed patients / clients reporting being treated fairly in the previous 6 months; disaggregated by identity factors and/or intersections, compared to all surveyed patients / clients.

### Guidance for developing actions in response to an equity impact assessment

Systemic racism and inequity can take root and be perpetuated through inaction. To determine the best approach to developing actions to address adverse impacts, review your findings to date and consider:

- Who have you consulted to date? Who haven't you heard from?
- Which groups could you focus on in this step to gain more representative viewpoints towards identifying actions to address adverse impacts that will result in improved outcomes for all populations?
- Who will make the final decision on actions to be implemented? How will you engage these partners and interested parties?

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<sup>12</sup> [https://rnao.ca/sites/default/files/2022-02/Black\\_Nurses\\_Task\\_Force\\_report\\_.pdf](https://rnao.ca/sites/default/files/2022-02/Black_Nurses_Task_Force_report_.pdf)

## EDI Organization Self-Assessment and Action Guide

- What other actions that are outside of your mandate would support addressing adverse impacts? And who could implement those actions?

Based on your answers to these questions, update your Terms of Reference as needed.

The assurance of an evidence-based process increases the probability of designing a successful action to address adverse impacts. It also builds confidence in the process as inclusive and transparent.

The recommended method to identify actions to address adverse impacts is through

- best practices research about the impacts and root causes identified,
- consultations with subject matter experts, and
- insights from members of the most affected groups.

Through this research and engagement/consultation, explore:

- What are the options to eliminate or address the identified adverse impacts and advance racial equity?
- What would these conditions look like if we achieved them? What measures can we use to quantify these conditions?
- What aspects of the policy, program or standard(s) can we tailor to reflect the needs of different groups of people?
- Who might have their benefits diminished from the action? How can we further adjust the options to address any new inequities that might arise?

Finally, it is time to decide on actions to implement.

To prepare for this activity, refer to the Terms of Reference:

1. Bring together the key decision-makers identified, being sure to include multiple viewpoints to ensure equitable decision-making (could include colleagues, experts, and representatives of communities of interest, as appropriate).
2. Select the criteria to be used to assess and rank the shortlisted options, focusing on those that would be useful for your internal partners and system partners to make an informed decision.

**EXAMPLE Project: EIA of differential pass rates on written licensing assessments (barriers, impact, root causes identified through consultations)**

- Example: Results of the root cause analysis
- Internationally educated candidates lack strategies to complete multiple-choice assessments because this type of testing is little known outside of Commonwealth countries.
  - Language testing lacks occupation-specific assessment and creates a false sense of language proficiency for candidates and assessors.
  - Written licensing assessments using Canadian terminology and focusing on knowledge recall, put many Canadian candidates at an advantage.
  - Gap assessments and bridging and gap training are less accessible to mature candidates, who have to support themselves and families.
  - Internationally trained candidates with many years of work experience are judged against an entry to practice benchmark. (Would experienced Canadian practitioners pass entry to practice assessments?)
  - Little to no experience of the Canadian health care system (even as patient), means internationally trained candidates lack context.
  - Financial cost of writing entry to practice assessments or licensing exams is an enormous burden for many internationally trained workers and barrier to their employment within the Canadian workforce

Example: Groups adversely impacted identified through consultations

Internationally educated from: (Note: countries with comparable practice environments and education to Canada are considered only =regulated, autonomous practitioners who assess, diagnose, treat)	Western Europe: UK-educated (positive impact) Dutch Educated (negative impact) Eastern Europe: Polish Educated (negative impact) Southern Europe: n/a Northern Europe: n/a	Northern Africa, Eastern Africa, Western Africa: Nigerian-educated (negative impact) etc.	East and Southeast Asia: e.g., n/a
	South America:	North America:	Australia (positive impact)
Racialized communities	Black immigrants	East Asian immigrants	
Work experience	Mature practitioners		
Languages	ESL speakers		
Socio-economic	Candidates who have to work multiple jobs		

Example: Identify options to address adverse impacts by

1. Conducting best practice research of addressing barriers, impact and root causes above.
2. Consulting with experts in occupational language assessment.
3. Consulting with experts in clinical competency assessment of new and mature practitioners.
4. Benchmarking with similar professions.
5. Consulting with internationally educated generally and mature practitioners in particular to co-create supports and solutions.
6. Creating job shadowing opportunities where internationally trained workers can gain experience under supervision of a licensed professional.

Potential options identified through 1-6.

- Conduct additional research into the differential pass rates as required, also looking beyond specific occupation.
- Offer multiple assessment methods, including those internationally educated applicants are familiar with.
- Separate language benchmarks for all forms of communication (written, spoken, listening, etc.).
- Assess communicative competence (rather than generic language proficiency only).
- Focus on application of knowledge in scenarios, and higher order thinking in written assessments.
- Offer competency gap assessments for all internationally and Canadian educated applicants.
- Provide targeted gap training in modular and highly accessible formats so those supporting families can continue to hold jobs.
- Provide opportunities to observe, assist in real practice environments to provide Canadian context.
- Consider creating temporary license that allows internationally trained workers to work (under supervision), while studying to write their licensing exams
- Develop mutual recognition agreements for internationally trained applicants from countries/school with high success rates.

## EDI Organization Self-Assessment and Action Guide

Assessment grid of options based on organizational capacity and alignment with the strategic plan

Options (don't recommend=N; recommend=R; short-term=ST; medium-term-MT; long-term=LT)	N	R-ST	R-MT	R-LT

Assessment grid for each option

Criteria	What it covers	Assessment	Notes
Effectiveness	<p>Does it address the goal/objectives for the HPRO-EIA assessment (refer to the Terms of Reference)?</p> <p>Does it address immediate impacts?</p>		
Longer-term equity	<p>Thinking beyond this policy, program or standard, will the anticipated benefits:</p> <ul style="list-style-type: none"> <li>• advance equity for groups most affected?</li> <li>• address the differential effects or impacts on diverse groups of people, including the interaction of any Racialized identity with other identity factors – e.g., geography, gender identity, etc.?</li> <li>• avoid most risks of negative impacts or a worsening of disparities for another group?</li> <li>• have a meaningful impact on one or more of the root causes?</li> </ul>		
Support for system partners and interested parties	<ul style="list-style-type: none"> <li>• Was it proposed by partners and interested parties?</li> <li>• Will most partners and interested parties support it?</li> <li>• Will there be negative reaction to be addressed?</li> <li>• Is it culturally relevant?</li> <li>• Will capacity support, accommodations, and resources be provided, if needed?</li> </ul>		
Strategic feasibility	<p>Is it consistent with regulatory requirements, bylaws, strategic plan?</p>		

## EDI Organization Self-Assessment and Action Guide

Administrative feasibility	<ul style="list-style-type: none"> <li>What administrative enablers would be needed; timing considerations; fiscal requirements; legal or jurisdictional considerations?</li> <li>Is it compatible with existing norms and procedures?</li> <li>How easy will implementation be?</li> <li>Can it be implemented in phases?</li> </ul>		
Efficiency	Is it efficient in terms of costs vs. anticipated benefits?		
Sustain-ability	Will it sustain through changing conditions?		
Robustness	Will it help us to identify and quickly address risks?		

Once you have documented and assessed all options, rank them in order:

1. 2. 3. Etc...
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## 4. DEVELOPING AN IMPLEMENTATION PLAN

As outlined above, the first step is to identify actions to address or eliminate adverse impacts and root causes and increase equity for adversely affected groups. The next step is to develop a plan to help ensure that proposed measures to address adverse impacts and/or the new or amended policy, program or standards are implemented appropriately. Consider:

- **FEASIBILITY:** Is the plan feasible, and does it have mechanisms to evaluate successful implementation and monitoring?
- **SUSTAINABILITY:** How will the actions be implemented in a sustainable manner?
- **ACCOUNTABILITY:** Are there provisions to ensure public reporting and accountability to key partners, interested parties, and communities?

Work with internal partners and interested parties, specialists (e.g., analysts, IT staff, trainers, communications and legal) and decision-makers, those who will operationalize the actions, and key affected communities, as appropriate to determine a feasible plan.

Three components of “change” should be incorporated in developing the plan:

1. actual changes to the policy, program or standard
2. change management to support adoption
3. facilitation of resulting changes in the broader environment.

Changing the policy, program or standard:

- What do we need to do to make the agreed upon updates to the policy, program or standard (formal approvals; make changes to policy/budget/program directives/standards, etc.)?
- Do we need to update or draft new practice guidelines? Develop forms? Adjust information systems? Train service providers? Who needs to adopt the new practices?
- Who should be made aware of the actions/measures to address adverse impacts and updates to the policy, program or standard – e.g., partners and interested parties consulted throughout the HPRO-EIA process, internal and external partners/ interested parties involved in implementation, and the wider public potentially affected by the policy, program or standard?
- Are there opportunities for communities or networks to be involved in implementing the changes that might affect their members?
- How will we build the EDI and anti-racism equity capacities of those operationalizing/delivering the policy, program or standard to support a successful implementation?



## Communication and report dissemination:

- What key messages will be used to help advance EDI and anti-racism and build broad support for the selected option(s)?
- How can we maintain clear and transparent communication with communities of interest as the new/revised policy, program or standard is implemented?
- Who should receive the report on the results of the HPRO-EIA?
- Is there an external or independent body or committee that ensures accountability and transparency, and therefore needs to see the report? Are there other Colleges who would benefit from seeing the report?
- Should different versions with varying levels of detail be developed – e.g., more detailed for internal audiences, executive summary and recommendations for key partners, interested parties, and communities, infographics for the general public (considering any legal obligations)?
- How can we be inclusive in dissemination – e.g., translation, accessible and plain language versions, etc.

## Accountability, monitoring and evaluation:

- What measures will be put in place to ensure appropriate monitoring and measuring of the implementation and effectiveness of the actions/revised policy, program or standard?
- How will accountability (processes, policies, and leadership) for effective implementation be ensured? Are mechanisms in place to ensure successful application of the new practices?

## Risk management and broader impacts:

- What are some possible barriers/risks to implementation (e.g., acceptance of changes)? How could we address these – e.g., through communication messaging? What contingency plans could we put in place to manage these?
- Does the implementation of the action(s) to address adverse impacts require changes to other organizational systems, administration, or policies and procedures?

## Timeframes, budget and resources

- What are the timeframes for implementation? For monitoring and evaluation?
- Are there provisions to ensure ongoing participation of partners and interested parties in monitoring, evaluation, and ongoing data collection?
- Is there a meaningful and adequate investment of resources and staff to ensure:
  - Effective implementation according to the plan
  - Continuing monitoring for early identification of unanticipated impacts, whether positive or negative
  - Appropriate two-way communication between the College and interested individuals and groups

## **Domain 7: Measurement, Reporting and Improvement**

### **Guidance for selecting, collecting, and analyzing EDI and anti-racism related indicators**

It is impossible to measure progress along any lines without the use of data. More importantly, the gathering of data can only be beneficial if it is done with the use of appropriate indicators that will measure what is needed. The quality of the indicators and the manner in which the data is gathered are both vital for the quality of the analysis and the ability of any College to implement the most appropriate policies, procedures and tools.

Many of these issues have been addressed in earlier sections. There is some repetition here to provide context.

The focus in Domain 7 is on the College's practices for using measurement to improve its practices on an ongoing and a strategic basis. Colleges that are advancing well in Domain 7 will be integrating EDI and anti-racism indicators into their strategic and operational planning processes.

The measurement process needs to be done in a manner that

- a. Builds, and builds upon, an understanding among key decision-makers (Board / Council, committees, staff, etc.) of the importance of EDI and anti-racism and the appropriateness of the indicators. Dedicated Board or committee discussions during planning sessions will likely be required.
- b. Reflects the three types of key measures: structure, process, and outcome (see the description in the Introduction and Terminology section, specifically Self-Assessment Domains and Markers)
- c. Uses key performance indicators (KPI) that have been deemed to be the most appropriate and the most beneficial. There should be clear alignment between EDI or anti-racism KPIs and other metrics used by the College to assess and manage its performance.
- d. Avoids the collection of indicators that are not meaningful or do not provide much help in the process. Collecting, interpreting, and acting on data requires an investment of effort; it is appropriate to be judicious in selecting the indicators.
- e. Begins small and grows with increasing complexity of information
- f. Engages with interested parties to:
  - o Select and define the appropriate indicators

## EDI Organization Self-Assessment and Action Guide

- Gain support for collecting the data and to gain their commitment to engaging their networks, registrants, etc.
- Frame important analysis questions and validate / extend / interpret / communicate findings

Structure and process indicators are particularly important at early stages to demonstrate commitment, successful implementation and progressive impact of actions. They allow for communication of during a potentially lengthy period of time prior to having evidence of positive outcomes. The communication must clearly demonstrate the linkage between the actions taken (structural and process markers) and the anticipated outcomes.

### Guidance for monitoring and evaluation

As noted in the other domains, knowing the success or failure of a policy, procedure, or process is what allows for continued learning. This learning can lead to positive changes due to learning from successes and/or further improvements due to failures. It can also help identify unintended positive and negative consequences that were not part of the initial desired outcomes.

It is important that the College

- a. Take accountability for following up and using this information for decision-making.
- b. Integrate this data into other organizational monitoring / evaluation / accountability processes.
- c. Recognize that some indicators can show a decline but nonetheless there is progress and can be actual improvement in the core issue. For example, perspectives on the fairness of registration or assessment processes can show a decline over time, if people from under-represented groups become more willing to self-identify, or more comfortable to participate and declare their concerns. Similarly, many organizations find that the prevalence of reported harassment increases after training sessions that discuss the issue.
- d. Report both positive and negative findings – for transparency, credibility, impetus for change, and more informed decision-making.
- e. Establish realistic expectations for timeframes for monitoring. Early monitoring helps to flag implementation issues that require corrective action. However, it can also raise expectations or an implicit demand for ‘quick wins’ and early results that may not be centrally important or sustainable.

A full view of monitoring and evaluation includes a focus on outcome measures. Many of these issues have been discussed under Domain 6, including the use of indices that indicate disproportionality and disparity to help assess the differing outcomes between various groups. When constructed at an appropriate level of analysis (i.e., sufficiently granular and process-based), they also help understand the more specific contributing factors that create hurdles for members of equity-seeking groups. Similarly, gathering data that is disaggregated along several intersectional factors can help improve understanding of hurdles and inequalities that many people face. For example, this type of data can help identify the inequities that Indigenous groups face in general, but also the differing levels and types of challenges that Indigenous groups face if they are on or off reserves, in rural or in urban areas.

### **Guidance for action plan for organizational change and guidance to implement outcomes from other sections**

Planning for organizational change helps ensure that the commitment for change is real and actionable. It also helps support achievements in all of the other domains, including the demonstration of commitments, the achievement of regulatory governance EDI objectives, etc. Systemic change also requires that change be undertaken in all domains and aspects of the College.

Ensuring that change occurs requires an overall framework, summarized in the following set of actions, some of which are further outlined in earlier sections.

1. Build awareness of discrimination and racism at Board, staff, and practitioner levels through the provision of mandatory and non-mandatory training that is focused on conscious and unconscious bias and on systemic oppression and discrimination
2. Officially recognize the presence and effects of discrimination and racism by
  - a. Issuing public statements with goals and action plans
  - b. Issuing frequent public statements describing progress and results
  - c. Applying resources to assessing EDI and racism
  - d. Achieving an agreement at the Board level for this commitment
  - e. Undertaking a self-assessment of EDI- and racism-related issues in Colleges
3. Show commitment to a more diverse and inclusive space by
  - a. Making official commitments to increasing representation and establishing objectives and timelines
  - b. Publishing EDI and anti-racism values
  - c. Appointing EDI champions (staff members with EDI as their primary responsibility) who have power to advocate and influence decision-making
  - d. Assessing EDI and racism-related factors in appointments and assignments

## EDI Organization Self-Assessment and Action Guide

- e. Undertaking Board meetings on a regular basis with a specific objective to assess advancements on EDI and anti-racism initiatives
- f. Consistent and constant check-ins with EDI champions
- 4. Provide institutional support and capacity by
  - a. Providing EDI and anti-racism champions with resources (EDI-specific funding)
  - b. Promoting EDI and anti-racism champions and their services as safe spaces for members of equity-seeking groups
  - c. Translating EDI and anti-racism values into action plans that promote anti-oppressive practices
  - d. Undertaking activities that promote EDI and anti-racism learning and values
  - e. Establishing EDI and anti-racism competency assessment in hiring processes
  - f. Establishing EDI and anti-racism standards for dealing with complaints (between practitioner and those receiving services and between registrants and staff of the College/other registrants)
  - g. Ensuring that EDI and anti-racism standards guide the process
  - h. Embedding EDI and anti-racism impact assessment into the assessment and decision-making processes
  - i. Embedding EDI and anti-racism into policy work planning, prioritization of areas of work, guidelines, and standards
  - j. Developing systems for EDI and racism-related data gathering and analysis
  - k. Reviewing accessibility of information on websites and in procedures/documents
  - l. Providing support to members of equity-seeking groups to increase equitability
- 5. Measure, monitor, and evaluate by
  - a. Gathering data on members of equity-seeking groups through surveys, reports, and other mechanisms
  - b. Gathering data on achievements of EDI and anti-racism objectives
  - c. Assessing achievements and unintended consequences of policies, standards, guidelines, and procedures with an EDI lens
  - d. Publishing findings
- 6. Make necessary changes by
  - a. Committing to responding to recommendations
  - b. Indicating the commitment and a timeline to achieve it
  - c. Adjusting approaches, decisions, policies and programs accordingly
- 7. Maintain some levels of flexibility by
  - a. Maintaining clauses that allow for future (short term and longer-term) adjustments
  - b. Ensuring a continuous learning and assessment process that aims to assess along multiple intersectional factors
- 8. Expand reach to outside entities (enhance mapping and engagement of interested parties) by consulting
  - a. Upstream: university, educational institutions, certifiers, etc.

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- b. Downstream: civil society organizations, community groups, advocates, etc.
- c. Horizontally: other regulators within Ontario

## ANNEX 1: Glossary

<b>Anti-Racism</b>	Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.
<b>Diversity</b>	Diversity captures the psychological, physical, and social differences that occur among any and all individuals. People differ by attributes such as age, race, education, mental or physical ability, learning styles, gender, sex, sexual orientation, immigration status, religion, socioeconomic status, family status, and others. A diverse group, community, or organization is one in which a variety of social and cultural characteristics exist.
<b>Equity</b>	<p>The term ‘equity’ acknowledges that different populations face different barriers to success and actively puts strategies in place to mitigate or eliminate these barriers. Social or historical factors can cause sameness of treatment to be inconsistent with equitable treatment—for instance, in cases where legacies of social inequality or systems oppression have placed groups in dominant or subordinate statuses relative to one another.</p> <p>Under such circumstances, access to services, supports, and opportunities and attaining economic, political, and social fairness cannot be achieved by treating individuals in exactly the same way. Equity honours and accommodates the specific needs of individuals/ groups.</p> <p>The term “equity-deserving” implies that the person in question or the identity group to which this person belongs is deserving of being treated in a just manner where their identity factor(s) do not hinder their circumstances, access to services, supports, and opportunities and attainment of economic, political, and social equality.</p> <p>The term “equity-denied” implies that the person in question or the identity group to which this person belongs is being denied their full human rights and their ability to attain economic, political, and social equality.</p> <p>The term “equity-seeking” usually refers to groups of equity deserving people who are actively working, directly or indirectly, consciously or unconsciously on attaining economic, political, and social fairness.</p>
<b>Ethnic Origins</b>	<p>Ethnicity refers to a person’s ethnic or cultural origins.</p> <p>Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.</p>
<b>Indigenous Identities</b>	<p>Indigenous people identify as being descended from the Original Peoples of what is currently known as Canada.</p> <p>In this context, Indigenous peoples include people who may identify as:</p> <ul style="list-style-type: none"> <li>• First Nations (status and non-status)</li> <li>• Métis</li> <li>• Inuit</li> </ul>

## EDI Organization Self-Assessment and Action Guide

<b>Gender</b>	Gender refers to the socially constructed ideas and characteristics of women, men and non-binary individuals – such as norms, roles, behaviours, and relationships of and between groups. Terms such as genderqueer, gender-nonconforming and others are used to reflect some of the diversity of gender identities in the population.
<b>LGBT2SQ+</b>	One of a number of acronyms used to encompass a wide spectrum of gender and sexuality. People who ascribe to this umbrella grouping may identify as Lesbian, Gay, Bisexual, Pansexual, Trans, Gender Independent, Queer, Two Spirit, and Questioning. The plus sign acknowledges the many sexual and gender minority people don't see themselves in the umbrella acronym and prefer other identity terms.
<b>Inclusion</b>	Inclusion is used to describe an Environment in which all people are respected equitably and have access to the same opportunities. Requires the identification and removal of barriers (e.g., physical, procedural, visible, invisible, intentional, unintentional) that inhibit participation and contribution.
<b>Intersectionality</b>	People have multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape their perspectives, ideologies and experiences. This perspective can provide a more comprehensive view of people's experiences in society as well as the systemic impacts that are interconnected and cannot be examined separately from one another (e.g., racism, sexism, homophobia, ableism, etc.).
<b>Race</b>	Race is a term used to classify people into groups based principally on physical traits (phenotypes) such as skin colour.
<b>Racialized</b>	Often used to stand in for “visible minority,” this more fluid term acknowledges that race is a social construction that can change over time and place. It can be applied to people who have racial meanings attributed to them as a group in ways that negatively impact their social, political, and economic life, e.g., Black, Asian, Arab, and Roma.
<b>Racism</b>	Racism consists of ideas, beliefs or practices that establish, maintain or perpetuate the superiority or dominance of one racial group over another.
<b>Sexual Orientation</b>	A person's identity in relation to the gender or genders to which they are sexually/romantically attracted; the fact of being heterosexual, homosexual, etc.
<b>Systemic Racism</b>	Systemic racism occurs when institutions or systems create or maintain racial inequity often as a result of hidden institutional biases in policies, practices, and procedures that privilege some groups and disadvantage others.
<b>Unconscious Bias</b>	Everyone has unconscious assumptions, beliefs, attitudes and stereotypes that their brains have developed about different groups. They can be positive, negative, or neutral. These learned mental short-cuts affect how we perceive and respond to people, preventing us from clearly seeing fairly and accurately the information or the person in front of us. Unconscious biases can be triggered within a fraction of a second, affecting decision-making in ways of which we are generally unaware.





## IMPLEMENTATION WORKSHOP

### HPRO EDI and Anti-Racism Organization Self-Assessment and Action Guide

Determining Where We Are .... and  
Where We are Going

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Health Profession Regulators of Ontario (HPRO) | Ph: 416-493-4076 | [www.regulatedhealthprofessions.on.ca](http://www.regulatedhealthprofessions.on.ca)




## HPRO's Commitment to EDI


- The Health Profession Regulators of Ontario (HPRO) undertook this commitment to
  - Assist regulatory Colleges on their journey to increase consistency between their processes/functions and EDI/anti-racism principles.
  - Support its regulatory Colleges in their efforts to comply with reporting requirements.

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Health Profession Regulators of Ontario (HPRO) | Ph: 416-493-4076 | [www.regulatedhealthprofessions.on.ca](http://www.regulatedhealthprofessions.on.ca)



## Why is this Important?



- Evidence of discrimination and racism of those associated with minority groups/equity-seeking groups
  - Prospective health professionals
  - Licensed health professionals
  - Patients/clients
- Regulatory bodies, and system partners are committed to actioning change
  - Eliminate discrimination
  - Strive for diversity, equity and inclusivity
- CPMF reporting requirement

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Canadian society is diverse, and this diversity is reflected in the people whose right it is to access health services.

To best serve this diverse population, it is important that

This diversity also be reflected in

The College's governance

The organization's staff and management team

Among the registrants

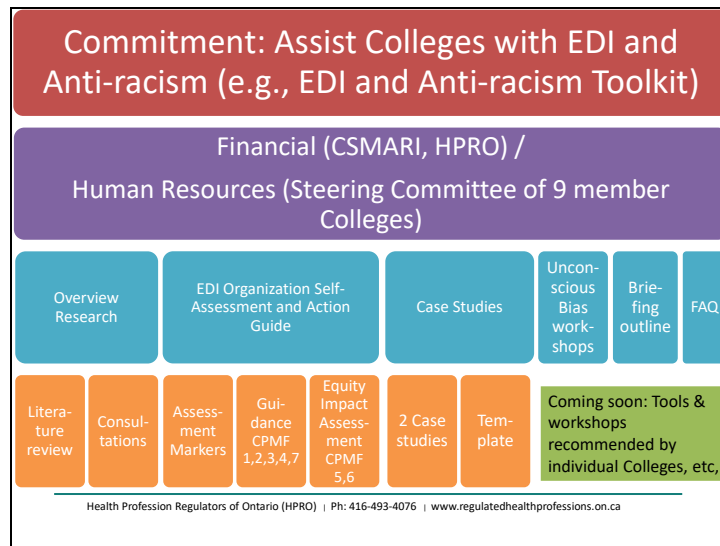
Evidence shows that **health professionals** who are associated with minority groups/equity-seeking groups face discrimination and racism **in their work environment**.

Evidence also shows that **prospective health professionals** who are associated with minority groups/equity-seeking groups face discrimination and racism that **limit their ability to enter the healthcare field**.

As individual organizations, regulatory bodies, and system partners in the health system, we are working hard to advocate for, and are committed to actioning essential change to eliminate discrimination and racism and strive for diversity, equity and inclusivity that is embodied in Ontario's Human Rights Code.

It is part of our Reporting Requirements

The Ontario Ministry of Health's College Performance Measurement Framework (CPMF) includes Equity, Diversity, and Inclusion (EDI) elements that the Colleges need to report against.



HPRO undertook this comprehensive initiative with funding from CSMARI  
 Highly engaged steering committee representing 9 member colleges who provided ongoing feedback and guidance

Activities that informed the tools

- Research of the literature on EDI and anti-racism relevant to regulation of the health professions
- Consultations with 21 member colleges and other comparators regarding Equity, Diversity, and Inclusion (EDI) and anti-racism relevant to their responsibilities
- Provision of two unconscious bias training sessions attended by staff members of 12 Colleges
- Piloting of the EDI Organization self-assessment tools by 8 member colleges

HPRO undertook this comprehensive initiative with funding from CSMARI  
 Highly engaged steering committee representing 9 member colleges who provided ongoing feedback and guidance

Activities that informed the tools

- Research of the literature on EDI and anti-racism relevant to regulation of the health professions
- Consultations with 21 member colleges and other comparators regarding Equity, Diversity, and Inclusion (EDI) and anti-racism relevant to their responsibilities
- Provision of two unconscious bias training sessions attended by staff members of 12 Colleges
- Piloting of the EDI Organization self-assessment tools by 8 member colleges

## Meeting Objectives

01

Discover the 4 tools and the research supporting them.

02

Discuss how to use selected elements of the tool for regulatory functions, processes, and CPMF reporting.

03

Explore your role in implementing these tools with Councils, committees and system partners.

## Introductions Quick Poll


1. Which roles do you have at the College?
2. Are you planning to use the materials?
3. Which domains would you like us to focus on?

Also, please be sure to include your first name and the name of your College in your 'Zoom name field'.

**HPRO** Health Profession Regulators of Ontario

## Quick Overview of the Tools

- ✓ An organization **self-assessment grid** divided along **7 domains** (found in the CPMF & cover most of the work of the College)
- ✓ Assessment **markers** for each domain (help identify the level of EDI and anti-racism achievement)
- ✓ A **guidance** for selected areas (provide specific steps for improvement)
- ✓ 2 Case studies
  - ✓ Initial Stages
  - ✓ Advanced Stages
- ✓ Frequently asked questions
- ✓ Briefing template (in the form of a PowerPoint Deck)




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Health Profession Regulators of Ontario (HPRO) | Ph: 416-493-4076 | [www.regulatedhealthprofessions.on.ca](http://www.regulatedhealthprofessions.on.ca)

The College has access to the following tools that it can use as is or adapt to its unique situation:

The tools provide a means to tell an evidence-based story regarding our work on EDI and anti-racism

- Help self-assess the College's performance as it relates to EDI and anti-racism.
- Provide the College with resources to help improve its performance related to EDI and anti-racism.
- Help the College gather the information necessary to report on the Equity Impact Assessment (EIA) indicators to be included in the CPMF reporting.

**HPRO** Health Profession Regulators of Ontario

## Words we use, and why

1. Identity factors
2. Equity, diversity and inclusion (EDI)
3. Intersectionality
4. Anti-racism
5. Equity-seeking groups
6. Self-assessment domains and markers
7. Structural, process and outcome measures

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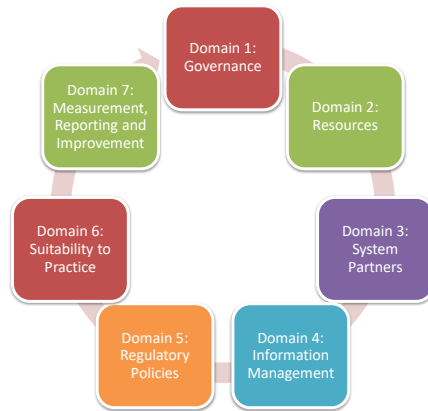
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## Key decisions we made along the way



1. Equitable access: profession / health care
2. Rating scale for self-assessment
3. Equity Impact Assessment focuses on domains 5 and 6 (regulatory functions)
4. Fill a gap – specific to regulatory Colleges’ needs
5. Going beyond CPMF reporting
6. Adaptable & customizable (**Important:** Need to be aware of the impact of biases on the groups/intersectional factors that are prioritized.)

## Walk through priority domains



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## The EDI Self-Assessment and Action Guide Package

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Matrix - A high-level view of the strengths and gaps, indicating priorities for attention  
 Markers - Results of a drill-down assessment, OR Plans for conducting a drill-down assessment  
 Guidance – Guidance on how to go about improving standing.

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## Small group discussion First things first!

### Scoping

- See guiding questions
- Please join your assigned group

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## Is everyone at the table?

- Participatory
- Co-creation
- Inclusive
- Engaging
- Listening
- Not judging
- Patience
- Circular / linear





## Data Gathering Walk Through

### Domain 4

- Information Management

### Domain 6

- Registration

### Domain 7

- Measurement, Reporting and Improvement

- **Note:** It is important to move beyond anecdotes!

## Small group discussion



### Data-gathering

- Guiding Questions
- Please join your assigned group
- Table on Page 58/59

### Analysis

- Guiding Questions
- Please join your assigned group

## Feedback Poll

- Link to Poll

## Final Thoughts

- EDI and anti-racism are ongoing journeys.
- The tools are meant to be used, adapted, and improved with time/usage.
- Contact HPRO for more information or if you want to get involved!



## Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.e.
<b>Issue:</b>	Policy Review: Removal of Information from Public Register
<b>Attachment(s):</b>	Removal of Information from Public Register Policy Information Removal Application
<b>References:</b>	<a href="https://www.ontario.ca/laws/statute/s17011">https://www.ontario.ca/laws/statute/s17011</a>
<b>Action:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	P. Bialik, J. Smith

### Purpose & Public Interest Rationale:

Registrants can request the Registrar to remove information from their public register profile, including summaries of previous Inquiries, Complaints and Reports Committee (ICRC) outcomes. A policy is required to provide transparent criteria, within the confines of existing legislation, for processing these requests.

### Background:

In 2017, amendments to the *Regulated Health Professions Act (RHPA), 1991*, required Colleges to post all medium-high risk ICRC outcomes on the public register. This includes Cautions, Specified Continuing Education and Remediation Plans (SCERPs) and Undertakings or Acknowledgements.

Under s. 23(7) of the Health Professions Procedural Code (the "Code") under the RHPA, the Registrar of a College **may** remove information from the public register if they have "...reasonable grounds to believe that the information is obsolete and no longer relevant to the member's suitability to practice".

Each College is left to interpret this legislation and develop related policies if necessary. Some Colleges decided the summary of an ICRC decision on the public register will always be relevant to a registrant's suitability to practise. Other Colleges developed policies and guiding principle documents to assist the Registrar with processing these requests. The purpose of a clear policy is to ensure each request is considered against a set of transparent and consistent criteria, with right-touch regulation in mind. ICRC expressed approval of this proposed policy in April 2023. Executive Committee reviewed this proposed policy in June 2023.

### Proposed Decision by Consensus

That Council approve the *Removal of Information from Public Register* policy as presented.

<b>Type of policy:</b> Regulatory	<b>Approved by:</b> Registrar, Executive Committee
<b>Date approved:</b> June 1, 2023	<b>Next Review date:</b> June 2026
<b>Amendment dates:</b>	

## Policy on Removal of Information from the Public Register

### Purpose

To establish criteria for decisions by the Registrar of whether to remove Inquiries, Complaints and Reports Committee (ICRC) outcomes from the public register.

### Relevant Legislation

[Health Professionals Procedural Code, Section 23\(7\)](#)

### Scope

Notations on the public register resulting from ICRC decisions requiring a registrant to attend a caution or to complete a specified continuing education or remediation programs (SCERP), or where the registrant has entered into an undertaking.

### Policy

In accordance with section 23(7) of the Health Professionals Procedural Code, the Registrar may remove content from, or decline to post information on the public register if they believe that the information is “obsolete” and “no longer relevant to the [registrant’s] suitability to practice.”

Registrants are responsible for presenting a compelling case to the Registrar that information included on the public register is obsolete and no longer relevant to their suitability to practice.

Decisions will be made on a case-by-case basis, weighing the unique factors and context of each request.

#### *Exclusions*

The Registrar will not remove a public ICRC decision if the registrant is subject to any subsequent public ICRC or discipline decisions of a similar nature, or has any pending complaints, investigations, or hearings.

#### *Criteria for Removal*

CRPO requires that a period of at least seven years has passed between the release of the ICRC decision and an application to remove the information from the Public Register.

CRPO will consider an application filed before seven years has elapsed if the registrant can establish the events leading to the public ICRC decision occurred under extraordinary

circumstances and that public access to the information actively causes hardship to the registrant.

The following factors based on CRPO's [Suitability to Practice Policy](#) will be taken into consideration:

- Whether the conduct in question occurred while practising the profession of psychotherapy, or in an analogous field.
- Whether the conduct would undermine public trust in the profession.
- Whether the conduct resulted in harm or a risk of harm.
- Whether the conduct is part of a pattern of behaviour or an isolated event.
- The intent behind the conduct, e.g., accident, negligence, purposeful.
- Passage of time since the conduct occurred and the absence of more recent concerns about the applicant's or registrant's conduct.
- Any remorse, insight, and remediation demonstrated since the conduct occurred.
- Whether any safeguards, e.g., additional training or clinical supervision, were pursued outside of those recommended by the ICRC.

Additional factors for consideration include:

- Whether the registrant in question has remained in good standing with the College.

Applications will be pre-screened for eligibility by a CRPO staff member and referred to the Registrar & CEO for a final decision. CRPO staff may attach supplemental information, including any reports or notes made throughout the investigation and decision process and information held by the College in relation to the registrant's standing.

The Registrar & CEO will review the application and any supporting material provided by the registrant, as well as any supplemental information collected by College staff.

Additionally, the Registrar & CEO, or a staff member on their behalf, may contact any named individuals in the application for further information or verification of claims made.

#### *Application Process*

Registrants must complete and submit the CRPO Application for Removal of Information from the Public Register and submit the file and any supporting materials to [complaints@crpo.ca](mailto:complaints@crpo.ca).

#### *Reapplying After Denial*

Should a registrant's request for information to be removed from the public register be denied, the registrant may file another application one year following the date of the first application's refusal unless the Registrar returns a decision with a longer prescribed period before reapplication.

Subsequent applications must demonstrate additional steps taken after the initial application was refused and will not be approved solely on the basis of additional passage of time.

*Republication on the Public Register*

The Registrar retains the right to republish information that has previously been removed from the public register, should the information in question be deemed no longer “obsolete” or again becomes “relevant to the [registrant’s] suitability to practice.”

This option may be pursued should new information about the case in question become available to the Registrar, a registrant was found to have made false or misleading statements on their application for removal, or due to subsequent committee decisions regarding the registrant’s conduct.

## Application for Removal of Information From Public Register

In accordance with section 23(7) of the Health Professionals Procedural Code (“the Code”), the Registrar may remove content from, or decline to post information on the public register if they believe that the information is “obsolete” and “no longer relevant to the [registrant’s] suitability to practice.”

Registrants are responsible for building and presenting a compelling case to the Registrar that the information included on the public register is no longer relevant to their suitability to practice and is obsolete. Decisions will be made on a case-by-case basis, weighing the unique factors and context of each request.

### Section 1: Registrant Information

Full Name: [Click or tap here to enter text.](#)

Registration Number: [Click or tap here to enter text.](#)

Phone Number: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Preferred method of communication (check one):  Email  Phone

### Section 2: Eligibility Criteria

Please confirm your eligibility by checking off the following statements if applicable. If either statement 1a or 1b has not been checked along with statements 2,3,4, and 5, the decision in question is not eligible for removal from the public register.

1a)  It has been at least seven years since the decision I seek to have removed from the public register was issued.

1b)  If it has not been seven years, there are extenuating circumstances that I wish to have considered as the public having access to the information posted actively causes hardship.

2)  The information I seek to have removed from the public register is notation of a caution, SCERP, or undertaking resulting from a decision of the ICRC.

3)  In the time since the decision I seek to have removed, there have been no related or similar additional concerns from either ICRC or the Discipline Committee.

4)  I have no pending or ongoing cases before the ICRC or Discipline Committee.

5)  I have not submitted a request to remove this information from the public register within the last twelve months.

### **Section 3: Decision Information**

File Number: Click or tap here to enter text.

Date of Decision: Click or tap here to enter text.

### **Section 4: Information for Consideration**

*If this is a subsequent application following a previous rejection for removal of information, Registrants should clearly identify what new measures were taken after the first rejection in addition to those taken prior to the first application.*

If seven years has not passed since the initial decision was released, what extenuating circumstances should the College consider when assessing your request? Click or tap here to enter text.

Describe why you believe the information contained on the public register is obsolete and no longer relevant to your suitability to practice: Click or tap here to enter text.

Describe any safeguards, remedial actions or education taken to address the committee's concerns, outside of those explicitly ordered, and attach evidence of completion: Click or tap here to enter text.

How have you integrated the advice, recommendations, or remedial orders of the ICRC into your current practice. Reflect on how your practice has evolved since the decision in question was made: Click or tap here to enter text.

Have any similar situations to the incident in question arisen in your practice since the decision was issued, and how did you respond: Click or tap here to enter text.

### **Section 5: Acknowledgements and Declarations**

I have read and understand the policy for Removal of Information from the Public Register.

I confirm all the information included in this application package is true and complete.

Registrant Signature:

Date:

### **Section 6 (Optional): Reference Letters and Supporting Evidence**

Should you choose to do so, you may wish to attach reference letters from a supervisor or employer, or any certificates of completed courses to support the request in this application.



## Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.f.
<b>Issue:</b>	Policy Review: Question Period
<b>Attachment(s):</b>	DRAFT revised Question Period policy <a href="#">Current Question Period policy</a>
<b>References:</b>	<ul style="list-style-type: none"> <li>• CRPO by-laws</li> </ul>
<b>For:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams, A. Fournier
<b>Submitted by:</b>	Executive Committee

### Purpose & Public Interest Rationale:

All CRPO Council meetings are open to the public, with agendas and meeting materials made available on the CRPO website in advance. In the interest of communicating openly with interested stakeholders, the CRPO acknowledges that there will be times when stakeholders have questions that they want answered in a public forum. Council members must also be fully briefed on agenda items, including stakeholder questions, in advance of public meetings.

### Background:

The *Regulated Health Professions Act, 1991*, states that meetings of Council are open to the public. The CRPO posts Council meeting agendas two weeks prior to the scheduled meeting. Council package materials are posted one week ahead of the meeting.

In September 2017, Council approved the Question Period policy to ensure stakeholders had a mechanism to pose questions to Council in an open meeting, and to also ensure that Council members were informed of the issue in advance to appropriately respond.

### Key Considerations:

No substantive changes are being proposed at this time. The policy has been edited slightly for more concise language and has been drafted in the current policy template. Additionally, the policy has not been reviewed since it was approved in 2017. To adhere to the policy review cycle, the Question Period policy was presented to the Executive Committee in their role as governance stewards at their June meeting. No further changes were proposed.

### Proposed Decision by Consensus

That Council affirm the Question Period policy as presented.

<b>Type of policy:</b> Governance	<b>Approved by:</b> Council
<b>Date approved:</b> September 7, 2017	<b>Next Review date:</b> September 2026
<b>Amendment dates:</b> June 1, 2023	

## Question Period

### Purpose

The purpose of this policy is to ensure Council meetings are efficient and effective by fully briefing Council members on all agenda items to be covered, including questions from stakeholders.

### Relevant Legislation/Policies

Health Professions Procedural Code  
[Council Observer Guidelines](#)

### Context

CRPO is committed to communicating openly with interested stakeholders and is aware that there will be times when stakeholders have questions that they would like to have answered by the full Council in a public meeting.

### Scope

This policy applies to stakeholders seeking to address Council.

### Policy

Staff informs Council of any relevant background information using briefing notes that are prepared and presented in advance of meetings.

Any individual or group wishing to ask a question of the CRPO Council must submit written notice of the request at least two weeks prior to the meeting date to the CRPO via [info@crpo.ca](mailto:info@crpo.ca).

Question requests should identify the stakeholder(s) posing the question, including any professional or other associations involved. The request must also include a brief description of the issue. (Note: the question may be included in the Council meeting materials).

The Registrar and Chair will review all stakeholder questions and the group or individual will be notified no less than one week in advance of the meeting date as to whether the question can be addressed at the meeting.

Note that Council will receive questions but is not obligated to respond or take action at the meeting. Some questions may be answered directly by staff outside of the Council meeting.

## Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.h.i.
<b>Issue:</b>	Non-Council Member Appointment to ICRC
<b>Attachment(s):</b>	-
<b>References:</b>	<ul style="list-style-type: none"> <li>• <a href="#">Non-Council Member Appointments Policy</a></li> <li>• CRPO by-laws</li> </ul>
<b>For:</b>	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
<b>Staff Contact:</b>	D. Adams
<b>Submitted by:</b>	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:

The Inquiries, Complaints and Reports Committee (ICRC) currently has seven (7) non-Council committee members. As registrant numbers continue to grow, the ICRC is seeing a steady and expected growth in the number of complaints and reports it reviews. These reviews need to be done in a timely manner and so require regular panel meetings with adequate numbers of professional and public members.

At their July meeting, the Executive Committee considered appointing Kevin VanDerZwet-Stafford, RP, to the ICRC. K. VanDerZwet-Stafford sat on and chaired the committee until he resigned from Council in June 2019, and demonstrates the competencies required to be an effective contributor to the ICRC as a non-Council committee member. The Executive Committee reached consensus to appoint K. VanDerZwet-Stafford to begin the onboarding process.

### Next Steps:

That Council ratify the appointment of Kevin VanDerZwet-Stafford, RP, to the ICRC for a term of approximately one year.

# Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	2.h.i.i.
<b>Issue:</b>	Non-Council Reappointment and Recruitment
<b>Attachment(s):</b>	-
<b>References:</b>	<a href="#">CRPO By-laws</a> <a href="#">Non-Council Member Appointments</a> policy
<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:

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

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

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

## Background:

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

Over the last several years, the College has recruited more than twenty non-Council members to serve on statutory and non-statutory committees and the Diversity, Equity and Inclusion Working Group (DEIWG).

## Key Considerations:

Of the College's current non-Council members with terms expiring in 2023, 26 have been offered reappointment and 21 have indicated that they will accept reappointment for another term.

This leaves five (5) vacancies: three (3) on the DEIWG and two (2) on the Registration Committee Indigenous Pathways panel. The Executive Committee discussed recruiting new non-Council members to fill the noted vacancies. The Executive Committee also suggested that Council consider recruiting additional non-Council members.

The Executive Committee along with staff department managers and committee/panel chairs support the non-Council member reappointments. All non-Council members have participated in committee-specific training and have gained experience sitting on panels and participating in Council educational opportunities.

### **Next Steps:**

That Council approve the reappointment of the following non-Council Committee members for a term of approximately one year:

1. Abimbola (Abi) Ajibolade, RP (ICRC)
2. Elda Almario, RP (Registration)
3. Rose Marie Anthony, RP (DEIWG)
4. David Bruce, RP (ICRC)
5. Jessica Cashmore, RP (Qualifying) (DEIWG)
6. Felipe Cepeda, RP (Quality Assurance)
7. Laurinda Cheng, RP (DEIWG)
8. Darlene Denis-Friske, RP (DEIWG)
9. Kayleen Edwards, RP (Quality Assurance)
10. Nicolas El-Kada, RP (ICRC)
11. Joyeuse Nereah Felix, RP (Qualifying) (DEIWG)
12. Enrique Garcia, RP (DEIWG)
13. Linah Hashimi, RP (DEIWG)
14. Hina Islam, RP (Qualifying) (DEIWG)
15. Muriel McMahan, RP (Registration)
16. Laura McNeilly, RP (DEIWG)
17. Ahilaruban Nageswaran, RP (Registration)
18. Erefaa Ogbuaku Jnr, RP (DEIWG)
19. Gabrielle Ondrade, RP (Qualifying) (DEIWG)
20. Carla Ribeiro, RP (DEIWG)
21. Glenn Walsh, RP (Registration)

# College of Registered Psychotherapists of Ontario



## Annual Report 2022/2023

The College of Registered Psychotherapists of Ontario (CRPO) regulates its registrants in the interest of protecting the public, in accordance with the [Psychotherapy Act, 2007](#).

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## Mission

To develop standards and procedures to regulate psychotherapists in the public interest, striving to ensure competent and ethical practice within a professional accountability framework.

## Vision

Leadership in professional self-regulation, dedicated to the principles of excellence, fairness, openness, responsiveness and respect for diversity.

## Values

Leadership, Excellence, Accountability, Equity, Integrity, Teamwork, Respect, Openness



# Regulatory Objectives

- 1 Serve and protect the interest of the public
- 2 Promote confidence in professional regulation
- 3 Regulate in a transparent, principled, proportionate, unbiased, proactive manner
- 4 Promote equity, diversity and inclusion in the provision of psychotherapy services
- 5 Regulate to support the mental health system in being more accessible

# President's Message

As I approach the end of my first year as President of the College, I find myself reflecting, not only on the growth and advancements of CRPO over the past year, but on the truly dramatic change that has taken place for the College and the profession since the days of the transitional Council. As a “newbie” on the transitional Council in 2013, I was impressed by the work ethic and stalwart dedication of my Council colleagues, both practitioners and members of the public, and the handful of staff at the time. What first comes to mind is that we were projecting registration of two to three thousand Registered Psychotherapists (RPs) following proclamation. While registration in the first couple of years was around this number, those early registration projections were wildly inaccurate compared with the current complement of RPs approaching 12,000. Now, while the dedication and excellent work of Council continues, we have enlisted the assistance of several non-Council appointees whose valuable contributions span across many different Committees and working groups, not the least of which is the Diversity, Equity and Inclusion (DEI) Working Group. There are currently thirty-seven non-Council appointees of which fifteen are members of the DEI Working Group. Along with the growth in the number of registrants and non-Council appointees, there has been a concomitant increase in College staff, now exceeding thirty. Given the positive, productive working environment supported by the Registrar and her senior staff, the College has been able to recruit exceptional, talented folks.

I recall the tough slogging that the transitional Council and first elected Council had with the complex and demanding work of launching a regulatory college. Staff were helpful and guided Council members effectively, but it was long and arduous work for us all. Now that the initial setup is long complete, the ongoing work falls primarily on staff, with Council and committee direction, to review and update College policy. Case in point is the stellar work done by staff in revising the Professional Practice Standards.

Ontario’s Fairness Commissioner recently pointed out to Council that CRPO is still in its infancy relative to other regulatory colleges but has been able to move forward with innovation. In September 2022, Council and CRPO’s senior management team met for our second strategic planning session (the first was in 2019). One of the key outcomes of the session included developing a mentorship program for both public and professional Council members and non-Council appointees, a process that has been initiated and will continue in its development into the fall of 2023. The strategic planning session also led to reaffirming and underscoring the importance of using right-touch, risk-based, and trauma-informed approaches across all the College’s endeavours.

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

## President's Message Continued

In keeping with the requirements of the CPMF, and in line with the spirit of the strategic plan, CRPO's Council adopted a framework that includes meeting evaluation tools, a Council effectiveness survey and an annual committee 'renewal' assessment (through the review of the terms of reference and work plan) and prepared for an external evaluation that took place in early 2023. An annual Council effectiveness survey was developed and piloted in 2021 and then revised and used again in January 2022. It will now be used every year.

An external review included the observation of a Council meeting and an Executive Committee meeting and interviews with a number of individual Council members. The information gathered through these meeting observations and interviews will be used to inform a report that also considers the results of the Annual Council Effectives survey and the results of the Meeting Pulse Evaluation. The report will provide a review of CRPO's governance practices, offer recommendations around opportunities for improvement, and satisfy the CPMF requirement that the College undergo an external evaluation every three years.

In addition to meetings and committee evaluation, the annual evaluation of individual Council members is critical to the College's ongoing development. The individual evaluation process was launched this past year with each Council member completing a self-evaluation using the Council competency matrix. At the same time, individual Council members were assessed by two or three of their colleagues using the same matrix. The results of these evaluations will be used to plan education for Council as a whole and for individual members.

It goes without saying that I am proud of this past year's accomplishments by Council and the College and I'm somewhat in awe of the remarkable growth of CRPO and the profession since proclamation eight short years ago. I wholeheartedly believe that the public interest has been served well by the College over that time and that the College has been sensitive to the needs of its registrants. In that regard, I congratulate our Registrar for her leadership and in building a competent and hardworking complement of staff.

In closing, I want to thank my Council colleagues, past and present, CRPO staff, and our Registrar for making this past year, and all the years prior, enjoyable and very fulfilling!

I encourage you to read this Annual Report and the CPMF report to learn in detail about the College's progress and achievements.

*-Kenneth Lamp, RP*

# Registrar's Message

Ontario's health regulatory colleges are all governed by the [Regulated Health Professions Act, 1991](#) (RHPA). A profession-specific act, the [Psychotherapy Act, 2007](#), provides CRPO with additional individual requirements and definitions, including restricting the title “registered psychotherapist” to registrants, and authorization for registrants to perform the controlled act of psychotherapy.

Together these pieces of legislation articulate the duty of the College — to serve and protect the public — and prescribe much of how this duty is to be achieved. While there is clarity of purpose in having such a singular mandate, there is a need to ensure that CRPO is responsive to changing public expectations in how we regulate. Much of the work of the past year has been in pursuit of ‘sustaining innovation’ — or looking to improve on what we already do — with changing public expectations very much a driving force in where the College has decided to put its resources.

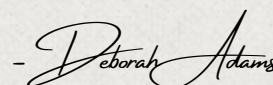
One example of our commitment to change has been a focus on diversity, equity and inclusion with the establishment of a Diversity, Equity and Inclusion Working Group (DEI WG). We know that we must take steps within regulation broadly and at our college specifically to take down barriers that currently exist and to make sure we are not creating new inequities. We are committed to addressing all forms of discrimination, such as racism, including anti-Indigenous racism and anti-Black racism, addressing the rights of 2SLGBTQIA+ communities, the rights of people with disabilities, and discrimination faced by other equity-deserving groups. The DEI WG is a 15-member working group that was created to provide advice and recommendations to Council on matters affecting client members of the public, Registered Psychotherapists, and related practices, protocols, and procedures.

This year CRPO made the decision to take part in an innovative pilot project: the Health Professions Discipline Tribunal Pilot. The pilot will evaluate a model that places experienced adjudicators, appointed as non-Council members to the Discipline Committee, serving as Chairs for hearing panels. The planning work was conducted this year and the pilot will begin in April 2023 with the goal of increasing the separation between Council and the College's Discipline Committee, efficiency of processes, and overall transparency.

## Registrar's Message Continued

Work was done this year to begin an external third-party review of the College's complaints and reports processes. The intent of this review is to ensure that CRPO is using a trauma-informed approach to how we manage complaints and reports to mitigate distress from being involved in a complaint or report, either as a complainant or a respondent. I look forward to sharing the results of this review and the work that CRPO undertakes in response in our next annual report.

Finally, I would like to thank everyone for their hard work over the past year. Council members have been enthusiastic participants in a comprehensive evaluation program, on top of conducting governance work. The staff team has supported the initiatives you can read about in this report as well as the core work captured in the [2022 College Performance Measurement Framework Report](#). In addition, staff are working with a growing number of dedicated committee members as Council continues to appoint non-elected professionals so that we have the diversity of perspectives needed to ensure good decision-making in the public interest. We have also added to our Peer Assessor and Practice Advisory team so that we can provide more comprehensive and timely guidance to assist in the provision of safe, effective and ethical practise by Registered Psychotherapists. I am grateful for the collective work of all these individuals, which has allowed CRPO to continue to support the considerable contributions registrants make to the health and well-being of Ontarians.



REGISTRAR & CEO

# Registration & Recognition

11,386

## **CRPO Registrants**

(as of Dec. 31, 2022)

Increased by 23.5% from 9,220 in previous year

## **Increase in applications submitted**

(2022 compared to 2021)

43%

05

Number of **new recognized programs**

Number of recognized programs granted **clinical experience recognition**

11

91%

**Exam pass rate** for Qualifying registrants

## # Number of registrants by region

- **Western ON** (District 1): **1,735**
- **Northern ON** (District 2): **1,096**
- **Eastern ON** (District 3): **1,989**
- **Central East** (District 4): **1,299**
- **Southwestern ON** (District 5): **1,133**
- **Central West** (District 6): **630**
- **Central** (District 7): **3,122**
- **Out of Province** (Other): **382**

## % Percentage of registrants by region

- **Western ON** (District 1): **15.2%**
- **Northern ON** (District 2): **9.6%**
- **Eastern ON** (District 3): **17.5%**
- **Central East** (District 4): **11.4%**
- **Southwestern ON** (District 5): **10%**
- **Central West** (District 6): **5.5%**
- **Central** (District 7): **27.4%**
- **Out of Province** (Other): **3.4%**

## Top 10 Languages Spoken by Registrants

(other than English)

1. French – 1226
2. Hindi – 318
3. Spanish – 266
4. Urdu – 246
5. Persian – 240
6. Mandarin – 195
7. Panjabi – 185
8. Arabic – 174
9. Cantonese – 168
10. Russian – 128

# System Partner Engagement by the Numbers

**836+**

Audience members for student and program supervisor presentations.

**11**

Associations represented at the Association Meeting on **June 1, 2022.**

**18**

Education programs represented at the Education Program Meeting on **May 9, 2022.**

**10**

Provinces represented at the Pan Canadian Psychotherapy Regulators meeting on **April 20, 2022.**

**17,650**

Inquiries to **[info@crpo.ca](mailto:info@crpo.ca)** from applicants, registrants, and system partners responded to.



# Quality Assurance Program & Professional Development

Registrants registered in even-numbered years (i.e., 2016, 2018, 2020) were due to report their professional development (PD) requirements for the 2022 reporting cycle.

- **2853** registrants were monitored
- **2808** registrants (98%) completed their PD development activities as required
- **37** registrants did not complete their PD development activities and are engaged in further monitoring (e.g., PD audit)
- **8** registrants received an administrative suspension for non-compliance

New registrants are encouraged to begin their participation in the QA Program by completing a self-assessment within their first 60 days of registration.

- **2329** new registrants were monitored
- **2274** completed the new registrant requirement
- **55** did not complete the new registrant requirement and are engaged in further monitoring

## Peer and Practice Review

A new case-based assessment (CBA) was developed as a peer and practice review (PPR) activity. See the Highlights section for more on this innovative approach to risk-assessment. The CBA was piloted in November and 178 RPs completed the assessment.

## Pilot Case Based Assessment Outcomes

- **143** successful
- **28** successful with self-directed review
- **7** peer-assisted review

# Practice Advisory Inquiries

The Practice Advisory Service responded to a total of

**2852**

inquiries from January to December 2022.

## Top Inquiries

1

### **Cross Border Therapy**

- Can I treat a client outside of Ontario?
- Can I treat a client in Ontario if I am registered in a different province?
- Do CRPO registrants need to live in Ontario?

2

### **Confidentiality**

- Can I disclose a client's personal health information to third parties (e.g., lawyer/client family member/insurance company)?
- Confidentiality concerns when working with minor clients.

3

### **Fees**

- How much should an RP charge clients?
- Can I offer a discount or sliding scale fees to clients?

4

### **Competence**

- How do I determine competence to work in a specific modality?
- How do I expand my area of competence to work with a new client population?

5

### **Business Practice**

- What do I need to know when opening a private practice?
- Can an RP(Qualifying) open a private practice?

# Addressing Unsafe Practice

Complaints and Reports Received:

**90**

Decisions Issued:

**80**

No. of Allegations Contained in 80  
Decisions Issued:

**234**

Issues in each of these decisions have been categorized:

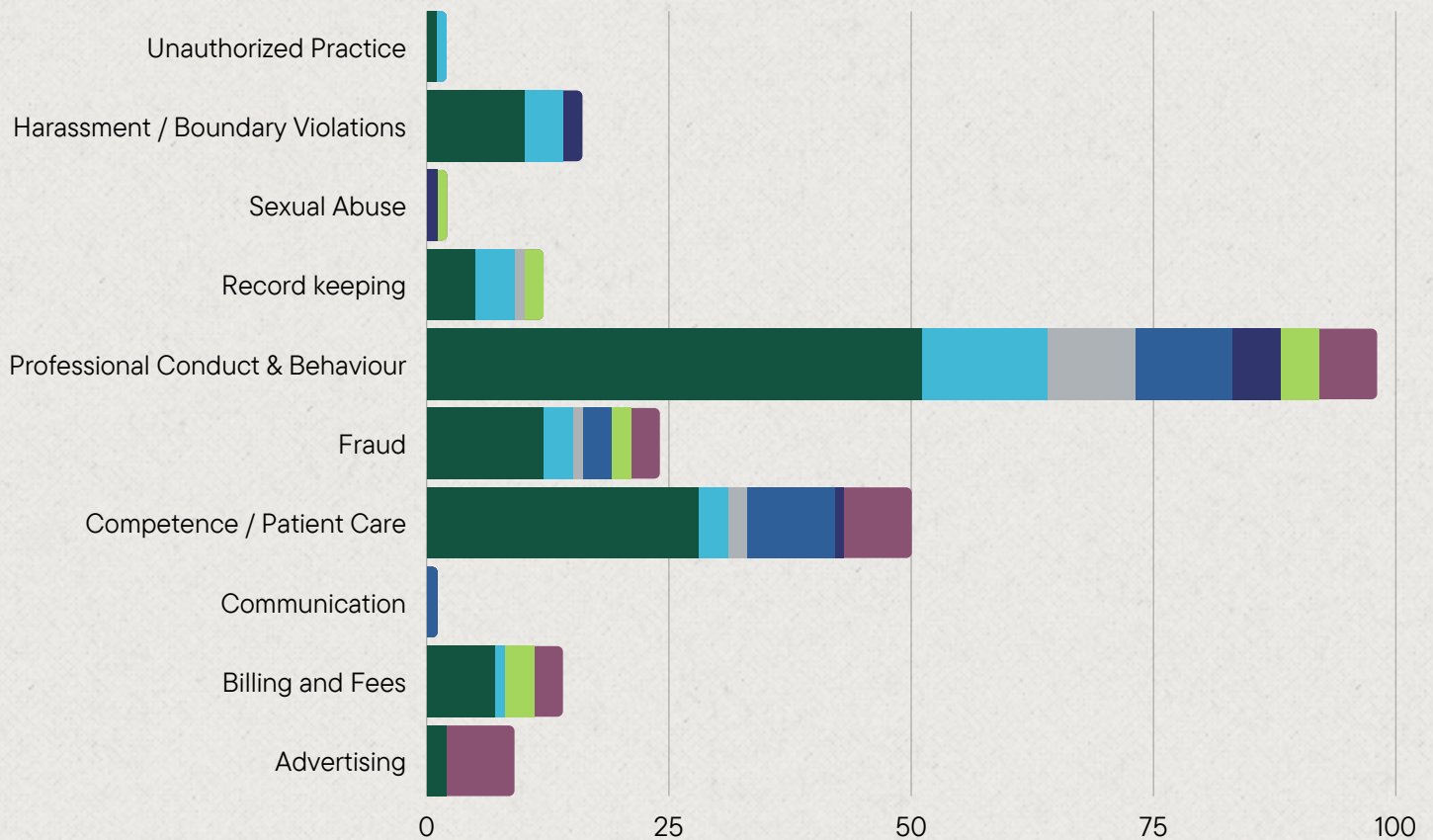
<b>Professional Conduct &amp; Behaviour<sup>1</sup></b>	<b>42%</b>
<b>Competence / Patient Care<sup>2</sup></b>	<b>21%</b>
<b>Fraud</b>	<b>10%</b>
<b>Harassment/ Boundary Violations</b>	<b>7%</b>
<b>Billing and Fees</b>	<b>6%</b>
<b>Record-keeping</b>	<b>5%</b>
<b>Advertising</b>	<b>4%</b>
<b>Unauthorized Practice</b>	<b>3%</b>
<b>Communication</b>	<b>1%</b>
<b>Sexual Abuse</b>	<b>1%</b>

The Discipline Committee held two hearings this year. The Health Professions Appeal and Review Board (HPARB) released six complaint review decisions, all of which confirmed ICRC's decisions.

<sup>1</sup> Includes conflict of interest; conduct unbecoming; confidentiality; objectivity/bias; accepting the regulatory responsibility of the College; and disgraceful, dishonourable or unprofessional conduct.

<sup>2</sup> Includes reporting unsafe practices; referral; consultation, clinical supervision and referral; consent; electronic practice; unnecessary treatment; providing and practising with clinical supervision; and discontinuing services.

# Complaint & Report Outcomes

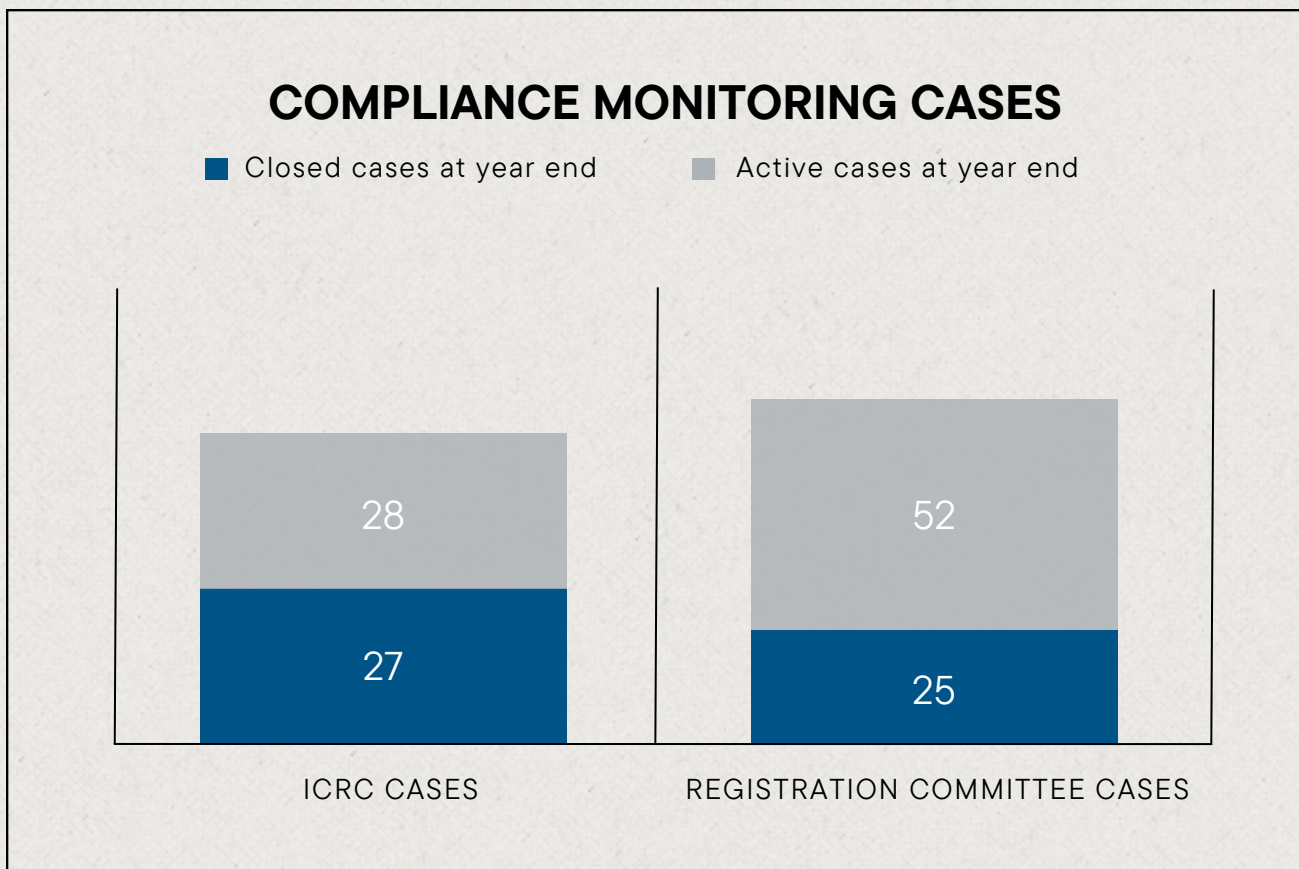


- Take no action
- Provides advice or recommendations
- Issues an oral caution
- Orders a specified continuing education or remediation program
- Agrees to undertaking
- Refers specified allegations to the Discipline Committee
- Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.

# Compliance Monitoring

In this reporting period, staff monitored:

- **55 ICRC cases** (28 remained active at year end and 27 were closed)
- **77 Registration Committee cases** (52 remained active at year end and 25 were closed)



The ICRC uses reflection papers to promote self-awareness in practice by asking registrants to reflect on the issues that led to them being involved in the complaints / reports process, and to think critically about how to address gaps in their practice. [Reflection Paper Instructions](#) were developed in 2022 to support registrants in demonstrating that they are competent to practice safely and ethically.

# Highlight:

## Quality Assurance Enhancement Project

In 2022, CRPO continued the Quality Assurance Enhancement Project to ensure all elements of the Quality Assurance Program are implemented using a right-touch, risk-based approach. The project ensures that the mandatory Quality Assurance Program is administered in a way that is most likely to mitigate the risk of harm to the public, while making responsible use of the College's resources and without creating an undue burden on the profession.

This approach resulted in the development of a case-based assessment (CBA) which incorporated:

- the use of a risk frequency / severity matrix to determine which Professional Practice Standards should be the focus of continuing competence assessment
- best practices in quality assurance assessment and professional development
- the perspective of ~ 50 RPs in case development and standard setting to include the perspectives of a diverse group of professionals representing a variety of psychotherapy modalities, communities of practice, and lived experiences.

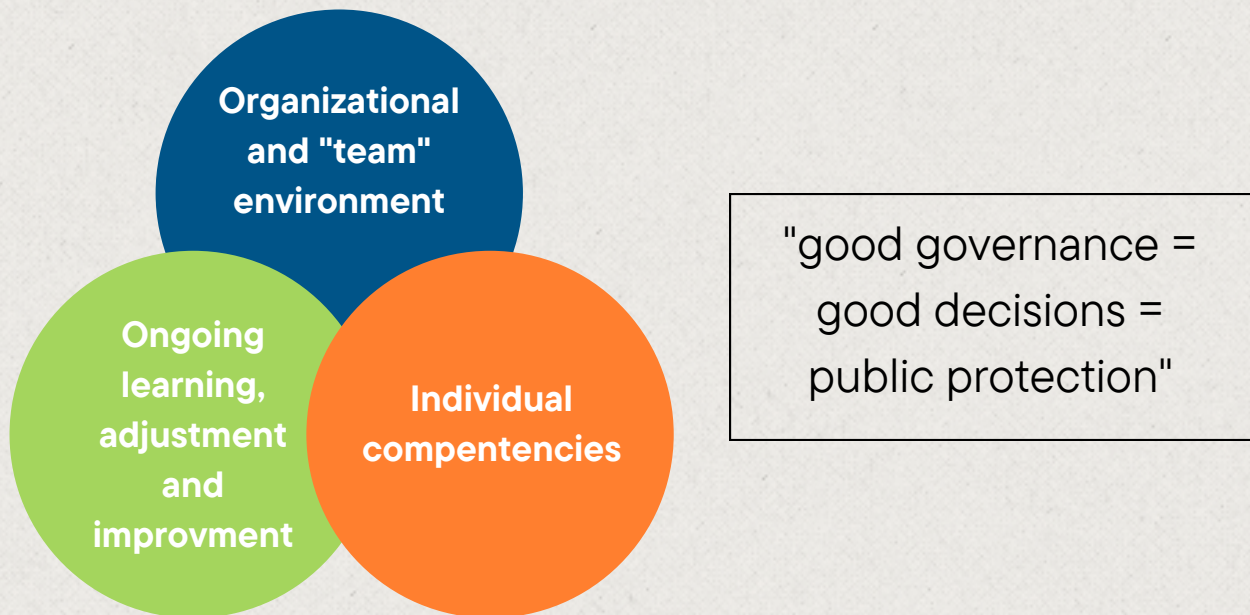
The CBA was created to:

- serve as an educational activity by engaging registrants with the Professional Practice Standards;
- support professional growth, reflective practice and life-long learning;
- provide registrants with feedback to inform their professional development activities;
- assess a registrant's knowledge and understanding of the Professional Practice Standards; and
- determine which registrants would benefit the most from further support with a peer coach.

# Highlight:

## Council Effectiveness Evaluation Framework

A holistic approach was developed for the evaluation process based on a framework that ties individual competencies and feedback to ongoing learning.



The annual Council effectiveness survey developed and piloted in 2021 and then revised and used again in January 2022, provided a supportive environment to promote board effectiveness.

In 2022, Council implemented the final components of the College's evaluation framework to include:

- an annual competence self-reflection to be completed by every Council member; and
- an annual competence evaluation to be completed by a committee Chair and a senior staff member.

These components of the framework were developed with the goal of providing a useful evaluation and individual competence development plan without requiring multiple evaluations of each Council member. The result of the assessment is used to:

- affirm positive attributes;
- encourage reflection on where professional development is indicated; and
- direct staff and Chairs in providing ongoing education to individual Council members and Council as a whole.

# Highlight:

## Diversity, Equity, and Inclusion Working Group

CRPO's [Regulatory Objectives](#) include promoting equity, diversity and inclusion in the provision of psychotherapy services. In support of this objective, Council approved the creation of a Diversity Equity and Inclusion Working Group (DEI WG) to create a forum for CRPO to effectively engage with and be informed by registrants with lived experience of barriers that exist for racialized or members of other equity-deserving communities seeking to enter the profession, working in mental health and for clients receiving care.

To ensure that the group was established in a way that did not replicate the very issues it was intended to address, CRPO retained a consultant to support an objective and DEI-informed approach, working with interested RP registrants who were representative of the diversity of the profession and the public to create a 'proto group'. This group was charged with developing the terms of reference and the recruitment strategy.

Members of the proto group included: Elda Almario, Lawrence Beech, Felipe Cepeda, Kevin Chaio, Nicolas El Kada, Ahil Nageswaran, Glenn Walsh, Carla Ribeiro, and Kafui Sawyer. Working with the Nominations and Elections Committee, these RPs reviewed expressions of interest from 63 RPs, and interviewed or reviewed submissions by 41. Ultimately, the proto group recommended 15 RPs who were appointed as the first members of the standing Working Group for one-year terms in December 2022.



# Committee Membership

## **CLIENT RELATIONS**

### **Professional**

Shelley Briscoe-Dimock, RP  
Judy Mord, RP (Chair)  
Radhika Sundar, RP

### **Public**

Steven Boychyn  
Keri Selkirk

## **DISCIPLINE**

### **Professional**

Heidi Ahonen, RP  
Shelley Briscoe-Dimock, RP  
Kathleen (Kali) Hewitt-Blackie, RP  
Avni Jain, RP  
Kenneth Lomp, RP  
Michael Machan, RP  
Miranda Monastero, RP  
Judy Mord, RP  
Radhika Sundar, RP

### **Public**

Steven Boychyn  
Sherine Fahmy  
David Keast  
Henry Pateman  
Keri Selkirk  
Jeffrey Vincent

### **Non-Council**

Carol Cowan-Levine, RP (Chair)

## **DIVERSITY, EQUITY, & INCLUSION WORKING GROUP**

### **Professional**

Ronnie Ali, RP  
Rose Marie Anthony, RP  
Jessica Cashmore, RP (Qualifying) (co-chair)  
Laurinda Cheng, RP (co-chair)  
Jamie Consoli, RP  
Darlene Denis-Friske, RP  
Joyeuse Nereah Felix, RP (Qualifying)  
Enrique Garcia, RP  
Linah Hashimi, RP  
Hina Islam, RP (Qualifying)  
Laura McNeilly, RP  
Erefaa Ogbuaku Jnr, RP  
Gabrielle Ondrade, RP (Qualifying)  
Malini Ondrovcik, RP  
Carla Ribeiro, RP

**\*DEIWG members appointed December 2022**

## **EXAMINATION**

### **Professional**

Heidi Ahonen, RP (Chair)  
Kathleen (Kali) Hewitt-Blackie, RP  
Michael Machan, RP  
Miranda Monastero, RP

### **Public**

Steven Boychyn  
Keri Selkirk

## **Non-Council**

Felipe Cepeda, RP (until December 2022)

## **EXECUTIVE**

### **Professional**

Kathleen (Kali) Hewitt-Blackie, RP  
Kenneth Lomp, RP (Chair)  
Michael Machan, RP

### **Public**

David Keast  
Keri Selkirk

## **FITNESS TO PRACTICE**

### **Professional**

Heidi Ahonen, RP  
Shelley Briscoe-Dimock, RP  
Kathleen (Kali) Hewitt-Blackie, RP  
Avni Jain, RP  
Kenneth Lomp, RP  
Michael Machan, RP  
Miranda Monastero, RP  
Judy Mord, RP  
Radhika Sundar, RP

### **Public**

Steven Boychyn  
Sherine Fahmy  
David Keast  
Henry Pateman  
Keri Selkirk  
Jeffrey Vincent

### **Non-Council**

Carol Cowan-Levine, RP

## Committee Membership Continued

### **INQUIRIES, COMPLAINTS, & REPORTS**

#### **Professional**

Shelley Briscoe-Dimock, RP  
(Chair)  
Kathleen (Kali) Hewitt-Blackie, RP  
Kenneth Lomp, RP  
Miranda Monastero, RP  
Judy Mord, RP

#### **Public**

Steven Boychyn  
Sherine Fahmy  
David Keast  
Keri Selkirk  
Jeffrey Vincent

#### **Non-Council**

Abimbola (Abi) Ajibolade, RP  
David Bruce, RP  
Nicolas El-Kada, RP  
Carla Ribeiro, RP (until October 2022)  
Kafui Sawyer, RP

### **NOMINATIONS & ELECTIONS**

#### **Professional**

Avni Jain, RP  
Michael Machan, RP  
Judy Mord, RP  
Radhika Sundar, RP

#### **Public**

Sherine Fahmy (Chair)  
David Keast  
Henry Pateman

### **PROFESSIONAL PRACTICE WORKING GROUP**

#### **Professional**

Shelley Briscoe-Dimock, RP

Kenneth Lomp, RP  
Michael Machan, RP  
Judy Mord, RP

#### **Public**

David Keast  
Keri Selkirk

### **QUALITY ASSURANCE**

#### **Professional**

Heidi Ahonen, RP  
Kathleen (Kali) Hewitt-Blackie, RP  
Avni Jain, RP  
Kenneth Lomp, RP (Chair)  
Miranda Monastero, RP

#### **Public**

Sherine Fahmy  
David Keast  
Jeffrey Vincent

#### **Non-Council**

Kayleen Edwards, RP (Vice-Chair)  
Felipe Cepeda, RP

### **REGISTRATION**

#### **Professional**

Heidi Ahonen, RP  
Avni Jain, RP  
Michael Machan, RP (Chair)  
Radhika Sundar, RP

#### **Public**

David Keast  
Henry Pateman

#### **Non-Council**

Elda Almario, RP  
Jamie Consoli, RP  
Muriel McMahan, RP  
Ahilaruban (Ahil) Nageswaran, RP  
Sasha Sky, RP  
Glenn Walsh, RP

**FINANCIAL STATEMENTS**  
**FOR**  
**COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND**  
**REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO**  
**FOR YEAR ENDED MARCH 31, 2023**

**STATEMENT OF FINANCIAL POSITION**  
**March 31, 2023**

	<b>2023</b>	<b>2022</b>
<b><u>ASSETS</u></b>		
<b>CURRENT ASSETS</b>		
Cash	\$13,845,806	\$11,852,293
Accounts receivable	17,663	6,476
Prepaid expenses	187,514	174,983
	<u>14,050,983</u>	<u>12,033,752</u>
<b>TANGIBLE CAPITAL ASSETS</b>	<u>399,882</u>	<u>297,108</u>
	<u>\$14,450,865</u>	<u>\$12,330,860</u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$1,138,486	\$750,481
Government remittances payable	420,789	631,456
Deferred revenue	5,888,995	4,896,718
	<u>7,448,270</u>	<u>6,278,655</u>
<b>DEFERRED RENT PAYABLE</b>	<u>161,488</u>	<u>185,952</u>
	<u>7,609,758</u>	<u>6,464,607</u>
<b>NET ASSETS</b>		
Unrestricted	6,329,272	5,463,050
Invested in tangible capital assets	399,882	297,108
Internally restricted - sexual abuse therapy fund	111,953	106,095
	<u>6,841,107</u>	<u>5,866,253</u>
	<u>\$14,450,865</u>	<u>\$12,330,860</u>

On behalf of the Board:

*Kenneth Lomp*

Director

*Michael Machan*

Director

**STATEMENT OF FINANCIAL POSITION**  
**March 31, 2022**

	<b>2023</b>	<b>2022</b>
<b>REVENUE</b>		
Registrant fees	\$5,594,837	\$4,721,331
Jurisprudence	366,705	314,940
Application	386,480	307,790
Administration	148,404	150,828
Interest income	156,415	23,484
Sublet rental income	204,374	21,460
	<u>6,857,215</u>	<u>5,539,833</u>
<b>EXPENSES</b>		
Salaries and benefits	3,308,569	2,493,349
Complaints and discipline	951,036	384,101
Occupancy	270,798	263,011
Database and e-learning	156,542	81,846
Council and committees	296,298	201,894
Office	329,656	268,046
Registration	75,076	42,677
Professional services	66,430	56,440
Quality assurance	243,643	144,149
Communications	64,831	11,064
Insurance	8,389	6,639
Sexual abuse therapy fund	28,882	33,538
Amortization of tangible capital assets	82,211	93,394
	<u>5,882,361</u>	<u>4,080,148</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<u>\$974,854</u>	<u>\$1,459,685</u>

**STATEMENT OF CASH FLOWS  
YEAR ENDED MARCH 31, 2022**

	<b>2023</b>	<b>2022</b>
<b>CASH PROVIDED FROM (USED IN)</b>		
<b>OPERATING ACTIVITIES</b>		
Excess of revenues over expenses	\$974,854	\$1,459,685
Items not involving cash:		
Amortization of tangible capital assets	82,211	93,394
Amortization of deferred rent payable	<u>(24,464)</u>	<u>(24,464)</u>
	1,032,601	1,528,615
Changes in non-cash working capital items:		
Accounts receivable	(11,187)	(6,476)
Prepaid expenses	(12,531)	(83,968)
Accounts payable and accrued liabilities	388,005	(123,606)
Government remittances payable	(210,667)	114,909
Deferred revenue	<u>992,277</u>	<u>713,779</u>
	<u>2,178,498</u>	<u>2,143,253</u>
<b>INVESTING ACTIVITIES</b>		
Purchase of tangible capital assets	<u>(184,985)</u>	<u>(31,906)</u>
<b>INCREASE IN CASH</b>	1,993,513	2,111,347
<b>CASH, BEGINNING OF YEAR</b>	<u>11,852,293</u>	<u>9,740,946</u>
<b>CASH, END OF YEAR</b>	<u>\$13,845,806</u>	<u>\$11,852,293</u>

**College of Registered  
Psychotherapists of Ontario**



## **Annual Report 2022/2023**

375 University Avenue, Suite 803  
Toronto, ON M5G 2J5  
T: 416-479-4330 / 1-844-712-1364  
e-mail: [info@crpo.ca](mailto:info@crpo.ca)

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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**Strategic alignment: EFFECTIVE INFRASTRUCTURE**  
- support timely registration decisions  
- ensure that those who meet the registration requirements receive a certificate to practice

**ONTARIO REGULATION 508/22: REGISTRATION REQUIREMENTS**

Timely decisions and responses

2. (1) The Registrar shall, within 15 days after receiving an application for registration, provide the applicant with a written acknowledgment of receipt of the application along with either,  
(a) confirmation that the applicant has submitted all of the required materials and information; or  
(b) details regarding what other materials or information are required from the applicant in order to complete the application.

(2) If an applicant provides materials or information in response to a notice under clause (1) (b), the Registrar shall, within 15 days after receiving the materials or information, provide the applicant with a written acknowledgement of receipt along with either,  
(a) confirmation that the applicant has submitted all of the required materials and information; or  
(b) details regarding what other materials or information are required from the applicant in order to complete the application.

•This will monitor whether CRPO is in compliance with the regulation requiring staff to inform an applicant in writing within 15 days whether their application is complete or further information/documentation is required.

<b>- time between applicants' submission of materials and Registrar's response</b>		
<b>within first 15 days</b>		
Recognised program	80%	75%
Mapping tool	80%	28%
Labour mobility	100%	100%
Temporary	100%	None submitted
<b>within second 15 days</b>		
Recognised program	90%	85%
Mapping tool	90%	57%
Labour mobility	100%	100%
Temporary	100%	None submitted



(3) The Registrar shall make their decision under subsection 15 (1) of the Code to register an applicant or refer the application to the Registration Committee within 30 days

• This will monitor whether CRPO is in compliance with the regulation requiring an application approval or referral to panel within 30 days after an application is deemed complete for recognized, labour mobility and temporary applications.

<b>- time for a Registrar's decision on an application</b>			
<b>within 30 days</b>			
Recognised program		100%	99%
Labour mobility		100%	100%
Temporary		100%	None submitted

(4) Subsection (3) does not apply if the Registrar needs to verify the authenticity or accuracy of the materials and information or assess an applicant's educational program or prior learning experience for equivalency with programs or experiences that have already been approved, but,

- (a) the Registrar must complete their verification or assessment within a reasonable period of time; and
- (b) the Registrar must make the decision described in subsection (2) within 15 days after completing the verification or assessment.

• This will monitor whether CRPO is taking a reasonable time to verify or assess an n applicant's educational program or prior learning experience for equivalency.

<b>-time to complete verification or assessment of an applicant's educational program or prior learning experience for equivalency</b>			
<b>within 30 days</b>			
		95%	89%

• This will monitor whether CRPO is in compliance with the regulation requiring an application approval or referral to panel within 15 days after a completing the verification or assessment. B31

<b>- time for a Registrar's decision on an application</b>			
<b>within 30 days</b>			
Mapping tool		95%	96%

**Strategic alignment: TRUSTED AUTHORITY and SYSTEM PARTNERSHIPS**

- promote equity, diversity and inclusion in the provision of psychotherapy services
- ensure that those who meet the registration requirements receive a certificate to practice
- support the mental health system in being more accessible

FAIR ACCESS TO REGULATED PROFESSIONS AND COMPULSORY TRADES ACT, 2006, S.O. 2006, C. 31: SUPPORTING ACCESS OF INTERNATIONALLY TRAINED INDIVIDUALS TO REGULATED PROFESSIONS

Supporting access

17 (1) For the purposes of the administration of this Act, the Minister may support the access of internationally trained individuals to regulated professions by, for example,

- (a) providing information and assistance to internationally trained individuals who are applicants or potential applicants for registration by a regulated profession with respect to the requirements for registration and the procedures for applying;
- (b) conducting research, analyzing trends and identifying issues related to the purposes of this Act or to the registration of internationally trained individuals by regulated professions; and
- (c) providing information to organizations that deal with internationally trained individuals, such as ministries, government agencies, regulated professions, community agencies, educational and training institutions and employers, on government programs and services that support the registration of internationally trained individuals in the regulated professions and on fair registration processes within such organizations. 2021, c. 35, Sched. 3, s. 6.

- This will monitor if CRPO registration decisions regarding internationally educated applicants are comparable with decisions regarding applicants educated in Canada.

'- percent of applicants seeking assessment of equivalence of international education and training and the outcome of those assessments		
# deemed to be substantially equivalent	% +/- from standard set by approval rates in mapping tool	+25%
at staff level	% +/- from standard set by approval rates in mapping tool	+25%
at panel level	% +/- from standard set by approval rates in mapping tool	0%
# conditional approvals	% +/- from standard set by approval rates in mapping tool	+8%
# required TLC	% +/- from standard set by approval rates in mapping tool	0%
# refusals	% +/- from standard set by approval rates in mapping tool	-3%

**Strategic alignment: TRUSTED AUTHORITY and CLEAR COMMUNICATIONS**

- regulate in a transparent, principled, proportionate, unbiased, proactive manner
- promote confidence in professional regulation

SCHEDULE 2

HEALTH PROFESSIONS PROCEDURAL CODE

Appeal to Board

21 (1) An applicant who has been given a notice under subsection 20 (1) of an order may require the Board to hold a review of the application and the documentary evidence in support of it, or a hearing of the application, by giving the Board and the Registration Committee notice in accordance with subsection (2).

Disposal by Board

(6) The Board shall, after the hearing or review, make an order doing any one or more of the following:

1. Confirming the order made by the panel.
2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify.
3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.
4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate. 1991, c. 18, Sched. 2, s. 22 (6); 2007, c. 10, Sched. M, s. 27 (3).

- This will monitor whether CRPO is making enforceable decisions and providing clear and adequate reasons

¹ - percent of confirmed decisions by the Health Professions Appeal and Review Board (HPARB).		
% confirmed decisions	100%	100%

**Strategic alignment: EFFECTIVE INFRASTRUCTURE, TRUSTED AUTHORITY and CLEAR COMMUNICATIONS**

- communications with stakeholders are clear, transparent and dynamic
- resource for the provision of safe, ethical and competent psychotherapy care
- registrants have clarity about the role and purpose of CRPO

CPMF Suitability to Practice Measure:

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

- This will monitor whether CRPO’s practice advisory has the resources to respond to the number of inquiries being received within a reasonable timeframe

<b>- time to provide an initial response to non-urgent email and telephone inquiries</b>		
within 3 business days	85%	95%
<b>- time to provide a substantive response to non-urgent email and telephone inquiries</b>		
within 5 days of assignment	85%	93%
<b>- time to provide a substantive response to urgent email and telephone inquiries</b>		
within 3 business days	85%	93%
<ul style="list-style-type: none"> <li>• This will monitor whether users understand the scope and aim of CRPO’s practice advisory service.</li> </ul>		
<b>% in indicating that they found the PA service response ‘useful’ or ‘very useful’</b>	75%	100%
% of questions that are in scope	85%	99%

Note that this metric is for June enquiries only as this was a new KPI.

Note this is based on only 2 responses.

**Strategic alignment: EFFECTIVE INFRASTRUCTURE and TRUSTED AUTHORITY**

- Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
- Council decisions are made in the public interest.

CPMF Governance Measure:

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

- This will monitor engagement with the evaluation framework.

- percent Council members completing Annual Council Effectiveness evaluation	100%	100%
- percent Council members completing Annual competence self-reflection	100%	100%
- percent Council and committee members completing Meeting Pulse Evaluations	95%	90%
<ul style="list-style-type: none"> <li>• This will monitor changes in effectiveness in each of the evaluation categories.</li> </ul>		
- Council Effectiveness evaluation category with 'disagree' responses	<10%	<10%

\*note this is based on 2023 annual review

**Strategic alignment: EFFECTIVE INFRASTRUCTURE and CLEAR COMMUNICATIONS**

- the College has the reserves it needs in order to meet its legislative requirements
- public can locate information about Regulated Psychotherapists and access CRPO's services
- registrants have clarity about the role and purpose of CRPO

CPMF Governance Measure:

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

- This will monitor the College's management of restricted reserve funds to ensure adequate budget to appropriately dispose of all complaints and reports.

<b>- accuracy of annual complaints and reports budget allocation</b>	< 20% variance	TBD	this will be available after the completion of the fiscal audit
• This will monitor improvements in website quality of information and ease of navigation.			
<b>- percent of users indicating that they found what they were looking for on most-used pages of crpo.ca website</b>	75%	TBD	this will be available after the web overhaul is complete

## Briefing Note for Council

<b>Meeting Date:</b>	September 14, 2023
<b>Agenda Item #</b>	3.d.
<b>Issue:</b>	HIROC Risk Assessment Management System
<b>Attachment(s):</b>	HIROC Risk Assessment Program Overview
<b>Reference(s):</b>	<a href="#">May 2022, Executive BN on Risk Register Implementation</a>
<b>Action:</b>	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
<b>Staff Contact:</b>	D. Adams, K. Roberts

### Public Protection Rationale:

The College must have a formal approach to regularly identify, assess, and manage internal and external risks to ensure that strategic and operational goals can be met.

The use of an assessment tool and risk register enable effective tracking of existing and potential risks as well as progress toward mitigation of any threats to achieving the mandate of public protection.

### Background:

CRPO is insured by the [Healthcare Insurance Reciprocal of Canada](#) (HIROC). Risk management assessment and response resources are part of the services HIROC offers to subscribers. This includes a comprehensive risk management program that uses self-assessment and risk register tools.

The Risk Assessment Checklists program is:

- an online self-assessment tool that enables participating organizations to systematically assess compliance with evidence-based, actionable mitigation strategies for the top risks for their sector
- intended as a high-level diagnostic which will help an organization identify potential gaps and areas of improvement.

The Risk Register:

- provides an online application for healthcare organizations to systematically assess, track and report on a broad range of key organizational risks
- helps identify a few key risks that need to be followed in the Risk Register program

Regulatory organizations that participate in the program are asked to complete a self-assessment across these core areas and to implement mitigation strategies to address any identified threats to achieving the mandate of public protection.

CRPO is required by the College Performance Measurement Framework (CPMF) to have a formal approach to risk and has started this work by developing a basic risk register that staff has continued to review. To further this work, staff will be using the Risk Assessment Checklist – which is well-aligned with the CPMF domains and standards - over the coming months and will evaluate the use of the HIROC Risk Register once the assessment process is complete.

The Risk Assessment Checklists program and the Risk Register are offered at no cost to HIROC subscribers. The Risk Assessment Checklists program confers a 5% risk management discount to all participating organizations.

**Next steps:**

HIROC requires that subscribers complete the initial risk assessment within one year of starting it (for CRPO, this will be July 2024).

Over the course of the next quarter, staff will complete the assessment across governance, core mandate areas (except for facility accreditation since CRPO has no authority over facilities) and operations. The senior management team will review the assessment and relevant results will be presented to the Executive Committee and reported to Council.

Staff will also pilot the online Risk Register to determine if it would be beneficial to move to using it fully. Updates on this work will also be provided to the Executive Committee and reported to Council.



# RISK ASSESSMENT CHECKLISTS



## Program Overview



### Innovative Self-Assessment Tool

Leveraging its vast database of healthcare liability and property claims, HIROC developed the Risk Assessment Checklists, a web-based self-assessment tool enabling healthcare organizations to systematically self-assess compliance with a number of actionable mitigation strategies for top risks leading to medical malpractice claims. With the aim of improving patient safety and decreasing claims, the tool assists organizations with identifying and prioritizing areas of improvement.

In recognition of organizations' proactive efforts to identify and manage risks, a 5% liability premium discount is conferred annually upon submission of the risk modules.

### Knowledge Translation Strategy

An extensive review of claims was conducted to develop a **ranked list of high-cost risks** for each healthcare sector; these lists were disseminated to help organizations prioritize risks. HIROC then developed **Risk Reference Sheets**, concise three-page resources on each risk to facilitate knowledge transfer; they highlight claims themes, case examples, and contain a checklist of a "vital few" mitigation strategies. The top 10 most impactful mitigation strategies for each risk were incorporated into a risk module for the **Risk Assessment Checklists** program.

### HIROC's Approach



## Program Overview

The Risk Assessment Checklists program follows a three-year cycle, outlined below. Each year, organizations complete or update a set of risk modules, which are then submitted to HIROC for review and feedback.

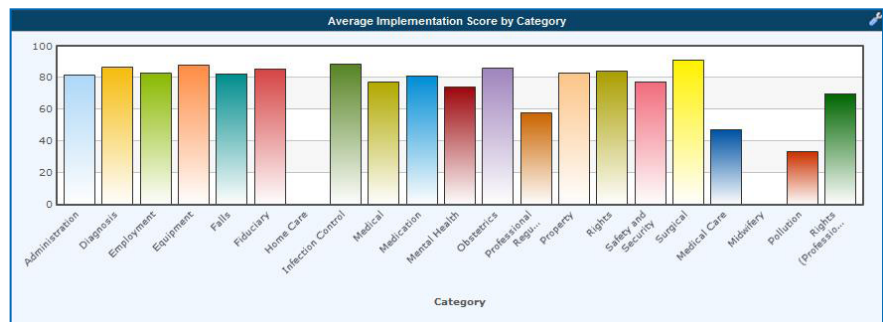
Year 1	Complete self-assessment within a year
Year 2	Implement mitigation strategies; provide update to Year 1 responses
Year 3	Implement mitigation strategies; provide update to Year 2 responses
Year 4	Start at Year 1 with updated risk module content

Organizations determine whether each mitigation strategy is fully, partially, or not in place within the organization; partial and no responses require an action plan. The system has standardized dropdowns for responses and actions plans which facilitates reporting and benchmarking with peers.

Category	Risk Module Title	Average Implementation score	HIROC risk rank
Obstetrics	Failure to Interpret/Respond to Abnormal Fetal Status	95	1
Diagnosis	Misinterpretation of Laboratory Tests	95	2
Diagnosis	Misinterpretation of Laboratory Tests - Organizations using external/regional	95	2
Medical	Inadequate Triage Assessment	95	3
Obstetrics	Management of Induction/Augmentation Medications	90	4
Diagnosis	Failure to Communicate Critical Test Results	90	5
Obstetrics	Failure to Monitor Fetal Status	88	6
Falls	Visitor Falls	60	7
Obstetrics	Failure to Communicate Fetal Status	84	8
Property	Water Damage	80	9
Medical	Failure to Appreciate Status Changes/Deteriorating Patient Condition	80	10
Infection Control	Healthcare Acquired Infections	75	11
Medication	Medication Adverse Events	90	12
Falls	Patient Falls	100	13
Medical	Failure to Identify/Monitor Hyperbilirubinemia	80	14
Medical	Inadequate Quality Checks for Contracted/Agency Nursing Staff	90	15
Safety and Security	Abuse of Patients	60	16
Medical	Failure to Provide Adequate Discharge/Follow-up Instructions	100	17
Equipment	Equipment Malfunction	90	18
Medical	Failure to Identify/Manage IV Infiltration	85	19
Fiduciary	Employee Fraud	95	20
Surgical	Unnecessary/Obsolute Procedures	85	21
Surgical	Wrong Patient/Site/Procedure	95	22
Employment	Wrongful Dismissal	64	23
Mental Health	On-Premises Suicides/Attempts	70	24
Medical	Healthcare Acquired Pressure Ulcers	70	25
Employment	Failure to Pay Benefits/Overtime	69	26
Surgical	Retained Foreign Bodies	100	27
Property	Fire Damage	85	28
Surgical	Inadequate Sterility	80	29
Rights	Privacy Breach	85	30
Administration	Inadequate Management of Look-Backs/Multi-Patient Events	70	Core

From responses for each mitigation strategy, an overall compliance score for each risk is determined. A summary report listing the risk modules and their compliance scores is available at the end of each cycle year and can be used to support risk reporting and prioritization.

The Risk Assessment Checklists has a flexible roll-out and can accommodate large health regions as well as single site organizations. The risk modules can be completed by the coordinator for the organization or assigned to subject matter experts (e.g. clinical and operational leaders).





## Registrar’s Report to Council September 14, 2023

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*Respectfully submitted by Deborah Adams*

### **Public Interest Rationale**

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

### **Project Updates**

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

This project continues to be on track, with 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 made in July, and a written report expected in the next month. The Council will receive an update at a future meeting.

#### **Staffing Update**

Since last update, a bilingual Registration Coordinator was hired to replace

#### **Regulatory Developments**

On August 1, the Ministry provided the final version of the amended Registration Regulation (which creates the ‘emergency’ class of registration) for the College to sign. We anticipate that the Ministry will meet the August 31, 2023, deadline to proclaim this specific provision. We still await notice of when they will consider additional provisions – CRPO requested a change to revise wording related to “successfully completed” program and to extend entry to practice exam deadlines – which the Ministry has indicated will be done beginning in the fall.

#### **Website Overhaul**

Work to revise and relaunch [www.crpo.ca](http://www.crpo.ca) continues. Staff have engaged with accessibility consultants to ensure that the design and functionality of the site is as close to universal design as possible. In addition to improving the organization of information on the site, these changes will allow users with print-based and other disabilities better access to all aspects of the site.

#### **Practice Advisory Data**

From July 1 to August 23, the service received 490 enquiries.

		2020-21	2021-22	2022-23	2023-2024
Q1	Apr-Jun	669	614	760	796
Q2	Jul-Sep	505	505	607	490*
Q3	Oct-Dec	612	576	720	
Q4	Jan-Mar	626	765	851	

Common topics included:

- Confidentiality
  - Client files being requested by the client, other members of the family or other stakeholders such as lawyers, insurance companies, WSIB
  - Breaking confidentiality or duty to report when there is a threat of harm
  - Collaboration with other health professionals (e.g., speaking with other members of a client’s care team, speaking to the therapist of client’s spouse...etc.)
- Competence and consultation

- Determining competency to work with a population or practice different modalities
- Conducting other services in a psychotherapy practice such as counselling, coaching, meditation, and mentorship
- Competence to write a letter or complete a document for clients
- 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 for clients with financial difficulties
  - Increasing fees
  - Charging HST
- Advertising
  - Using testimonials from clients
  - Advertising services and practice
  - Appearing on a podcast or as a speaker at an event

### **Registration**

#### **Applications:**

	<b>June</b>	<b>July</b>
<b>Applications started</b>	262	180
<b>Total applications submitted</b>	267	142
<b>Applications from recognized programs submitted</b>	241	112
<b>Applications from non-recognized programs submitted</b>	25	30
<b>Labour mobility applications</b>	1	0

Total registrants as of August 28, 2023:

- RP 8,401
- Qualifying 4,140
- Inactive 198

### **Compliance Monitoring**

Files currently being monitored are as follows:

<b>Registration Committee:</b>	
Clinical supervision/monitoring	34
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	17
Education	8
Practice Assessment	0
Not Completed: result of resignation/revocation	4
On Hold: other reasons (e.g. on leave or Interim Order suspension)	1
Terms, Conditions and Limitations	37
Undertaking	0
Conditional Approval	1
Learning Plan (Educational Upgrade)	7

<b>ICRC:</b>	
Clinical supervision/monitoring:	19
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	16
Practice Restrictions	4
Reflective Paper	9
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	1
Not Completed: result of resignation/revocation	22
On Hold: other reasons (e.g. on leave or Interim Order)	1
In Breach	0
Undertaking	12
Caution (only)	0
Remedial agreement	5
SCERP	16
Terms, Conditions and Limitations	0
Interim Order	3
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	4
Clinical Supervision/Monitoring	3
Costs	5
Suspension	1
<b>Fitness to Practise:</b>	
Monitoring (not practising)	0

## **SYSTEM PARTNER ENGAGEMENT**

### ***System Partner Meetings***

- BC Association of Clinical Counsellors – meetings related to pending legislation in the province as well as presenting at the BCACC annual conference in November.
- Staff worked with the Ontario Society of Registered Psychotherapists to enter into an agreement with OSRP to ensure their use of a trade-mark including the word “RP” preserves public trust in the profession.
- Staff have been meeting with experts to gather information to support the College’s work in developing guidelines for psychedelic assisted psychotherapy. Meetings have included the following organizations:
  - Multidisciplinary Association for Psychedelic Studies (MAPS)
  - Psilocybin Services Section, Oregon Health Authority - Public Health Division, Center for Health Protection
  - Dimensions Health Research Collaborative and Psychedelics, Queen's Health Sciences, Queen's University

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

- Citizen Advisory Group – I attended the 2023 annual general meeting of the CAG, reaffirming CRPO’s commitment to membership in the partnership that runs the group. This will provide the College with continued

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

- HPRO Anti-BIPOC Racism Project – the Equity Impact Assessment has been completed and will be presented to Council at this meeting. I continue to attend bi-weekly meetings of HPRO registrars to contribute to the work and to bring learning back to CRPO.

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

- *June 8-20:* One member of the Registration team completed the Council on Licensure, Enforcement and Regulation (CLEAR) Executive Leadership Program for Regulators
- *June 13:* Eleven members of the Registration team completed But What Does it All Mean? Fun with Statutory Interpretation by the Society of Ontario Adjudicators and Regulators (SOAR)
- *June 15:* Four members of the Registration team attended Regulation 101 by CLEAR
- *June 22:* Five members of the Registration team attended Assessing Competence by CLEAR
- *June 29:* Two members of the Registration team attended Unconscious Bias by the Canadian Centre for Diversity and Inclusion (CCDI)
- *June 29:* One members of the operations team attended *Top 10 insights from IW Employer Partners by Indigenous Works*

- *June 29: Three members of the governance team attended HPRO Anti-Racism in Health Regulation Project - Implementation Workshop for EDI Tools*
- *July 7: One member of the Registration team attended Developments in Indian Education: Perspective, Opportunities, and Challenges by World Education Services (WES)*
- *July 7 and July 17: Two members of the Registration team attended Microaggressions: Microinterventions and microaffirmations by CCDI*
- *July 12: Two members of the governance team and one member of the operations team attended Gender Diversity & Inclusion by Canadian Network of Agencies for Regulation (CNAR)*
- *July 20: One member of the Registration team attended Diversity, Equity and Inclusion Fundamentals by CCDI*
- *July 25: One member of the Registration team attended Navigating Difficult Client*
- *July 20: One member of the operations team attended Mental Health accommodations in the workplace by HRDownloads*
- *July 25: One member of the registration team attended Navigating Difficult Client Relationships by Crisis & Trauma Resource Institute (CTRI)*
- *Relationships by the Crisis and Trauma Resource Institute*
- *July 28: One member of the Registration team attended Discover Built-In PDF Security by Adobe Acrobat Pro Skill Builder*
- *Aug 2: One member of the professional conduct team attended Investigator/ Inspector Training by Council on Licensure, Enforcement and Regulation (CLEAR)*
- *Aug 10: One member of the governance team attended Advanced Concepts in Regulatory Governance by Council on Licensure, Enforcement and Regulation (CLEAR)*
- *August 10: One member of the Registration team attended Meritocracy: A Myth by CCDI*
- *August 11: One member of the Registration team attended Recent COVID-19 Issues in Professional Regulation by Steinecke Maciura LeBlanc (SML) Law*
- *August 15: One member of the Registration team attended Measuring DEI Progress: Tools and Analytics by CCDI*
- *Aug 17: One member of the operations team attended Interview Training by HRDownloads*
- *Aug 21: Two members of the governance team attended Fundamentals of OCAP - Ownership, Control, Access and Possession by First Nations Information Governance Centre (FNIGC)*
- *August 25: One member of the Registration team attended How Workplaces Respond to Tragic News and Events by CCDI*
- *Sept 6: One member of the registration team attended Unlearn and Learn, Truth and Reconciliation by Canadian Network of Agencies for Regulation (CNAR)*

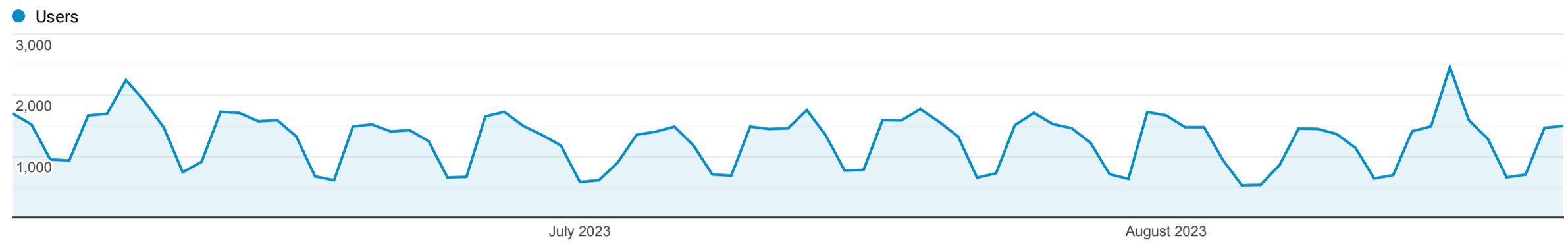


### Audience Overview

Jun 1, 2023 - Aug 22, 2023

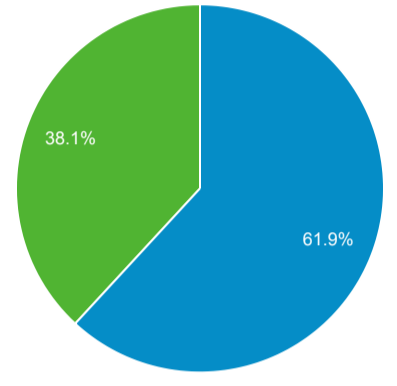
All Users  
100.00% Users

Overview



<b>Users</b> 66,873	<b>New Users</b> 57,658	<b>Sessions</b> 176,700	<b>Number of Sessions per User</b> 2.64
<b>Pageviews</b> 270,251	<b>Pages / Session</b> 1.53	<b>Avg. Session Duration</b> 00:01:03	<b>Bounce Rate</b> 81.40%

■ New Visitor ■ Returning Visitor



Language	Users	% Users
1. en-us	30,854	45.84%
2. en-ca	28,955	43.02%
3. en-gb	4,204	6.25%
4. en	713	1.06%
5. zh-cn	574	0.85%
6. fr-ca	354	0.53%
7. fr-fr	329	0.49%
8. en-in	237	0.35%
9. en-au	151	0.22%
10. zh-tw	91	0.14%



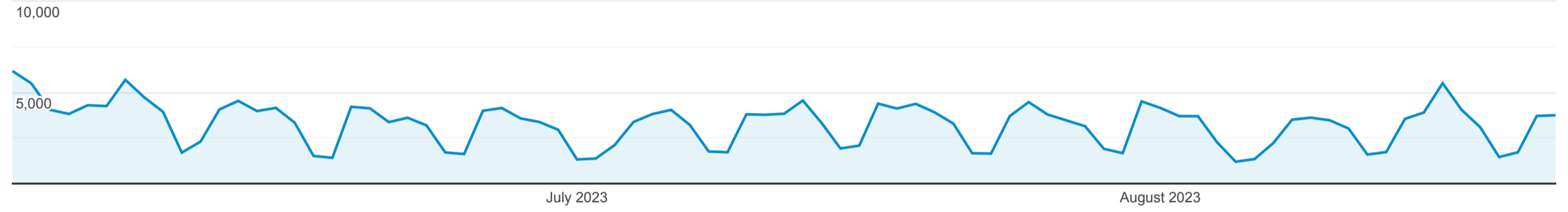
### Pages

Jun 1, 2023 - Aug 22, 2023

All Users  
100.00% Pageviews

#### Explorer

#### Pageviews



Page	Pageviews ↓	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	<b>270,251</b> % of Total: 100.00% (270,251)	<b>241,800</b> % of Total: 100.00% (241,800)	<b>00:01:58</b> Avg for View: 00:01:58 (0.00%)	<b>176,463</b> % of Total: 100.00% (176,463)	<b>81.40%</b> Avg for View: 81.40% (0.00%)	<b>65.30%</b> Avg for View: 65.30% (0.00%)	<b>\$0.00</b> % of Total: 0.00% (\$0.00)
1. /	<b>48,974</b> (18.12%)	<b>45,137</b> (18.67%)	00:01:10	<b>43,343</b> (24.56%)	77.17%	72.66%	<b>\$0.00</b> (0.00%)
2. /find-a-registered-psychotherapist/	<b>21,040</b> (7.79%)	<b>19,146</b> (7.92%)	00:03:29	<b>14,850</b> (8.42%)	90.29%	85.21%	<b>\$0.00</b> (0.00%)
3. /recognized-accepted-programs/	<b>18,059</b> (6.68%)	<b>16,953</b> (7.01%)	00:03:07	<b>13,443</b> (7.62%)	93.17%	82.23%	<b>\$0.00</b> (0.00%)
4. /applying-to-crpo/	<b>15,942</b> (5.90%)	<b>13,331</b> (5.51%)	00:01:57	<b>10,153</b> (5.75%)	69.06%	55.13%	<b>\$0.00</b> (0.00%)
5. /registration-exam/	<b>7,686</b> (2.84%)	<b>5,993</b> (2.48%)	00:03:09	<b>4,593</b> (2.60%)	78.23%	63.36%	<b>\$0.00</b> (0.00%)
6. /new-members-registered-psychotherapist-qualifying/	<b>6,696</b> (2.48%)	<b>6,188</b> (2.56%)	00:02:48	<b>4,852</b> (2.75%)	91.60%	76.66%	<b>\$0.00</b> (0.00%)
7. /practice-matters/	<b>6,450</b> (2.39%)	<b>5,793</b> (2.40%)	00:03:24	<b>4,586</b> (2.60%)	85.73%	73.12%	<b>\$0.00</b> (0.00%)
8. /supervision/	<b>5,171</b> (1.91%)	<b>4,810</b> (1.99%)	00:02:52	<b>3,709</b> (2.10%)	90.15%	75.63%	<b>\$0.00</b> (0.00%)
9. /login/	<b>4,626</b> (1.71%)	<b>4,601</b> (1.90%)	00:01:03	<b>4,586</b> (2.60%)	99.32%	99.07%	<b>\$0.00</b> (0.00%)
10. /standards-regulations/	<b>4,613</b> (1.71%)	<b>3,599</b> (1.49%)	00:01:07	<b>2,167</b> (1.23%)	72.19%	44.20%	<b>\$0.00</b> (0.00%)

Rows 1 - 10 of 6124

# COUNCIL MINUTES

Thursday, June 22, 2023

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

Hybrid meeting – 375 University Avenue and Zoom video conference

## Council Members:

Heidi Ahonen, RP, Professional Member (via Zoom)

Steven Boychyn, Public Member

Sherine Fahmy, Public Member (via Zoom)

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

Avni Jain, RP, Professional Member

David Keast, Public Member

Kenneth Lomp, RP (President), Professional Member

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

Miranda Monastero, RP, Professional Member (via Zoom)

Henry Pateman, Public Member

Kafui Sawyer, RP, Professional Member

Keri Selkirk, Public Member

Radhika Sundar, RP, Professional Member (via Zoom)

## Staff Members:

Deborah Adams, Registrar & CEO

Alexandra Brennan, Manager, Registration

Jo Anne Falkenburger, Director of Operations & HR

Amy Fournier, Senior Coordinator, Governance (Recorder)

Sarah Fraser, Director, Registration

Mark Pioro, Deputy Registrar & General Counsel

Kristina Reyes, Manager, Registrant Requirements

Kelly Roberts, Manager, Operations & HR

Jenna Smith, Manager, Professional Conduct

Virginia Strobel, Communications Coordinator (via Zoom)

Sonya Teece, Manager, Quality Assurance

## Regrets:

Judy Mord, RP, Professional Member

Jeffrey Vincent, Public Member

## 1. WELCOME & INTRODUCTIONS

### 1.a. Welcome and Opening Remarks

K. Lomp, President and Chair, called the meeting to order at 9:30 a.m. and welcomed all present.

### 1.b. Approval of Agenda

#### MOTION C-22JUN2023 – 01

That the agenda of the June 22, 2023, meeting of Council be approved as presented.

Moved: S. Boychyn  
Seconded: M. Machan  
CARRIED

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

None declared.

## 2. EDUCATION

2.a. **Office of the Fairness Commissioner**

K. Lomp introduced Fairness Commissioner Irwin Glasberg. I. Glasberg provided a presentation regarding the evolution of fair access legislation in Ontario.

## 3. ADJOURNMENT

The meeting adjourned at 10:40 a.m. for a Council mentorship program development workshop (item 4.a.).

**MOTION C-22JUN2023 – 02**

That the Council meeting be adjourned at 10:40 a.m.

Moved: D. Keast  
Seconded: K. Hewitt-Blackie  
CARRIED

## 5. DISCUSSION & DECISIONS (or DIRECTION)

5.a. **Revised Clinical Supervisor Definition**

K. Lomp called the meeting to order at 1:30 p.m. and introduced the item. M. Piro provided a presentation to Council regarding the supervision policy review that began in 2021. Part of the review includes a definition of a clinical supervisor. M. Piro summarized the proposed changes to the existing definition and summarized the public consultation report. Council members were invited to pose questions and discuss.

**MOTION C-22JUN2023 – 03**

That Council approves the draft revised definition of a Clinical Supervisor as presented.

Moved: M. Machan  
Seconded: K. Hewitt-Blackie  
CARRIED

5.b. **Policy Update: Reporting to Police**

P. Bialik, Policy Analyst, presented the proposed changes to the policy, noting that changes were minimal and included reformatting and the addition of specific information that would be provided to police.

**MOTION C-22JUN2023 – 04**

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

Moved: K. Selkirk

Seconded: D. Keast

CARRIED

5.c. **Professional Practice Standards Review**

P. Bialik introduced the item and provided an update regarding the ongoing Standards Review. Council was presented with the batch of standards and was walked through the revisions and were invited to discuss further and provide feedback. All feedback will be incorporated prior to public consultation. Council reached consensus and approved the revised standards for public consultation.

5.d. **Council Election Results and Committee Appointments**

S. Fahmy, Chair, Nominations and Elections Committee, provided an update regarding the CRPO district elections. Voting closed on May 31, 2023, and the following individuals were elected for three-year terms:

- District 3 (East) - Kafui Sawyer, RP
- District 3 (Central East) - Kenneth Lomp, RP

Judy Mord, RP, was acclaimed for another three-year term in District 2 (North).

**5.d.i. New Council Member Committee Appointments**

K. Lomp introduced the item. It was noted that K. Sawyer was first appointed as a non-Council committee member to serve on the Inquiries, Complaints and Reports Committee (ICRC) in October 2020. K. Sawyer was also part of the CRPO DEI proto group. Based on her knowledge, skills and experience, the Executive Committee recommended appointing K. Sawyer to the Nominations and Elections and Client Relations Committees. She will continue to sit on the ICRC.

**MOTION C-22JUN2023 – 05**

That Council appoints Kafui Sawyer, RP, to the Nominations and Elections, Client Relations and Inquiries, Complaints and Reports Committees for a term of approximately one year.

Moved: K. Selkirk  
Seconded: K. Hewitt-Blackie  
CARRIED

#### **5.d.i.i. Chair and Vice-Chair Appointments**

K. Lomp introduced the item and informed Council that with the end of S. Briscoe-Dimock's nine-year term, a new ICRC chair should be appointed. In addition to recommending K. Hewitt-Blackie as chair, the Executive discussed succession planning and the benefits of appointing vice-chairs.

#### **MOTION C-22JUN2023 – 06**

That Council appoint:

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

For terms of approximately one year.

Moved: H. Pateman  
Seconded: K. Sawyer  
CARRIED

#### **5.d.i.i.i. Non-Council Committee Appointment**

K. Lomp introduced the item, noting that a callout to registrants was made in February 2023 to recruit an internationally trained RP who completed the Bridge to Registration and Employment in Mental Health (BREM). Interviews were conducted by two members of the Nominations and Elections Committee, who then made recommendations to the Executive Committee to appoint Riffat Yusaf, RP, to the Examination Committee.

#### **MOTION C-22JUN2023 – 07**

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

Moved: K. Hewitt-Blackie  
Seconded: A. Jain  
CARRIED

#### **5.d.i.v. Appointment of Henry Pateman to the Inquiries, Complaints and Reports and Examination Committees**

K. Lomp introduced the item. H. Pateman, Public Member, recently indicated his availability and willingness to serve on more committees. The Executive Committee

recommended that H. Pateman be appointed to the Examination Committee and the ICRC. Council was asked to ratify the appointment.

**MOTION C-22JUN2023 – 08**

That Council appoints Henry Pateman, Public Member, to the Examination Committee and Inquiries, Complaints and Reports Committee for a term of approximately one year.

Moved: D. Keast

Seconded: M. Machan

CARRIED

5.e. **Acclamation of Officers**

D. Adams introduced the item, noting that five nominations were received in response to the callout for the Executive Committee election for five available positions. The following Council members were acclaimed for a term of approximately one year:

- Kenneth Lomp, RP, President
- Michael Machan, RP, Vice-President
- Kali Hewitt-Blackie, RP, Member at Large (Professional)
- Daivd Keast, Member at Large (Public)
- Keri Selkirk, Member at Large (Public)

Council accepted the acclamations.

**MOTION C-22JUN2023 – 09**

That Council accept the acclamation of K. Lomp (President), M. Machan (Vice-President), K. Hewitt-Blackie (Member at Large, Professional), D. Keast (Member at Large, Public) and K. Selkirk (Member at Large, Public) as members of the Executive Committee.

Moved: K. Sawyer

Seconded: H. Pateman

CARRIED

**6. INFORMATION & UPDATES**

6.a **Q4 Meeting Pulse Evaluation Report**

K. Lomp presented the Q4 meeting pulse evaluation reports for information. Committee and panel chairs were encouraged to ask all Council and committee members to complete the meeting pulse survey at the adjournment of each meeting.

6.b **Registrar's Report**

D. Adams presented her report to Council and provided updates regarding the College's submission to the Ministry of Health regarding changes to the Registration Regulation, the recent Criteria-Based Assessment launch and the Equity Impact Assessment tool developed by Health Profession Regulators of Ontario (HPRO). Council was invited to pose questions related to the report.

6.c. **Jurisprudence Demo**

M. Piro provided a brief presentation regarding the recently revamped jurisprudence module.

## 7. CONSENT AGENDA

7.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 29MAR2023
- DRAFT minutes 27APR2023
- Committee Reports

**MOTION C-22JUN2023 – 10**

That Council approve the consent agenda as presented.

Moved: M. Machan

Seconded: D. Keast

CARRIED

## 8. ADJOURNMENT

**MOTION C-22JUN2023 – 11**

That the Council meeting be adjourned at 3:25 p.m.




























Moved: K. Hewitt-Blackie  
Seconded: D. Keast  
CARRIED

**Document Summary**

File Name	Conflict of Interest Disclosure Form
File Size	264 KB
Uploaded Date	2023-06-08 16:37

**Signatures**

Name	Vote	Signature	Notes
 Ahonen,Heidi		NA	I have no conflict of interest. Heidi Ahonen
 Boychyn,Steven	Pending	NA	
 Fahmy,Sherine	Pending	NA	
 Hewitt-Blackie,Kali		NA	I have no conflict of interest for this meeting.
 Jain,Avni		NA	
 Keast,David		NA	
 Lomp,Kenneth Gunnar		NA	
 Machan,Michael		NA	
 Monastero,Miranda		NA	
 Mord,Judy	Pending	NA	
 Pateman,Henry		NA	
 Sawyer,Kafui	Pending	NA	
 Selkirk,Keri		NA	
 Sundar,Radhika		NA	
 Vincent,Jeffrey	Pending	NA	

Responses = [10 out of 15] 10  0  0  0 

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

September 14, 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)
- Kafui Sawyer

**Committee meetings: n/a**

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

#### Referrals:

Since the last Council meeting of June 22, 2023, there were no new referrals to Discipline.

#### Hearings held:

Since the last Council meeting of June 22, 2023, five hearings occurred.

1. SAXTON: uncontested hearing held June 27
2. MUSCAT: uncontested hearing held June 28
3. JOY: uncontested hearing held July 10
4. HYNES: contested merits hearing held August 14, 15, 16
5. HWANG: Penalty and Costs Hearing held August 21

#### Scheduled hearings:

At the time of preparing this report, no new matters have been scheduled.

#### Hearings Not Yet Scheduled

1. HARAMIC: adjourned pending another legal proceeding.
2. RIDDELL: CMC September 11, 2023

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

No case management conferences, or hearing management conferences occurred since the last Council meeting on June 22, 2023.

No motions occurred.

### **Discipline Decisions with Reasons**

#### **Decisions with Reasons Issued:**

Four (4) Decisions with reasons have been issued since the last Council meeting on June 22, 2023:

CRPO v MUSCAT  
CRPO v JOY  
CRPO v SAXTON  
CRPO v HWANG (Penalty and Costs)

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

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

1. HYNES, reserved on August 16, 2023.

### **Training**

No committee training occurred since the last Council meeting of June 22, 2023.

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

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

### **The Committees Recommends:**

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

## Executive Committee Report to Council

September 14, 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:

- June 22, 2023 (working lunch)
- July 6, 2023
- August 24, 2023

The Executive Committee considered the following matters at the July and August meetings:

### Governance:

- **Council Competency Matrix Revisions**  
See agenda item 2.a.
- **Mentoring: Next Steps**  
The Executive Committee received an update from Pollinate regarding next steps for the development of the CRPO Council mentorship program.

### By-law Update and Vice-Chair Role Description

The Executive Committee reviewed proposed by-law changes related to the new Vice-Chair role. See agenda items 2.b. and 2.b.i.

### Q1 Meeting Pulse Evaluations

The Executive Committee reviewed the Council and committee meeting pulse evaluation reports and discussed the feedback that was received. An aggregate report will be presented at the December 2023 Council meeting.

### Diversity, Equity and Inclusion:

- The Executive Committee received an update regarding the current initiatives of the DEI working group. See agenda item 2.c.

### Policy Discussion:

- **Removal of Information from the Public Register**  
The Executive Committee reviewed the revised policy and the application form. See agenda item 2.d.

**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. See agenda item 2.e.

**Committee Appointments:**

- **Non-Council Committee Appointment**  
The Executive Committee reached consensus to appoint Kevin VanDerZwet-Stafford, RP, to the ICRC as a non-Council committee member for a term of approximately one year. See agenda item 2.g.i. to ratify this appointment.
- **Non-Council Committee Reappointments and Recruitment**  
The Executive Committee recommended the reappointment of 21 non-Council members and the recruitment of new non-Council members to serve on committees. See agenda item 2.g.i.i.

**Finance & HR:**

- **Audited Financial Statements**  
Welch LLP presented the audited financial statements at the June 22, 2023, meeting. See agenda items 3.a. and 3.b.
- **Q1 Financials Update**  
J. Falkenburger, Director of Operations & Human Resources, presented the Q1 financial statements to the Executive Committee for information. The Committee was satisfied with the report and the financial stability represented.
- **Health Professional Regulators of Ontario (HPRO) Salary Review**  
The Committee received an update and presentation from consultants regarding the HPRO salary review process and report.
- **Council and Committee Remuneration policy considerations**  
The Executive Committee considered whether professional member remuneration should be made available in smaller increments. See agenda item 2.f.
- **Health Insurance Reciprocal of Canada (HIROC) Risk Assessment**  
The Executive Committee was provided with information regarding use of HIROC's risk assessment tools. See agenda item 3.d.

**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

September 14, 2023

<b>Committee Members</b>
<ul style="list-style-type: none"> <li>• Abimbola (Abi) Ajibolade, RP (Non-Council Committee Member)</li> <li>• Steven Boychyn</li> <li>• David Bruce, RP (Non-Council Committee Member)</li> <li>• Janet Cullen, RP (Non-Council Committee Member)</li> <li>• Nicolas El-Kada, RP (Non-Council Committee Member)</li> <li>• Sherine Fahmy</li> <li>• Kathleen (Kali) Hewitt-Blackie, RP (Chair)</li> <li>• David Keast</li> <li>• Kenneth G. E. Lomp, RP</li> <li>• Miranda Goode Monastero, RP</li> <li>• Judy Mord, RP</li> <li>• Ibukun Ogunsina, RP (Non-Council Committee Member)</li> <li>• Henry Pateman</li> <li>• Christopher Rudan, RP (Non-Council Committee Member)</li> <li>• Kafui Sawyer, RP (Non-Council Committee Member)</li> <li>• Keri Selkirk</li> <li>• Leslie Vesely, RP (Non-Council Committee Member)</li> <li>• Jeffrey Vincent</li> </ul>

**Plenary meetings:**

- N/A

**Panel meetings:**

- June 15
- June 26
- July 13
- July 31
- August 11
- August 17
- August 30
- September 8

Since the June Council meeting, there have been no ICRC plenary meetings and eight panel meetings. The next ICRC plenary meeting is scheduled for October 4, 2023.



**Trauma-Informed Review:**

The Committee received an update from College staff about the progress of the review being carried out by the Barbra Schlifer Commemorative Clinic. The review was in its final stages and the results are expected to be presented at the next plenary meeting on October 4, 2023.

During the discussion, the Committee was informed that some individuals who have engaged with the College's Formal Complaints and/or Reports Process would be surveyed by the study about their experience. The Committee provided feedback on the survey's questions to provide clarity.

Respectfully submitted,

Kali Hewitt-Blackie, RP  
Chair, Inquiries, Complaints and Reports Committee

## Professional Practice Working Group Report to Council

September 14, 2023

### Working Group Members

- Kali Hewitt-Blackie, RP
- David Keast
- Kenneth Lomp, RP
- Michael Machan, RP
- Judy Mord, RP
- Keri Selkirk (Chair)

### Working Group meetings:

- July 6, 2023

The PPWG considered the following matters at the July meeting:

- **Medical Assistance in Dying (MAiD) Survey**

The PPWG reviewed the draft survey and proposed communication plan to gather information from registrants to determine the extent to which RPs currently service MAiD seeking clients, and the level of interest RPs hold in participating in the upcoming MAiD expansion. The feedback from the survey will assist the College in the development of supportive materials and will be provided to Ontario's Ministry of Health to assist in decision-making.

At time of writing, there have been more than 2000 responses to the survey.

- **Drug Assisted Therapy**

Staff presented an information gathering plan and sought support from the PPWG to convene a group of registrants who practice in this realm to provide perspective.

### Formal Motions to Council

None.

### The PPWG Recommends:

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

Respectfully submitted,

Keri Selkirk  
Chair, Professional Practice Working Group

## Quality Assurance Committee Report to Council

September 14, 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:

- **July 11, 2023**

#### Panel meetings:

- **N/A**

Since the last Council meeting on June 22, 2023, the Quality Assurance Committee met on July 11, 2023 for a plenary meeting.

At the July 11 plenary meeting, Anthony Marini, Martek Assessments, presented the 2023 Spring CBA aggregate results to the Quality Assurance Committee as follows:

794 registrants completed the 2023 Spring CBA. Results were resoundingly reassuring and in line with Pilot result projections.

Summary			Guide
Successful	668	<b>84.1%</b>	<b>Greater or equal to .80</b>
Successful with Self Directed Review	113	<b>14.2%</b>	<b>Greater or equal to .80 - 1 Standard Deviation</b>
Unsuccessful with Peer Assisted Review	13	<b>1.6%</b>	<b>Less than .80 - 1 Standard Deviation</b>

Staff reports that individual results have been sent to all registrants who completed the 2023 Spring CBA.

Participant feedback was presented to the Committee, and staff will be providing responses to common concerns through the FAQ page on the CRPO website.

Approximately 1030 registrants are confirmed to complete the 2023 Fall CBA, scheduled from October 27 to November 5, 2023.

Cases used in the CBA are written, developed and validated by RPs who have been trained in the process. Approximately 30 additional cases have been written in 2023, including cases that address equity issues. A series of case development workshops are scheduled this fall. The final cases will be incorporated in the 2024 Spring CBA.

In addition, the Quality Assurance Committee provided comments and feedback on the proposed revisions to the following professional development tools: the learning record; learning resource list/learning plan; and peer coaching tool.

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

**The Committee Recommends:**

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

Respectfully submitted,

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

## Examination Committee Report to Council

September 14, 2023

### Committee Members

- Heidi Ahonen, RP (Chair)
- Steven Boychyn
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Henry Pateman (as of June 1, 2023)
- Keri Selkirk (Vice-Chair)
- Riffat Yusaf, RP (Non-Council Committee Appointment)

#### Committee meetings:

- June 16, 2023

#### Panel meetings:

- June 16, 2023
- July 28, 2023

#### Plenary Meeting

A half-day plenary meeting took place on June 16, 2023, via videoconference. The Examination Committee considered the following matters:

- The Committee approved an Examination Extension Policy. The policy can be found [here](#).
- The Committee reviewed and discussed exam research conducted by staff on regulatory bodies from Canada and the United States of America.
- The Committee discussed and provided feedback regarding panel meetings.
- The Committee received an update regarding the Supervision Tool pilot. The pilot has launched and can be found [here](#).

#### Panel Meetings

A half-day panel meeting took place on June 16 and one full-day panel meeting took place on July 28, via videoconference. Below are the outcomes of those meetings:

<b>Total files reviewed</b>	<b>37</b>
<b>Exam extension approved for first attempt</b>	<b>13</b>
<b>Exam extension approved for first and third attempt</b>	<b>1</b>

<b>Exam extension approved for first attempt upon submission of satisfactory documentation</b>	<b>4</b>
<b>Learning plan approved as submitted</b>	<b>3</b>
<b>Examination appeal granted</b>	<b>8</b>
<b>Examination appeal granted upon submission of satisfactory documentation</b>	<b>2</b>
<b>Examination appeal denied</b>	<b>6</b>

**Committee Membership Changes**

The Chair would like to welcome public member Henry Patemen, who was appointed to the Examination Committee on June 1, 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

## Registration Committee Report to Council

September 14, 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:

- July 27, 2023

#### Panel meetings:

- June 29, 2023
- July 19, 2023
- August 11, 2023
- August 31, 2023

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

#### Qualifying Expiration Policy and Process

The Committee approved revisions to the existing policy. If a Qualifying registrant's certificate of registration expires, the former registrant may re-apply for registration by submitting an online application and paying the applicable registration fees. The revised policy can be found [here](#).

#### Indigenous Registration Pathway

The Committee expressed support for the next steps proposed by the Diversity, Equity, and Inclusion Working Group (DEIWG). Indigenous RPs will be invited to participate in discussions about the Indigenous Registration Pathway. They will consider developing entry-to-practice competencies for the Indigenous Registration Pathway.

#### Fair Registration Practices Report 2022

The Committee approved the draft 2022 Fair Registration Practices Report at a high level.

#### Program Recognition Application

The Committee granted academic program recognition to the City University of Seattle Master of Counselling program.

#### Program Recognition Renewals

The Committee renewed academic program recognition of the Toronto School of Theology Master of Pastoral Studies, Spiritual Care and Psychotherapy Certificate and Toronto Art Therapy Institute (TATI) Graduate Level Diploma in Art Therapy programs for a period of five years.

### **Clinical Experience Recognition**

The Committee granted clinical experience recognition to the Toronto Art Therapy Institute (TATI) Graduate Level Diploma in Art Therapy program.

### **Registration Regulation Amendments**

The Committee received an update on the process of amending the Registration Regulation to include provisions for the Emergency Class of registration.

### **Key Performance Indicators**

The Committee reviewed key performance indicators for Q1 2023-24 (April-June 2023).

### **Panel Meetings**

The July 19 and August 11 meetings were a half day in length. The June 29 and August 31 meetings were one hour in length. All meetings took place via video conference. The results from the August 31 meeting will be included in the December Chair's report to Council.

<b>Total applications reviewed</b>	19
<b>Approved</b>	2
<b>Terms, Conditions &amp; Limitations (TCL)</b>	4
<b>Conditional approval</b>	1
<b>Requests for more information</b>	3
<b>Refused</b>	9

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

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

The Health Professions Appeal and Review Board (HPARB) has not returned any decisions since the June 22, 2023 Council meeting update.

### **Formal Motions to Council**

- n/a

### **The Committee Recommends:**

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

Respectfully submitted,

Michael Machan, RP  
Chair, Registration Committee



## How the Consensus Process Works

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

### Steps to Follow

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

