

COUNCIL AGENDA

Date: Thursday, December 7, 2023
Time: 9:30 a.m. to 3:30 p.m.
Location: Remote meeting – Zoom video conference
Chair: Kenneth Lomp, President

	Time	Item	Materials	Pg#	Action	Presenter
1. WELCOME & INTRODUCTIONS						
1.a.	9:30	Land Acknowledgement				D. Adams
1.b.	9:35	Welcome and Opening Remarks			Information	K. Lomp
1.c.	9:37	Approval of Agenda <i>Council is asked to indicate if they wish for any consent agenda items to be moved to regular discussion items.</i>	1. Draft Agenda	1-5	Decision by motion	K. Lomp
1.d.	9:38	Conflict of interest declarations <i>Council is asked to complete and return the Conflict-of-Interest Declaration form to document their status relative to the agenda prior to the meeting.</i>	1. COI disclosure form	6	Information	K. Lomp
2. DISCUSSION & DECISION (or DIRECTION)						
2.a.	9:40	By-law Update: Emergency Class Fee and Status <i>Council is asked to review the public consultation feedback and related proposed by-law amendments.</i>	1. Briefing Note	7-8	Information, discussion, decision by motion	K. Lomp, M. Piro
2.b.	9:50	Council and Committee Remuneration policy: Vice chair and chair rates	1. Briefing Note 2. Current Remuneration of Council and Committee	9-13	Information, discussion, decision by motion	K. Lomp, D. Adams

		<i>Council is asked to approve recommended changes to the professional remuneration policy.</i>	members policy			
2.c.	10:05	Equitable Compensation <i>Council is asked to discuss compensation for professional members from equity-deserving communities.</i>	1. Briefing Note 2. Appendix: Equitable Compensation for Community Engagement Guidebook	14-29	Information, discussion	K. Lomp, D. Adams A. Fournier
2.d.	10:25	Social Media policy <i>Council is asked to review and approve the new social media policy.</i>	1. Briefing Note 2. Draft social media policy	30-32	Information, discussion, decision by consensus	K. Lomp, P. Bialik
2.e.	10:35	Council member onboarding: self-audit <i>Council is being presented with the audit tool that all members will be asked to complete at the beginning of their terms.</i>	1. Briefing Note 2. Advertising checklist	33-35	Information, discussion, decision by consensus	K. Lomp, A. Fournier
BREAK 10:45-11:00						
2.f.	11:00	Guest Presentation: Trauma Review Report <i>Deepa Mattoo, Executive Director of the Barbra Schlifer Commemorative Clinic will present the report from their review of CRPO's complaints and reports processes.</i>	1. Briefing Note 2. Independent Review of the Complaints and Reports Processes of CRPO—October 2023	36-71	Education, information, discussion	D. Mattoo
2.g.	12:00	Education: Clinical Practice <i>Kafui Sawyer, RP will present on family systems therapy.</i>			Education, information, discussion	K. Sawyer
LUNCH 12:30-1:30						

2.h.	1:30	<p>Professional Practice Standards</p> <p><i>Council is asked to approve the draft revised standards following the development and public consultation process.</i></p>	<p>1. Briefing Note</p> <p>2. Practice Standards Feedback Overview</p> <p>3. Final DRAFT standards</p>	72-178	Information, discussion, decision by motion.	K. Lomp, P. Bialik, M. Piro
3. INFORMATION, EDUCATION & UPDATES						
3.a.	2:15	<p>Key Performance Indicator (KPI) Report update</p> <p><i>Council is being provided with a quarterly update regarding the KPIs stemming from the College Performance Measurement Framework (CPMF).</i></p>	1. KPI Q2 report	179-185	Information, discussion	K. Lomp, D. Adams
BREAK 2:25-2:35						
3.b.	2:35	<p>Work Plan development</p> <p><i>Council will be provided with a report on the committee work plan development for fiscal 2024.</i></p>	1. DRAFT Committee level work plans	186-205	Information	K. Lomp, D. Adams
3.c.	2:55	<p>Council and Committee Composition 2024</p> <p>3.c.i. Approval of Council and Committee composition slate</p> <p><i>Council is being asked to approve the Council and Committee composition slate, including Chair, Vice-Chair, and non-Council member reappointments for terms of approximately one year.</i></p> <p>3.c.i.i. New non-Council member appointments</p>	<p>1. Briefing Note</p> <p>2. Council and Committee Composition 2024</p> <p>1. to be presented December 7</p>	207-209	Information, discussion, decision by motion	K. Lomp, A. Fournier

		<i>Council is being asked to approve the appointment of new non-Council members to the Inquiries, Complaints and Reports Committee, the DEI working group and the Indigenous Pathways to Registration panel. Recommendations from the Nominations and Elections Committee and DEI working group will be presented at the meeting.</i>				
3.d.	3:00	Risk Management <i>Council is being provided with an update on CRPO's completion of the HIROC Risk Assessment Checklist and a draft Integrated Risk Management Policy for approval.</i>	1. Briefing Note 2. Draft Integrated Risk Management Policy	210-212	Information, discussion, decision by consensus	K. Lomp, D. Adams
3.e.	3:05	Registrar's Report <i>Council will have the opportunity to pose questions on the Registrar's report.</i>	1. Registrar's Report 2. Google Analytics	213-220	Information, discussion	D. Adams
3.f.	3:15	Evaluation <i>Council is asked to review the Q2 Meeting Pulse evaluation reports and will be provided with an update on the 2024 Council effectiveness evaluation scheduling.</i>	1. Q2 Meeting Pulse Evaluation Report Evaluation completion tips (to follow) Evaluation interpretation tips (to follow)	221-223	Education, information	K. Lomp, D. Adams, A. Fournier

4. CONSENT AGENDA						
4.a	3:25	Consent Agenda <i>Consent agenda items are non-controversial or routine</i>	Draft Minutes: 1. September 14, 2023 (to follow)	224-236	Motion	K. Lomp

		<p><i>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>Committee Reports:</p> <ol style="list-style-type: none"> 1. Discipline & FTP 2. Examination 3. Executive 4. Inquiries, Complaints and Reports 5. Quality Assurance 6. Registration 			
5.	3:30	ADJOURNMENT			MOTION	K. Lomp
		<p>NEW! 2024 Council Meetings</p> <ul style="list-style-type: none"> • March 20, 2024 (meeting) • March 21, 2024 (education) • June 13, 2024 (meeting + education) • September 25, 2024 (education) • September 26, 2023 (meeting) • December 12, 2024 (meeting) 				

Conflict of Interest Disclosure Form

Meeting Date: December 7, 2023
Council / Committee: Council
Meeting type: Plenary

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

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

- I have NO conflict of interest to report regarding any of the agenda items to be discussed at the above noted meeting.
- I declare a conflict of interest with one or more of the agenda items to be discussed at the above noted meeting.

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

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.a.
Issue:	By-law Update Emergency Class Fee and Status
Attachment(s):	-
References:	CRPO By-laws , articles 10.04, 10.05, 13.15, 19.03
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	M. Piro

Public Protection Rationale:

To ensure fairness, good governance, and public protection, the new Emergency registration category must have an appropriate fee, as well as appropriate provisions around voting and serving on Council and committees.

Background:

As previously discussed at Council, the Ontario Government has required all RHPA colleges to create an emergency registration class. This registration category would be used during emergencies that necessitate the expedited registration of regulated health professionals. CRPO's Registration Committee and Council approved Emergency category registration requirements. On August 31, 2023, the Ontario Government brought these requirements into effect.

Now that the category is ready to be available (subject to declaration of the requisite emergency by either the Minister of Health or CRPO Council), CRPO must put into place necessary rules governing the Emergency category. At its October 5 meeting, Executive Committee agreed to a public consultation of a proposed by-law amendment setting the Emergency category registration and renewal fee to the same amount as the Qualifying category of registration.

Both Emergency Class and Qualifying registrants have the opportunity to work toward full RP registration. Having the same fee promotes equity between the two registration categories. The proposed fee would not affect current applicants or registrants. It would only apply in the future to individuals who register in the Emergency Class.

The public consultation has been ongoing (closing December 5) regarding the Emergency class annual registration and renewal fee. As of November 20, CRPO has received over 300 submissions, generally in favour of the proposed fee. After the consultation closes, staff will present the results at the Council meeting.

At its November 16 meeting, Executive Committee supported additional by-law amendments to take effect alongside the proposed fee. These other amendments would state that Emergency

category registrants are not permitted to vote in Council elections, nor to run for Council, nor to serve on CRPO committees.

Temporary class registrants are also not permitted to vote, run, or serve in these capacities. The reason is that registration in the Temporary class is short-term. Likewise, registration in the Emergency class is intended to be short-term. The intention of Emergency class registration is to focus on delivering psychotherapy services during the emergency at hand. Once the Emergency class registrant transfers to the Qualifying class, as is their right, they will become eligible to vote, run, and serve.

The RHPA does not require a public consultation for these additional proposed by-law amendments relating to Council and committees.

Next steps:

If approved, the by-laws will be updated. Registrants will be informed in a more proactive manner when the Emergency category is opened for registration during an emergency.

Proposed Motion:

That effective immediately, Council amends the by-laws, namely, in each of articles 10.04(i), 10.05(i)(a), and 13.15(i): immediately after the word “Temporary”, adding “or Emergency”. And that effective immediately, Council enacts as by-law article 19.03 (vi.5): The registration fee and the annual renewal fee for an Emergency Class certificate of registration is \$321.

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.b.
Issue:	Council and Committee Remuneration policy: Vice Chair and Chair rates
Attachment(s):	Remuneration of Council and Committee Members (current policy)
References:	CRPO By-laws , see art 9.02 & 12.08 Schedule A: per diem remuneration for board-governed provincial agencies and advisory agencies
Action:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams, J. Falkenburger

Public Protection Rationale:

The College must maintain financial and human resources to meet its statutory objectives and regulatory mandate.

Background:

Per diems for professional members of Council and Committees are currently as follows:

Chair	Rate
Full Day	\$375.00
Half Day	\$187.50
Member	
Full Day	\$280.00
Half Day	\$140.00

Note that a 'full day' is defined as six hours; a half day is three hours or less. This timing was established to align with the compensation framework that the Health Board Secretariat follows for public members and to simplify billing.

There is currently no rate for Vice Chairs. As part of succession planning efforts, Council has started to appoint Vice Chairs who are expected to be active participants in ensuring committee and panels are meeting their mandates.

Recommendations:

Professional Member committee Vice Chair rate

- we are proposing a per diem rate of \$325, which is between the member and Chair rates for meetings
- this increase is intended to support participation in the work of setting agendas, reviewing minutes, debriefing after meetings
- the goal is not to ask members to track time they spend talking to staff or responding to emails related to a meeting
- if a Vice Chair is asked to Chair on the day of a meeting, they would bill at the Chair rate for the day. Note: Vice-chairs are not expected to actively chair for half days (the way panel guest Chairs do) so it would only be if they were asked to step in and Chair the meeting.

Professional Vice Chair and Chair rate for meeting preparation

- we are proposing the per diem rate of \$325 for Vice Chair and \$375 for Chairs be applied to preparation as well as meeting attendance to address extra time spent on work outside meetings

Next steps:

The Council is being asked to approve the Vice Chair per diem rate of \$325 and the payment of the same rate for preparation as attendance for professional Chairs and Vice Chairs.

Proposed decisions by motion:

- that Council approve the Vice Chair per diem rate of \$325
- That Council approve the payment of the same rate for preparation as for attendance for professional member Chairs and Vice Chairs, (i.e., \$380 for Chairs and \$325 for Vice Chairs).

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

Remuneration of Council and Committee Members

Purpose

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

Policy Statement

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

Scope

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

Legal Authority

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

Procedure

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

Rates for Attendance

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

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

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

Only one per diem payment for attendance is payable to a member per calendar day for one meeting; however, if two different committees² meet on the same day, attendance is payable separately for each meeting.

Rates for Preparation

¹ That is, formally calling the meeting to order, facilitating discussion, etc.

² Or Council plus a committee.

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

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

Rate for Extended Travel Time

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

President's Annual Honorarium

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

Guidelines

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

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

⁴ That is, do not submit more than once per month.

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

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

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.c.
Issue:	Equitable remuneration
Attachment(s):	Equitable Compensation for Community Engagement Guidebook
References:	See below
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams, A. Fournier

Public Protection Rationale:

The College must balance requirements to:

- maintain financial and human resources to meet its statutory objectives and regulatory mandate
- ensure 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
- appoint members to committees considering the need for diversity of perspective required for effective decision-making in the public interest

Background:

An informal task group that met with the Registrar and committee Chair to look at participation of Black RPs in the work of ICRC identified the professional per diem rate as a potential barrier. Members of the DEI Working Group have raised similar concerns. Working Group members report that RPs from equity-deserving communities who practice primarily or exclusively in these communities:

- see a substantial number of clients who access care through a lower rate, sliding scale
- have fewer clients who have third-party insurance, resulting in limitations to the frequency of appointments and duration of therapy
- undertake considerable pro bono work on advocacy and related causes for individual clients and for their communities

As reported by the Conference Board of Canada in 2015, there is a [racial wage gap](#) in Canada. This gap affects immigrants as well as university-educated, Canadian-born members of racialized communities. Studies released this year indicate that the [employment and income gaps have persisted](#):

- racialized graduates generally have lower employment incomes than non-racialized, non-Indigenous graduates
 - \$54,100 for non-racialized and non-Indigenous men
 - \$51,600 for racialized men
 - \$45,700 per year for racialized women

Additionally, racialized workers in Canada have historically been and continue to be more at risk of being in precarious employment situations. A 2011 study noted that [racialized men were 24% more likely and racialized women 48% more likely to be unemployed than non-racialized men.](#)

The attached toolkit, *Equitable Compensation for Community Engagement Guidebook*, does not directly address the committee appointment process but offers some interesting information to help guide thinking about compensating people from communities that have faced and continue to face barriers to participation.

Considerations:

The Equity Impact Assessment Tool has several markers of proactive practice that are relevant to this issue. These include:

1. GOVERNANCE Goals: Council and committee members have EDI competence. Decisions are made in a diverse public's interest. Transparency about actions fosters trust
 - EDI competency is a factor in making council/ committee appointments
2. RESOURCE Goals: Responsible stewardship of financial and human resources dedicated to EDI is demonstrated
 - EDI is included, resourced and/or funded in key projects

Per diems for professional members of Council and Committees are currently \$375 for chairs and \$280 for members at large. As a comparison, current hourly rates for private practice in Ontario are between \$100 and \$300, depending on location, years of experience and modality. While Council has acknowledged that the per diem is not income replacement (rather it is intended to recognize professional member contributions) the income sacrificed to do College work could represent a considerable burden for some professionals, particularly those who are members of and who work with racialized communities.

Over the course of the College's existence, compensation rates for professional members have been set in consideration of the rate paid by government to public members. CRPO has attempted to balance the need to increase professional per diems over time with the wish to acknowledge the equal and important contribution of public members, in the face of having no authority or ability to increase the rate paid to public members. Council has acknowledged that even the incremental increases over 9 years that CRPO has been paying professional members have resulted in professional per diems being 87% higher than the public member rates.

CRPO relies on registrant fees to run operations, including paying Council and committee per diems. The College will need to be transparent about any changes that are made in relation to these payments.

Resources:

Staff have done a preliminary review of resources to assist Council in considering this initiative.

- Statistics Canada
 - [Racialized Canadians are less likely to find as good jobs as their non-racialized and non-Indigenous counterparts early in their careers](#)
 - [The relative earnings of individuals in designated visible minority categories in Canada across four workplace sectors](#)
- McMaster University, Faculty of Social Sciences Poverty and Employment Precarity in Southern Ontario project - [How to Increase Equity and Reduce Discrimination](#)
- The Conference Board of Canada – [Racial Wage Gap](#)
- Canadian Centre for Policy Alternatives - [Canada's Colour Coded Labour Market: The gap for racialized workers](#)
- Society for Human Resource Management - [How to Ensure Pay Equity for People of Color](#) (shrm.org)
- Canadian Association of University Teachers – [Equitable Compensation](#)
- [Compensating Community Members: Increasing Equitable Participation in Community Engagement](#)

Next steps:

The Executive Committee has directed staff to work with the DEI WG to consider the need for and feasibility of differential compensation for Council and committee members from equity-deserving communities and to provide recommendations about determining rates and implementing a defensible policy of differential compensation.

Council will be provided with a report and recommendations at the March 2024 meeting.



COMMUNITY-ENGAGED RESOURCE CENTER

Equitable Compensation for Community Engagement Guidebook

Mel Langness
Urban Institute

Justin Winston Morgan
Urban Institute, Harvard T. Chan School of Public Health

July 2023

Saidy Cedano
University of Illinois at Chicago

Elsa Falkenburger
Urban Institute

About This Toolkit

This toolkit includes practical guidance and approaches for creating an equitable compensation plan for your organization's community-partnered research projects.

In this toolkit, you will find

- harmful assumptions researchers often incorporate into compensation decisions
- five guiding principles of equitable compensation
- common compensation challenges to prepare for
- practical steps you can take in designing a compensation plan
- examples of common pay structures

Introduction

Community engagement and community-engaged research methods (CEM) involve bringing studied communities into a project or research process as intentional contributors, participants, and/or reviewers. Partnering with community members and people with lived experience during research, policymaking, or practice presents opportunities to enrich the work, incorporate perspectives that are often excluded from decisionmaking, and advance equity across disciplines and professions. Participatory methods center the voices and experiences of community members in a project's process and aim to balance power dynamics between researchers and the community. This can lead to processes and outcomes that are more ethical, effective, and sustainable.¹ But these efforts require careful consideration of how community expertise will be valued and compensated.

Community members and people with lived experience are often called on to “volunteer” their time, experience, and perspectives. Their contributions can be misconstrued as civic engagement, and their expertise may not be valued as much as that of academic or professional experts. But all forms of effort, expertise, and information deserve fair recompense. Community members' participation demands their time, skills, and knowledge—and asks them to share highly personal, sometimes traumatic, life experiences. As organizations look to partner with community members, they should consider equitable compensation strategies that value such contributions.

This toolkit is designed to help practitioners who are interested in participatory engagement to develop or update plans for equitable community compensation, including preparing for necessary conversations and preempting potential challenges. It includes a worksheet of useful steps and considerations you can use to ensure fair community compensation structures at each stage of your engagement.

Confronting Assumptions

A common goal in participatory work is to respond to a long history of marginalized people being afforded limited access to power and decisionmaking structures. It is particularly important to be intentional about the values and perspectives guiding community compensation structures to avoid continuing patterns of harm and bias. “Community” refers to any group that shares an identity, experience, or geographic location. How a community is defined varies from project to project.

Before designing compensation structures for community members, it can be helpful to reflect on the classist and racist assumptions embedded in the compensation structures of our society, and to determine if any of these assumptions are being made by any of the organizations sponsoring the project. Some assumptions can pose significant barriers to equitable compensation, such as the belief that people without higher education, who are economically disadvantaged, or who participate in criminalized activities are irresponsible with money, unreliable, or unable to contribute expert insights. These beliefs deepen racial and gender disparities (Blair et al. 2020; Hahn and Simms 2021; Alexander 2012; NWLC 2020). They do not reflect the reality that, when asking questions related to a specific place or community, the lens of lived experience can provide necessary contextualization and add significant value to a project.

Another misguided assumption that can pose a barrier is that community members might take on a project role dispassionately, primarily for the compensation, if funding is too generous or “coercive.” Compensation policies should assume the same level of honest interest from community members as any salaried member of a project, and must reflect an appreciation for the trade-offs community members face in contributing their time and expertise to the work.

*In participatory work, we must remember that **we are engaging with individuals as colleagues and partners, not as research subjects, constituents, or program participants.** Paying people for their time is not an incentive, it’s compensation for their expertise.*

Assumptions around personal finances can also be a challenge. Employers sometimes make assumptions about the financial security of their employees based on the salaries and benefits they distribute. These same assumptions should not be extended to consultants or to other external and/or community-based contributors to projects. Assuming that someone will “be okay” if their invoice is paid two weeks late reflects a privileged assumption of financial security. People may align their bill payments or other obligations around the promise of receiving pay from your project. Overall, compensation for community engagement should be competitive, transparent, prompt, and conscientious.

Confronting Assumptions

Here are some common assumptions to be aware of and work to address as you navigate conversations within your organization about community compensation.

- Marginalized populations have less access to power and decisionmaking structures. They are often excluded from research, policy, and power processes and decisions, even when they have advanced degrees and/or expertise in other fields.
- Many compensation strategies assume that community members will be irresponsible with money, unreliable, or unable to contribute expert insights. These beliefs deepen racial and gendered disparities (Blair et al. 2020; Hahn and Simms 2021; Alexander 2012; NWLC 2020).
- People with lived experience are often viewed as research subjects, constituents, or program participants. When thinking of community members as fellow experts and colleagues, compensation should be viewed as fair recognition of their expertise as opposed to an incentive that might coerce or induce participation for the wrong motives.
- Compensation for community members and people with lived experience is no different than compensation for permanent employees. While people may be engaged as consultants or in other temporary positions, their payment should be transparent and timely.

Five Guiding Principles of Equitable Compensation

Connecting with people is the soul of community engagement. Building trustful, collaborative relationships with potential experts is essential to developing strong roots in a community. The starting point for honoring the relationship with community is to adopt five core principles for developing compensation plans for community collaboration.

Keep these five principles in mind when doing the administrative and relational work necessary for paying community members:

- 1. Be transparent and honest.** The most important value when planning compensation for community members is transparency. Being honest and up-front about your organization, the project goals and budget, and the compensation timeline and process is essential to fostering trust and mutual accountability with partners.
- 2. Seek feedback and allow the perspectives and needs of the community to guide you in the right direction.** Listening to and centering community feedback—from the outset of the relationship—is a key tenet of participatory methods. Seek community feedback on your compensation arrangements early and often to ensure that pay is appropriate to community expectations.
- 3. Offer compensation that reflects your respect for community members' expertise.** While compensation rates and amounts will vary by context and project, they should reflect the importance of community contributions to the project. The compensation package for community members should compare favorably with those of other project members who are providing similar project support.
- 4. Strive for flexibility to adjust to unforeseen and unintended consequences of compensation.** A mantra of community engagement: the unexpected will happen. Building flexibility into your project budget for unforeseen expenses will help you react quickly and thoughtfully to community needs.
- 5. Prepare to advocate for structural change to your organization's compensation framework.** If your compensation efforts are unprecedented in your organization, you may need to advocate for change. This may involve creative thinking to accomplish simple tasks in the short term and longer-term conversations to reform systems and procedures so that compensation runs smoothly in the future.

Common Compensation Challenges

While each community partnership is different and faces its own contextual challenges, several issues are common across initiatives and organizations. Outlined here are some of the key challenges that can arise around equitable compensation in project partnerships. Some are challenges for individuals/community members and others are challenges that organizations will face. In the next section we share guidance on how to address these and other challenges.

Intraorganizational Communication

Participatory work that includes community members as colleagues and fellow experts is a fairly new approach for many organizations. Project staff can play an important role in internal education and advocacy to ensure other staff in the organization understand why community-engaged work is valuable and different. Partnership among staff with various functions is necessary to effect organizational change, and all of that begins with open communication and a commitment to collaborating to find solutions jointly.

Incompatible Systems

Innovative approaches often mean that organizations are structurally ill-prepared to appropriately compensate community members. Traditional payment models rely on easy-to-distribute gift cards or in-kind donations that can be tracked by the organization, but these methods of payment can have a limiting and patronizing impact on community members. Many organizations lack a timely system for payment or reimbursement of expenses, as their compensation systems are designed for salaried workers in less vulnerable situations who can financially weather the delay of conventional payroll processes.

Upfront Costs

Community members face upfront costs for participation, such as childcare, transportation, and time off from work. If left unaddressed, these costs can unnecessarily burden community members and impede their contributions.

Unclear Compensation Rates

It can be mystifying to identify fair and appropriate compensation rates for community partners without a prior framework. Compensating community partners often means assigning value to knowledge or skills that organizations have little experience translating to their usual pay scales. Additionally, the organizational staff most likely to determine these pay scales are often removed from the community engagement process.

Income Consequences

Additional income can cause unintended, and sometimes devastating, consequences for community members. Some pay agreements, such as those with independent contractors, may have withholding regulations that are unfamiliar to community members and can create a burdensome liability during tax season. Income shocks—large influxes of cash at one time—could disqualify community members from receiving important government benefits, such as housing assistance, health insurance, or financial assistance through programs such as Temporary Assistance for Needy Families.

Professional Development

Community members' future or current employers may not recognize short-term or informal relationships as being pathways for substantial professional development, since these relationships may be hard to articulate.

Taking Action and What to Expect

You and/or your organization can do several key things to ensure you are executing the five guiding principles in alignment with a community's well-being and the nature of your partnership—before, during, and after your project. The process of negotiating equitable and holistic compensation for your community partners will also require you to address several expected and unexpected challenges.

Addressing three key areas—organizational assessment, critical considerations, and community conversations—can help you plan, prepare, and roll out an equitable community compensation plan. Below, we briefly discuss each area. The Compensation Checklist on page 10 also provides a helpful action guide that you can follow.

Conduct an Organizational Assessment

Before getting started with your project, take some time to research how compensation has been handled at your organization previously. An effective assessment requires considering the internal structure of your organization, understanding the factors that key organizational decisionmakers face when determining compensation (including the requirements of different funders/grants/contracts), and exploring whether your organization has multiple options for compensating community members. Through preliminary meetings and informational interviews with key stakeholders, you can uncover what current practices may be suitable for your needs, which ones could be modified, and where there are opportunities to facilitate the process for your community partners.

As you work to remove barriers and improve institutional structures, you should communicate with community members so that they are aware of the capacity of your organization to meet their needs and what structural barriers may need to be addressed to ensure fair compensation. Be clear about your organization's limitations and restrictions as well as your approach to overcoming these obstacles. Knowing and communicating limits early in the process can prevent misunderstandings later in the partnership.

Consider the Community's Needs

As you begin conceptualizing an equitable compensation program, centering community—and communicating transparently and regularly—will help you understand how to best align community needs and organizational capacity. Here are some approaches that can help make community compensation more adaptive and sustainable:

- Place a premium on adaptive and continuous communication.
- Consider offering opportunities for career development or advancement for the community partners you hope to retain.
- Routinely pull from a pool of internal personnel for resources—both to support community members and to ensure your process is strong and offers a positive experience for all team members.
- Expect to become a critical messenger within your organization, and look to support institutional growth that facilitates improved and increased community engagement.

You can also consider nonmonetary forms of compensation. Individuals and community organizations may have an interest in or need for in-kind payment. Community partners may be facing several trade-offs to participate, such as having to find childcare or pay travel costs. Community organizations may have other priorities besides direct financial compensation, such as building out their website or social media platforms, receiving accounting advice, donating to community causes, or receiving training and support for fundraising. An equitable compensation approach will identify and anticipate these needs and interests. Consider leveraging your organization's platform and other resources as a source of nonmonetary support. Often, community partners will not bring up these in-kind forms of compensation, but they may arise as you take the time to discuss their priorities and goals and share details about what you and your organization have to offer.

Communicate Early and Often

As early as possible, open lines of communication with your community partner(s) about their hiring and payment preferences. Every project is different, but including and considering community voices throughout the process is a constant. Early-stage project planning with the community should devote time to discussing the details of compensation. These transparent conversations are essential to outlining contractual obligations and organizational limitations—and centering the needs of community members.

Learn the policy landscape influencing your community partners' compensation experience throughout the project process. Conduct active research and open discussions with partners to uncover the local, state, and federal tax and income policies that would affect your compensation framework. As you go, develop a "landscape review" for future work so others can understand the full spectrum of policies at play. Also, identify tax expertise for participants to consult, if needed, applying the cost to your budget. The focus should be on ensuring that community members have the information and support they need to make an informed and careful decision about accepting compensation for their work.

What Is the Right Amount?

While it is not possible to give an exact formula for how much to pay a community partner, given that specific project roles vary, we provide preliminary guidance:

- Use the market rate for similar roles, including for roles filled by employees, to determine how much compensation community partners should receive.
- Consider relevant experience. Criteria might include years of lived experience, knowledge of their community, leadership role(s) in the community, and previous experience collaborating on similar initiatives. Consider the hourly rate that you would have paid to an expert consultant or internal colleague.
- When the nature of the work is not permanent and the wages offered are temporary, there should be some premium to account for the short term nature of the work and potential expenses associated with participation (e.g., child care, transportation, time off of from another job).
- Take into account the fair living wage of your locality, and whether the compensation you are providing meets that standard.

Above all, compensation structures should explicitly acknowledge the value of a community partner's expertise, time, and labor. When community organizations join a project to provide their expertise, you will need to budget for their operational and staff-support costs in the same way you would for any consulting firm or subcontract.

Example Pay Structures

This section outlines some of the most common pay structures that Urban research teams have used to pay individuals for engaging with projects. While any pay-structure decision will carry specific considerations and processes for your organization, these examples may be helpful frameworks as you determine how to actualize equitable compensation for your project. Special attention should be given to tax considerations² and the resources needed to access funds (e.g., a bank account, a computer with internet access to activate an e-gift card).

Tokens of Appreciation

- **Guiding concept:** One-time payment (usually capped at a nominal amount) to thank someone for their time as a community expert. This is not an incentive payment.
- **Often used for:** Paying community members who attend a one-time event or provide expert input or feedback at a single point in time.
- **Considerations:** Following some engagement, the project team will pay the individual in cash or with a gift card, gathering contact information as needed (e.g., an email address for sending a virtual gift card). However, funding restrictions attached to specific projects may present additional barriers (e.g., federal funding regulations around purchasing food; nonprofit organizations being hesitant to issue cash payments for audit purposes). Gift cards tend to be the most popular route for organizations given auditing considerations but can present technological difficulties and feel paternalistic to the recipients. Consider that “cash is king” for its autonomy and ease of access.

Honoraria

- **Guiding concept:** One-time payment for completing a set project, presentation, or role.
- **Often used for:** Paying advisors and/or advisory boards; compensating experts who give time to an interview or presentation.
- **Considerations:** Typically, this payment is at the discretion of the payer, but some organizations may require administrative documentation. Honoraria are considered taxable income and recipients will need to report the income to the IRS during tax season.

Consultant Agreements

- **Guiding concept:** Agreement detailing an ongoing relationship with someone providing expertise to some effort.
- **Often used for:** Paying subject matter experts, community-based researchers, or project consultants for short- to mid-term ongoing work.
- **Considerations:** Consultant retainment processes and paperwork will be highly specific to your organization, and carry different requirements for nonprofit and private organizations. Administrative documentation involved in this process generally includes a consultant agreement, a description of work, and a selection memo/competitive review statement. Consultants are required to report income to the IRS via form 1099.

Hiring Part- or Full-Time Employees

- **Guiding concept:** Hiring someone from the community or with relevant lived experience as a full-time, part-time, or temporary employee of your organization.
- **Often used for:** Retaining community-based researchers or project consultants, and ensuring that community voice and lived experience are an engrained part of the organization.
- **Considerations:** This approach has many benefits. In addition to creating a sustainable partnership and link to the community, it offers a long-term career opportunity and less fluctuation in compensation, ensuring the individual is less vulnerable to losing essential forms of public support in return for short-term compensation. Part- or full-time permanent employment also offers a straightforward approach to managing taxes. Hiring will follow the structures defined by an organization's human resources department and institutional norms. However, the project team should be closely involved in the process—including writing the job description, leading any necessary interviews, and advocating for why it may be important to bring someone in with atypical education or professional experience.

Final Considerations

As you develop plans for paying community members, be prepared for what may be a series of difficult conversations. Money is a fraught subject in our society and is deeply personal, practical, and political. Reflect on whether your proposed compensation framework strikes the right balance between the structural and economic limits of your organization and the maximum benefits for community members. Done well, an equitable compensation plan can lead to more sustainable present and future partnerships. Remember that like any other professional relationship, both sides are accountable to the agreed partnership. While the community members you retain will be accountable to the scope of work and professional norms you outline, your organization should also consider how to be accountable to your community partners—through compensation and other key elements of the partnership. Following the guiding principles in this toolkit can ensure that your project's community compensation efforts are anchored in transparency, flexibility, and respect for community voices and expertise, and that, if needed, you can advocate for structural change to your organization's compensation framework.

Compensation Checklist

Use this checklist of tasks and considerations to track your progress as you work to develop a compensation framework for your project and organization.

Conduct an Organizational Assessment

- Identify the offices, operating structures, and personnel you will need to work with in order to establish compensation for your community partners. A flow chart or another visualization may help your team understand how compensation is handled at your organization.
- Note the logistical and historical justifications for the current or standard compensation process at your organization and the key factors that decisionmakers consider when determining compensation.
- Identify relevant local, state, or federal benefits that may be impacted by your organization's payment to community partners.
- Identify the various options your organization offers for compensating community members. Compare and contrast the benefits and drawbacks of each of these options for your project.
- Identify key tax limitations and reporting requirements for each type of compensation agreement. Provide resources to community members to support tax filing options if possible.

Consider the Community's Needs

- Identify budget options for buffer funds to create flexibility when needed.
- Maintain lines of communication and transparent engagement with key members of your organization throughout the project.
- Establish and maintain lines of communication and sustainable relationships with your community partners during and beyond the project period.
- Document your research and conversations to ensure that you and your organization do not have to recreate the wheel for future community projects.
- Create a structure to maintain open and regular communication about compensation throughout the project. This may be setting regular meetings, creating a standing agenda item, assigning a project team member to liaison with relevant departments, or choosing another form of structured commitment to transparent communication.
- Consider whether your organization has a pathway to retain community partners where appropriate.
- Document processes, successes, and issues as they arise to promote future partnerships and develop internal resources.

Communicate Early and Often

- Ensure your community partner(s) understands their individual scope of work and responsibilities as well as how their contributions fit into to the overall project goals.
- Identify the amount you will pay your community partner(s) for the scope of work.
- Identify your community partner(s) preferences for the type of role and relationship they want with your organization.
- Identify your community partner(s) preferences for how and when they are paid.
- Communicate any organizational limitations and barriers to equitable payment to your community partners, and let them know whether you are working to address them during the project timeline.
- Consider the following:
 - Does the rate of compensation reflect the time and expertise the partner is contributing to the work?
 - Does the role, title, or label used for your community partner's work appropriately recognize their contributions as a partner and fellow expert in the work?
 - Is your method of compensation flexible enough to meet community partner needs?
 - Does your timeline meet the level of urgency your community faces for up-front expenses?
 - Do your community partners have nonmonetary needs or interests? If so, what sort of in-kind compensation could be beneficial in addition to the agreed compensation?
 - Does your payment have implications for community members in terms of access to public supports, or tax liabilities?
 - Do your community partner(s) have the ability to receive your proposed payment method? Does it require a bank account, Social Security number, or other financial structure?
 - Is your compensation framework offering opportunities for professional development and career advancement?

Additional Resources

■ Does It Pay to Pay? Exploring What It Means to Compensate Outreach Participants

Urban Planning Partners, Inc.

<https://www.up-partners.com/news/2020/10/16/does-it-pay-to-pay-exploring-what-it-means-to-compensate-outreach-participants-cy fz2-jwgn6-x8srm>

■ Compensation and Reimbursement of Research Participants

University of Toronto Division of the Vice President, Research and Compensation

<https://research.utoronto.ca/compensation-reimbursement-research-participants>

■ Compensation Philosophy

Community Action Partnership of Ramsey and Washington Counties

https://caprw.org/file_download/inline/1d4caca1-44ae-46ee-b062-8eb9476839ca

■ Guidance on Compensation of Community Partners in Research at Virginia Commonwealth University

Cynthia George, Valerie Holton, and Amber Haley

https://scholarscompass.vcu.edu/cgi/viewcontent.cgi?article=1005&context=cer_resources

Notes

- 1 For more information on community engagement and power sharing, see John Sankofa, Hannah Daly, and Elsa Falkenburger, *Community Voice and Power Sharing Guidebook*, 2021, Washington, DC: Urban Institute, <https://www.urban.org/research/publication/community-voice-and-power-sharing-guidebook>.
- 2 This document is not intended to outline specific tax advice. Tax considerations vary by locality and state. Before finalizing any pay structure for community engagement, consult tax experts and payroll specialists within your organization (if applicable). Be sure to provide as complete information as possible to those you engage.

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Positionality Statement

Our team includes one Black man, one White trans nonbinary person, one Hispanic woman, and one White woman. Our research draws on our backgrounds in public health, public policy, social work, transformative justice, affordable housing, and community-based participatory methods. Our professional experiences include partnering with the communities at the heart of Urban's work to explore research questions, evaluate programming, deliver services, support community members' priorities and needs, and supplement their self-sufficiency. We work at a relatively well-resourced and predominately White research organization based in Washington, DC. We acknowledge the extensive history of intentional and unintentional harm that research organizations have caused to structurally marginalized communities. Our team is committed to the values and lenses of meaningful community engagement, complex personhood, equity, and justice in creating and sharing our work. Ultimately, we value lived experiences as expertise and reject the notion that only technically trained researchers can be experts.

Acknowledgments

This toolkit was funded by the Ewing Marion Kauffman Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

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500 L'Enfant Plaza SW
Washington, DC 20024

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.d.
Issue:	Social Media Policy for Council and Committee Members
Attachment(s):	DRAFT - Policy on Social Media use by Members of Council and Committee
References:	CRPO By-laws, articles 17, 18, Schedule 3.
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	P. Bialik, M. Piore

Public Protection Rationale:

This policy establishes guidelines for reasonable use of social media by CRPO Council and committee members, balancing good governance, appropriate conduct, free expression, and reputational risk to the College.

Background:

At present, the College does not have an operational policy on social media usage for members of Council and Committees. The attached policy seeks to balance freedom of expression with the risks faced by the College on social media channels.

The Executive Committee reviewed the draft policy at the November meeting and provided feedback. Suggestions included strengthening the language around “avoiding” certain actions, which were integrated and now read “must avoid.”

The Committee also raised questions regarding use of LinkedIn, as it acts as both as a resume and as a traditional social media site where individuals may be posting opinions and interacting with connections. Specifically, the question was asked whether Council and Committee members would be prohibited from listing their College affiliation on their LinkedIn resume by the policy. While some alternative language was discussed to clarify the policy, Executive Committee deferred further edits until Council could discuss the matter.

For Discussion:

- Use of LinkedIn and College affiliation

Proposed Decision by Consensus:

That Council approve the social media policy for Council and committee members as presented (or amended).

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

Policy on Social Media Use by Council and Committees Members (DRAFT)

Purpose

This policy establishes guidelines for reasonable use of social media by CRPO Council and committee members, balancing good governance, appropriate conduct, and free expression.

Relevant Legislation

CRPO By-laws, articles 17, 18, Schedule 3.

Scope

This policy applies to all elected and appointed members of CRPO Council, committees, and working groups.

Definitions

Social Media: Any application or website that allows users to engage directly or indirectly with others publicly, including but not limited to blogs, comment sections, LinkedIn, Facebook, X, Threads and Discord.

Policy

Council and Committee members (“Members”) are free to use social media outside of their capacity as Members.

Members understand that messages, images, videos, and other content they post to social media are matters of public record and may be used by CRPO in any internal proceedings.

Prohibitions

Members do not discuss or refer to confidential CRPO information on social media.

Unless authorized by CRPO to communicate on its behalf, Members must avoid:

- Using their Council or committee title on social media
- Giving the impression they are speaking on behalf of the College, and if necessary to clarify confusion, Members state they are speaking in their personal capacity
- Publicly disagreeing with decisions made by Council or a committee



Members do not engage in behaviour that might reasonably be perceived as verbal, physical, or sexual abuse, harassment, or discrimination.

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.e.
Issue:	Council member onboarding: self-audit
Attachments:	Advertising and Self-Representation Checklist
References:	Code of Ethics Code of Conduct
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	A. Fournier
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

The public interest requires that Council and committee members have the knowledge, skills and commitment needed to effectively discharge their fiduciary role and responsibilities. Part of this responsibility includes participating in orientation and training at the start of their term/appointment.

Background:

Council and committee members are required to complete several onboarding tasks and training when they join the CRPO. At the July 6, 2023, Executive Committee meeting, the Committee directed staff to develop a procedure for new Council and non-Council members to complete an assessment of their advertising practices and online presence that would take place within the first few weeks of their election or appointment.

Key Considerations:

The start of a new Council or non-Council member's term is an ideal time for them to reflect on their online presence and advertising practices as they step into their new roles.

The Executive Committee supported the following approach to the self-audit component that was presented at the November 16, 2023 Executive Committee meeting:

- New professional members (elected and/or appointed) are required to complete the CRPO's Advertising and Self-Representation Checklist
- The checklist does not need to be returned the College. An attestation form will be included in the onboarding materials, to be signed and returned with the other required administrative forms.
- Both public and professional members will be asked to conduct an assessment of their online presence using the code of conduct, code of ethics and social media policy as a guide at the start of their terms. A signed attestation form will be included in the onboarding materials, to be signed and returned.

Proposed Decision by Consensus

That new Council and non-Council members complete the advertising and self-representation checklist and conduct an online presence assessment as part of the onboarding requirements going forward.

Advertising and Self-Representation Checklist

Use the checklist below to conduct a self-review of your advertising and self-representation practices, identifying how your practices align with CRPO's Professional Practice Standards on Advertising and Representing Yourself and Your Services (section 6.2).

How to use this checklist

Find a document (e.g. business card, professional bio, pamphlet) or web page (e.g. from your own website, online ad, professional services directory, professional social media page) where you recently advertised or represented your services, and have it open in front of you. Working through each item in the checklist, review the document or web page and consider whether it is meeting the requirements.

Read each item in the list carefully. Depending on the nature and/or purpose of the material where you advertised or represented yourself or your services, items in the checklist may not apply.

Name of document or web page:	Summary:
Date Reviewed:	
Reviewer name or initials:	

Advertising Checklist	Comments
Where the Member or the Member's services are advertised or otherwise represented, the content:	
<input type="checkbox"/> Accurately communicates the Member's professional designation	
<input type="checkbox"/> Is verifiable	
<input type="checkbox"/> Does NOT create false or unjustified expectations of favorable results	
<input type="checkbox"/> Does NOT imply or state guarantees of success	
<input type="checkbox"/> Does NOT appeal to a person's fears	
<input type="checkbox"/> Does NOT contain superlative or comparative terms, such as "best outcomes", "most reliable methods" or any other words suggesting that the Member's service is of a higher quality than that of other professionals	
<input type="checkbox"/> Does NOT imply or suggest that the Member is recognized by CRPO as a specialist in an area of practice or in a therapeutic approach	
<input type="checkbox"/> Does NOT include use of client, former client, peer or other person's testimonials	
Where the Member or the Member's services are advertised or otherwise represented, the content:	
<input type="checkbox"/> The recipient of the solicitation is advised of the purpose of communications	
<input type="checkbox"/> The recipient of the solicitation may unsubscribe or end communications immediately or at any time	

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.f.
Issue:	Trauma Informed Review report
Attachment(s):	Independent Review of the Complaints and Reports Processes of the College of Registered Psychotherapists of Ontario – October 2023
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams, J. Smith

Public Protection Rationale:

CRPO is committed to ensuring that its complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed and are procedurally fair. Enhancing support, accommodation and accessibility reduces the chances of re-traumatization for client members of the public, witnesses and registrants interacting with CRPO's investigation processes.

Background:

As an organization, CRPO has always intended to apply the principles of transparency, accessibility, and fairness with empathy, compassion and humility. Over the last several years, there have been cases that have caused Council, committee members, and staff to critically reflect on the College's approach and processes. In doing so, we have acknowledged the importance of being more trauma-informed and determined that we need to review our processes and make changes to avoid doing harm.

The College contracted the [Barbra Schliifer Commemorative Clinic](#) (BSCC) to undertake a review of the complaints and reports process, to delve into the problems we had already identified, to determine other areas of our work that were not trauma-informed, and to provide recommendations for improvement. BSCC offers legal advice, counselling and interpretation services for marginalized and racialized populations of women who have survived violence. They also engage in advocacy and legal reform. The clinic takes on a few projects each year geared toward providing survivors of gender-based violence with the resources they need. The recommendations from this review are intended to provide direction for necessary changes to be made to CRPO's complaints and reports processes.

This work started with the understanding and acceptance that Council, committees, and staff would need to remain open to change if we were going to transform the way in which we regulate.

Next steps:

The Council is being presented with the BSCC report. The ICRC will review the report and consider the recommendations it makes. Staff and the committee will report back to Council on resulting changes to policies, processes and approach and any resulting committee and staff professional development.

Independent Review of the Complaints and Reports Processes of the College of Registered Psychotherapists of Ontario

Prepared for the College of Registered Psychotherapists of Ontario (CRPO)
October 2023

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ACKNOWLEDGEMENT

Barbra Schlifer Commemorative Clinic would like to thank, first and foremost, the complainants, reporters, witnesses and respondent registrants who openly and bravely shared with us their experiences with the College of Registered Psychotherapists of Ontario's complaints and reports process. It is their experiences which have shaped this report and our recommendations.

We would also like to thank the clinical and legal experts, as well as the psychotherapy clinical supervisors, for graciously giving us their expertise in the process and their thoughts on how it can improve.

We would also like to thank the investigator teams, Barker Hutchinson and Benard and Associates, and the College's legal counsel, SML Law, for taking the time to participate and providing us with their feedback.

We would also like to thank the College's staff and ICR Committee members for their openness and desire to make their complaints and reports process better for all of those involved.

1. EXECUTIVE SUMMARY

The purpose of this report is to review the College of Registered Psychotherapists of Ontario's ("the College" or "CRPO") complaints and reports processes and provide recommendations in order to ensure that these processes are trauma-informed and procedurally fair to all of its users. The goals of this review are to reduce barriers to making complaints and reports, to provide sufficient support to users, to increase trust and confidence in the College, and to improve current practices, particularly to ensure the College applies a trauma-informed lens to the work that they do in protecting the public. Ultimately the College recognizes the sensitive nature of the complaints process and endeavours to make this process the least harmful to users and to prevent re-traumatization to those involved in the process.

This was an exploratory review and a total of twelve users who have been involved with the complaints process were interviewed or provided submissions in writing. Due to the limited number of participants, the results are not reflective of all service users' experience with the process. The results reflect the experiences of users in some of the most challenging cases. A detailed review was undertaken of the legal frameworks, the current complaints and reports process, and the College's internal documents such as anonymized cases, policies, procedures, and communication templates.

Key areas identified in this report where improvements could be made are:

- **Communication:** The overall experience throughout the process could be improved with some changes to the way information is communicated to users, including follow-up communications once the process is complete.
- **Safety:** Interviewees shared several suggestions on what would have helped them to feel safer throughout the process. Safety concerns were identified around service users' information (such as interview notes and therapy records) and identities, hostile or vexatious complainants, fear of retribution from registrants, as well as other concerns (please see Appendix I Interview Themes for a full summary).
- **Support:** Due to the sensitive nature of the complaints process, some users suggested the College provide additional support for users going through the process, such as a list of local resources and a support person to assist them through the process.
- **Transparency:** Some service users expressed a desire for more transparency around timelines, outcomes, and how much information they should expect throughout the process. This could help in managing the expectations of users.

Recommendations

The College has already or is in the process of implementing many of the recommendations that emerged from this report. Thirty-one additional recommendations that are within the control of the College were made, as well as two recommendations that require legislative change. Many of the thirty-one recommendations involve ways to improve the process, improve communication, develop supportive materials and tools, increase support for all parties, support staff, and increase capacity.

Some of the key recommendations that are within the College's control are:

- **Improvement in process:** We recommend the College make efforts to improve the process by shortening the length of the process. Most importantly, we recommend the College conduct an audit on delays in their complaints and reports process to see how the process can be improved. We also recommend the College develop an alternative dispute resolution process to resolve complaints expeditiously and gain better service user satisfaction of the process.
- **Improved communication:** We recommend the College improve overall communication with recommendations such as requesting service users' preferred method of contact and frequency of communications so service users know how they will be contacted and how often. Furthermore, we recommend engaging a plain language expert to edit and revamp the College's written communications, including website content, to make the materials easier to read and understand.
- **Development of materials:** We recommend the College develop and implement an accommodations policy. We also recommend the College create and share a list of outside resources for service users to access support across the province. Additionally, we recommend the College create more videos about the process and frequently asked questions.
- **Increased support for all parties:** We recommend the College increase support for all parties, including building universal practices into the College's procedures that prevent harm to all parties, whether safety concerns are expressed or not. Most importantly, we recommend the College develop a new role of Public Advisor, which helps members of the public throughout the complaints and reports process. We also recommend the College provide complainants and respondents with a list of resources for grounding and support.
- **Supporting staff:** We recommend the College further support their staff by taking steps to prevent harassment against staff such as developing a harassment policy and procedure and posting it on the College's website. We further recommend the College train their staff on how to protect themselves from harassment and how they can report harassment to the College.
- **Increasing staff capacity:** We recommend the College's staff, investigators, and Inquiries, Complaints and Reports Committee (ICRC) members all undergo further training on trauma-informed practices; gender-based violence; diversity, equity and inclusion; legal bullying¹; and mental health. Further, we recommend the College enhance their training on their complaints and reports process to their staff and ICRC.

The College's commitment to its role and responsibility of protecting the public and improving their current practice is well demonstrated through its contracting of this Independent Review. Many of the recommendations are already implemented or underway, and we hope this Review provides further insight from which the College can continue making improvements to their processes.

¹ Legal bullying is the intentional misuse and manipulation of laws and legal processes (often when domestic partners split and are involved with family court) by a person to try to maintain power and control over the other party by intimidating, harassing and inducing fear. This person may use tactics to create delays, bring repeated motions on issues that have already been decided, or make complaints about others (e.g., psychotherapists, lawyers) involved in the process. (Luke's Place)

2. INTRODUCTION

In 2022, Barbra Schlifer Commemorative Clinic (“the Schlifer Clinic”) was engaged by the College of Registered Psychotherapists of Ontario (“the College” or “CRPO”) to conduct an Independent Review of the College’s complaints and reports processes. The College initiated this Review to ensure that their complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

This Review was conducted from October 2022 to September 2023. The Review involved several consultations, interviews and feedback from people identified by the College as having a role in or have taken part in the process.

This report will first take you through a brief introduction to Barbra Schlifer Commemorative Clinic, the origin of the review and the review team. From there, we will provide some background on key concepts for this review – trauma and violence informed practice and intersectionality. We will then discuss the review process, including the scope of the review, the engagement process and limitations to this review. We will then cover the legal framework under which the College operates. We will provide a brief overview of the complaints and reports process. We will then set out the topics and themes which emerged. Finally, we will provide recommendations and next steps for the College.

A. ABOUT BARBRA SCHLIFER COMMEMORATIVE CLINIC

Barbra Schlifer Commemorative Clinic was created in memory of Barbra Teena Schlifer. Barbra was an idealistic young lawyer who was murdered in Toronto on the day of her call to the Bar of Ontario, April 11, 1980. She was returning home from celebrating this milestone when she was brutally sexually assaulted and killed in the basement stairwell of her apartment building.

Barbra’s death changed the lives of those who were close to her and they resolved to use her tragedy as a springboard for changing the world. Two of Barbra’s friends, who had once planned to be her law partners, decided to establish a clinic in Barbra’s honour to make the difference that Barbra had hoped to make as a lawyer.

On April 11, 1985, five years after Barbra Schlifer’s death, the Mayor of Toronto, Art Eggleton, proclaimed April 11th Barbra Schlifer Day. In September of that same year, Barbra Schlifer Commemorative Clinic opened its doors.

The Clinic currently receives referrals from countless community-based agencies, as well as medical, legal and justice professionals, religious organizations and individuals concerned about violence against women.

Barbra Schlifer Commemorative Clinic offers trauma-informed legal services and representation, counselling and multilingual interpretation, and drives system transformation to support women and gender diverse people who have experienced violence. Rooted in the foundations of intersectionality, innovation, and a client-centred approach, we foster the skills and resilience of the people we serve and amplify their voices to create individual and collective change.

The Clinic’s work in all we do starts with the premise that trauma and violence informed approaches require fundamental changes in how systems are designed, how organizations function, and how practitioners engage

with people. These approaches increase safety, control and resilience for people who are seeking services in relation to experience of violence and/or have a history of experiencing violence.

B. ORIGIN OF THE REVIEW

The *Regulated Health Professions Act, 1991* (RHPA) and the *Psychotherapy Act, 2007* are the legislative scaffolding within which CRPO carries out the work of public protection. The *Health Professions Procedural Code* (the Code), which is Schedule 2 of the RHPA, comprises a comprehensive set of rules that all 26 health regulators in Ontario must follow. In setting these rules, government has worked to create a framework that is transparent, accessible and fair to applicants, registrants and the client public.

As an organization, CRPO has always had the intention of applying the principles of transparency, accessibility, and fairness with empathy, compassion and humility. Over the last several years, there have been cases that have caused Council, committee members, and staff to critically reflect on the College's approach and processes. In doing so, CRPO acknowledged the importance of being more trauma-informed and determined the need to review processes and make changes to avoid doing harm.

The College contracted Barbra Schlifer Commemorative Clinic to undertake a review of the complaints and reports process, to delve into the problems they had already identified, to determine other areas of the College's work that were not trauma-informed, and to provide recommendations for improvement. This work started with the understanding and acceptance on CRPO's part that Council, committees, and staff would need to remain open to change if they were going to transform the way in which they regulate.

The College asked us to consider the following in writing our report:

- How to improve current practices to reduce the potential for harm to all parties involved in complaints and reports.
- How to reduce barriers to making complaints or filing reports.
- How to ensure appropriate support for staff and Council members who may experience vicarious trauma as a result of this work.
- How to increase confidence in CRPO as a trusted authority.

C. REVIEW TEAM

The team working on the review and writing this report included the Schlifer Clinic's Executive Director, Deepa Mattoo; Review Coordinator, Callandra Cochrane; and Consultant, Dr. Sajedah Zahraei. In the writing of this report, we also had the support of other Clinic staff and two students working with us, Aleeza Rehman and Krystal Tsotsos, as well as the ongoing support of several other students who supported the process through note-taking, background research and compiling the information we heard.

DEEPA MATTOO, BA, LLB, MBA, PGD, LSM (SHE/HER)
EXECUTIVE DIRECTOR

Deepa Mattoo is an award-winning lawyer and intersectional feminist whose work is rooted in equity, and anti-oppressive and anti-racist practice. As the Executive Director of Barbra Schlifer Commemorative Clinic, Deepa provides leadership to the various departments and for the Clinic's intervention and advocacy work. She has appeared before Parliamentary committees and UN civil society meetings on a wide range of social justice and human rights issues.

Deepa has trained thousands of service providers to work with forced marriage survivors, racialized non-status women, and immigration law clients in the context of gender-based violence. She also shares these insights as an Adjunct Professor at Osgoode Hall Law School, and through the countless speaking engagements and interviews she grants throughout the year. In 2015, Deepa was awarded the Spirit of Schlifer Award. Deepa was the Law Foundation of Ontario's 2017 Community Leadership in Justice Fellow at Factor-Inwentash Faculty of Social Work at the University of Toronto. Deepa is the recipient of the Law Society medal in 2022 and the Women of Distinction Award in 2022 for her contribution to access to justice and advocacy work.

CALLANDRA COCHRANE, JD (SHE/HER)
REVIEW COORDINATOR

Callandra Cochrane is a feminist lawyer whose practice focuses on gender-based violence. Callie has worked with Barbra Schlifer Commemorative Clinic for over five years in various areas, such as family law litigation, providing legal advice to sexual assault survivors, public legal education, and working on a couple of projects addressing workplace sexual harassment. She also works at the Sudbury Community Legal Clinic on their Sexual Harassment in the Workplace Project. Callie values inclusivity, equity and taking a trauma-informed approach in all her work.

DR. SAJEDEH ZAHRAEI, PHD, MSW, RSW (SHE/HER)
REVIEW CONSULTANT

Dr. Sajedeh Zahraei has over 27 years of professional practice experience in a variety of mental health settings, including 20 years of work experience at the Centre for Addiction and Mental Health. She is the founder of Saleemeh Wellness Centre for Women, providing counselling services to immigrant, refugee, and racialized women. She holds an MSW and PhD in Social Work from the University of Toronto. Her research interests include social determinants of immigrant and refugee mental health, women, war, structural violence and trauma.

Over the past five years, she has been working as the Senior Manager, Professional Development and Training at OCASI – Ontario Council of Agencies Serving Immigrants. In this capacity, she has led OCASI's Mental Health Promotion in Immigrant and Refugee Serving Organizations Project. This project involved a cross-sectoral collaboration with 14 project partners and the development of an Integrated Service Delivery Model for Mental Health Promotion and Trauma and Violence Informed Guidelines for the Sector.

D. TRAUMA AND VIOLENCE INFORMED APPROACH

For the purposes of this review and report, trauma will be defined as “the lasting emotional response that results from living through a distressing event.” There are many frameworks for trauma-informed practice. For our purposes, trauma-informed practice involves:

- Awareness of the prevalence of trauma
- Recognition of the signs of trauma and how trauma responses (fight, flight, freeze or fawn) may show up in the people the College protects, regulates, or works with
- Engagement in taking steps to avoid re-traumatizing people while supporting healing from past traumatic experiences

UNDERSTANDING TRAUMA

- Trauma is part of the human response. Trauma can be understood as a shock or wound that occurs as a result of an experience that overwhelms an individual’s capacity to cope.
- Trauma occurs when people experience an overwhelmingly negative event or series of events, including violence.
- Violence can take many different forms and can be experienced once or many times. Violence is often the result of intentional actions to control or abuse someone.
- Experiences of violence can also be systemic and less visible. For many marginalized populations, discrimination and systemic violence are everyday experiences.

TRAUMA AND VIOLENCE INFORMED APPROACHES

Trauma and Violence Informed Approaches (TVIA) are policies and practices that acknowledge the widespread impact of trauma, recognize the connections among various forms of violence, trauma, and negative consequences in health, functions and life satisfactions, and foster the potential paths for self-care, resilience and institutional and community capacity building². TVIA has been an area of the Schlifer Clinic’s expertise for over two decades as an organization that works with women who have experienced violence.

TVIA recognizes that violence can impact the lives of individuals at the interpersonal, collective, systemic, and structural levels. These, often intersecting, forms of violence can be in the background or foreground of the lives of service users and staff. As such, making use of TVIA policies and practices can support organizations in preparing and addressing the needs of their communities³.

² Sajedeh Zahraei & Eunjung Lee, Slides: *OCASI Guidelines on Trauma and Violence Informed Approaches* (Ontario Council of Agencies Serving Immigrants; Factor-Inwentash Faculty of Social Work, University of Toronto) at pg 21.

³ *Ibid.*

- **Generalist Practice:**
 - Universal trauma precautions provide safe care for all – embedding trauma and violence-informed approaches into all aspects of policy and practice create universal trauma precautions that reduce harm and provide positive supports for all people⁴.
 - Disclosure of violence and trauma is not the goal in trauma and violence-informed approaches. Service providers do not necessarily need to know peoples' violence histories to provide appropriate support⁵.
 - By practicing universal trauma precautions, service providers can offer safe care or support, even when individuals choose not to disclose their trauma history⁶.
 - Treating everyone as if they have been subject to trauma and violence enhances 'universal trauma precautions,' which provide positive supports for all people⁷.
 - This principle provides a common ground that creates institutional culture of addressing trauma and violence concerns, offers a basis for consistent ways of responding to people with such experiences, and helps to integrate services within and across systems⁸.
- **Preventing Re/Traumatization:**
 - Service providers and organizations who do not understand the complex and lasting impacts of violence and trauma may unintentionally re-traumatize individuals. The goal of trauma and violence-informed approaches is to minimize harm to the people you serve – whether or not you know their experiences of violence⁹.
 - Doing no harm is the base of all policies and practices of the organization in addressing violence and trauma. TVIA is not aimed at treating trauma but preventing further harm by re/traumatization¹⁰.
 - Service users can access organizational services regardless of whether they disclose their experience of violence and trauma. Staff who work with people who have experienced violence often hear difficult stories and witness the impact of these experiences, which may subject themselves into vicarious traumatization, and/or may be triggered by their existing trauma¹¹.
 - This principle ensures that staff care for themselves, and the organization supports staff in attending to that care, while they are providing ethical care and responses to other people's trauma¹².

⁴ "PHAC Trauma and Violence-informed Approaches to Policy and Practice" (last modified 2 Feb 2018), online: < <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html> > [PHAC].

⁵ *Ibid.*

⁶ *Ibid.*

⁷ Zaharei, *supra* note 2 at pg 29.

⁸ *Ibid.*

⁹ PHAC.

¹⁰ Zaharei, *supra* note 2 at pg 31.

¹¹ *Ibid.*

¹² *Ibid.*

- **Fostering Safety:**

- Safety is the foundation of all violence and trauma related works¹³.
- This principle means that the organization commits to create and ensure emotional, physical, psychological, interpersonal, social, cultural, and systemic safety for all people in all levels of services and their delivery in the environment¹⁴.

- **Continuing Growth and Community Building:**

- A strong belief in human growth and resilience despite adversities guides the organization and staff to create an environment that fosters hope. This principle highlights that the organization incorporates a strengths-based approach and fosters opportunities for choice, collaboration, and connection to support both service users and Staff in coping and growth¹⁵.

OUR APPROACH TO TRAUMA-INFORMED EVALUATION

At the Schlifer Clinic, we believe that our evaluation activities should be deeply aligned with the principles and vision that drive our work; that is, to increase access to justice for survivors of gender-based violence (GBV) in ways that are empowering, intersectional, and trauma-informed. Our Trauma-informed Evaluation, Learning & Leadership (TELL) Framework helps guide the kinds of policies, tools, and practices we use to understand the impacts of our programs and services and to enhance our capacity to learn and grow in response to the evolving needs of the people and communities whom we serve.¹⁶

The Schlifer Clinic's TELL Framework addresses a key gap in current access to justice initiatives: namely, that the tools used to measure service impacts are often not trauma informed. By trauma-informed, we refer to approaches that recognize the pervasiveness of trauma in society and adapt their practices to better account for trauma as well as avoiding practices that can re-traumatize individuals.

FIVE KEY FOUNDATIONS OF TELL FRAMEWORK

The TELL framework:

- 1. Recognizes that trauma is pervasive in society and that its effects are intersectional:**

- Trauma affects individuals and communities, it goes unchecked in our institutions, and its impacts can be intergenerational.
- We also know that the effects of trauma are intersectional: marginalized communities are more likely to experience trauma and experience systemic barriers to support.
- Institutions, including social service organizations, must recognize the pervasiveness of trauma in society and use that as a starting point.

¹³ Zaharei, *supra* note 2 at pg 33.

¹⁴ *Ibid*.

¹⁵ *Ibid* at pg 35.

¹⁶ Salina Abji & Deepa Mattoo, "Barbra Schlifer Commemorative Clinic Trauma-informed Evaluation, Learning, and Leadership Framework" online (pdf): < <https://www.schliferclinic.com/>> [https://perma.cc/S775-EQNN]

- People don't need to prove that they have experienced trauma in order to receive a trauma-informed service. Rather, all services should be designed in this way as a fundamental way of organizing our services¹⁷.

2. Is motivated to advance transformative change in order to heal and prevent trauma and violence at the individual, community, and systemic levels:

- A trauma-informed approach also requires that our evaluation methods are themselves motivated by the same principles.
- Intentionally work to prevent or mitigate against re-traumatization in how we design and administer evaluation tools.
- Where appropriate, incorporate opportunities for healing (therapeutic or otherwise) into the design of evaluation activities.
- Rather than assuming a neutral or objective position, allow for more reflexivity in how we design and evaluate programs and services. This might involve acknowledging our social location, recognizing power relations, and making our political and/or personal motivations for social change transparent¹⁸.

3. Centres people with lived experience of trauma in evaluation design and implementation:

- Recognize that marginalized groups may have traumatic histories with research and evaluation methods, particularly where they have been used to "other" minority groups or justify colonization and oppression.
- Work to build trust of diverse communities through informed consent, transparent design, and robust ethical practices.
- Always centre the agency and empowerment of research participants. This is essential for all participants, but especially true for survivors of GBV who may be re-traumatized by practices that do not centre their choices, options, and right to refuse.
- Proactively design for and address potential concerns around safety, confidentiality and privacy. For example, ensure that you can safely contact survivors for participation in an evaluation without impacting their privacy or exposing them to possible harms.
- Questions over control over personal data must operate from a recognition of the prevalence of trauma in society and the importance of agency or control over one's personal data as a key component of safety and healing from trauma¹⁹.

4. Empowers people with lived experience of trauma in leading or meaningfully informing evaluation policies, tools, and practices:

- Non-intrusive approaches are important to consider in any trauma-informed practice, because we want to make the best use of peoples' time and energy and not place the burden of program development on people who are marginalized. This might include analysing the

¹⁷ Abji & Mattoo, *supra* note 16 at pg 3.

¹⁸ *Ibid* at pg 4.

¹⁹ *Ibid* at pg 5.

data we already have in our databases, incorporating data from service providers, and conducting literature reviews.

- At the same time, we still want to ensure that programs are responsive and informed by survivors at multiple levels and with varying degrees of participation.
- Remove barriers to participation in consultation with survivors: provide compensation along with access to transportation, childcare, and language interpretation in order to minimize barriers to participation. Consistent with a trauma-informed approach, any engagement with survivors (or service users) addresses issues of confidentiality, informed consent, and access to a registered clinician and a quiet space for participants who choose to access these supports during or following the sharing of feedback.
- Enhance the value of engagement for survivors, beyond a one-way extraction of information. Wherever appropriate, include a skill development component for participants in order to enhance the therapeutic value of participation in the activity²⁰.

5. Emphasizes transformative learning²¹ and collaboration over scarcity and competition.

- We believe that a more holistic, internally driven focus for evaluation is trauma-informed because it roots performance indicators and measures for success in the needs of service recipients and their communities.²²

E. INTERSECTIONALITY

Intersectionality is a concept introduced by Professor Kimberlé Crenshaw which recognizes how multiple forms of an individual's identity overlap and shape a person's experiences including oppression, barriers, harm and trauma. These multiple social identities such as gender, race, and disability can compound, leading to multiple disadvantages. The term intersectionality is based on the metaphor of the traffic intersection to delineate the 'flow' of discrimination as multi-directional, and the resulting injury as seldom attributable to a single source:

*Consider an analogy to traffic in an intersection, coming and going in all four directions. Discrimination, like traffic through an intersection, may flow in one direction, and it may flow in another. If an accident happens in an intersection, it can be caused by cars traveling from any number of directions, and sometimes from all of them.*²³

Using an intersectional lens can help us understand service users' experiences and the various factors that affect their health and well-being. A person who belongs to multiple disadvantaged groups will likely face increased marginalization in health-care service encounters.²⁴

An intersectional approach acknowledges:


²⁰ Abji & Mattoo, *supra* note 16 at pg 6.

²¹ Transformative learning is a theory of learning which holds that learners can shift their worldview as they obtain new information while also critically reflecting on their past ideas and understanding.

²² Abji & Mattoo, *supra* note 16 at pg 7.

²³ Kimberle Crenshaw, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics* 1989 U. Chi. Legal F. 139 1989, 149.

²⁴ Canan Corus & Bige Saatcioglu, "An intersectionality framework for transformative services research" (2015) 35:7-8 *Serv. Ind. J.* at 416.

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- Service users have multiple social identities and may experience greater harm due to the compounding of these identities.
 - Each individual's experience will vary depending on their identity and lived experience.

3. REVIEW PROCESS

A. SCOPE OF THE REVIEW

This limited focused Review was only of the complaints and reports process and did not include the disciplinary process (which begins if a complaint or report is formally referred for a hearing). We conducted a document review and engaged stakeholders through consultations, interviews and written submissions.

Collaboratively with the College, we designed this process to be as inclusive and trauma-informed as possible with the intent of causing the least possible amount of re-traumatization. Participants were offered support by the review team throughout the data collection.

DOCUMENT REVIEW

We asked the College to provide a selection of documents for us to review. The College provided internal documents, selected cases for case review, and their complaints and reports statistics. We also reviewed the *Regulated Health Professions Act*, the *Psychotherapy Act* and their respective regulations.

The College's internal documents included:

- Relevant policies and procedures
- Complaints intake form
- Witness informed consent documents
- Registrant notification and response letters
- Case management update/extension letters
- Disclosure approach
- Decision & Reasons language
- Appeal responses

We began reviewing these documents in October 2022 and continued throughout the course of this review.

Most of the case reviews were complaints about alleged dual relationships²⁵ on the part of the registrants, third party complaints²⁶, or frivolous and vexatious complaints²⁷. We reviewed one incapacity²⁸ case. These cases involved intimate partner violence, sexual assault, harassment, police involvement, mental health issues and other complicating factors. The review therefore included some of the College's most difficult cases of the past few years.

²⁵ Dual relationships are when the psychotherapist has a relationship with their client in addition to their professional one, such as friend or employee.

²⁶ That is, where the person filing the complaint is not the client (or not the only client) whose care by the respondent registrant is being complained about. For example, the complainant could be filing a complaint about the care the registrant provided to their spouse or child.

²⁷ Frivolous complaints refer to complaints that have no merit or are completely without factual or legal basis. Vexatious complaints are complaints made with an improper purpose, such as to harass or injure someone.

²⁸ Incapacity cases refer to cases where the psychotherapist has a physical or mental condition that limits their ability to practice as a psychotherapist. As such, the College may place limitations placed on the psychotherapist's practice or revoke their membership in order to protect the public interest.

STAKEHOLDERS

Collaboratively with the College, the following were identified as system partners in the complaints and reports processes for the Schlifer Clinic to engage to provide their feedback on the current processes:

- Staff from the College’s Professional Conduct department
- The College’s external legal counsel
- Lawyers who have represented registrants and complainants
- Contract investigators
- Council members appointed to Inquiries, Complaints and Reports Committee (ICRC)
- Non-Council professional ICRC appointees
- Professional association representatives
- Clients who have been complainants / witnesses
- Registrants (also referred to as “RPs”) who have been reporters / witnesses
- Students who have been complainants / witnesses
- Registrants who have been respondents to complaints or reports
- Experts who can contribute intersectional perspective that considers intimate partner violence, racism, Indigenous inter-generational and other trauma (legal, clinical, ethics).

B. ENGAGEMENT PROCESS

Our engagement process involved general consultations, expert consultations, individual interviews and written submissions. Flyers used in the engagement process for outreach to stakeholders are attached as an Appendix.

GENERAL CONSULTATIONS

We held six general consultations with four different groups of stakeholders—staff, ICRC members, independent investigator firms (Barker and Hutchinson and Benard and Associates), as well as the College’s legal counsel, SML Law. The College invited these stakeholders to take part in these consultations. We held these consultations over the course of several weeks between January and March 2023.

EXPERT CONSULTATIONS

We held three consultations with three different groups — clinicians, lawyers and college-mandated supervisors of registered psychotherapists who have been through the complaints and reports processes. The College identified these experts and invited them to participate. We held these consultations during April 2023.

SERVICE USER INTERVIEWS & WRITTEN SUBMISSIONS

We heard from twelve people who have been involved in the complaints and reports process. The College specifically invited people who were involved in cases where it was acknowledged that the process had been challenging for one or more of the parties. We interviewed seven people and received written submissions from five people. We are calling them “service users” for the purposes of this report.

We interviewed and received written submissions from:

- 2 complainants
- 3 respondent registered psychotherapists
- 3 reporters
- 4 witnesses

The invitations were sent to people involved in matters that had decisions issued between January 5, 2018 and July 7, 2022. During this time, the College received a total of 502 complaints and reports (specifically, 214 reports and 288 formal complaints).

We held the interviews over the course of several weeks in April and May 2023. Steps were taken to both protect their privacy and to ensure that their participation was anonymous to the College. To protect their private contact information, the College identified potential participants and sent them an invitation we drafted. The service users were instructed in the invitation to reach out to us directly so they were not identified by the College. The College invited more service users than there were interview slots available so they could not identify who decided to participate. We have further protected participants’ identities by not including any identifying information in this report.

In designing the interview process, we were cognizant of preventing re-traumatization. We recognized that some service users may have had difficult experiences and may have been traumatized by the process itself. The College and the Schlifer Clinic were both mindful that participating in this Review could be upsetting and triggering for service users. Therefore, we designed the process with that in mind. The number of interviews conducted was intentionally chosen and kept small so they could be given the time needed to fully share their experiences and receive the support they needed to do so.

Participants were compensated for their time for participating by interview or by writing. Those who participated in an interview were given a \$100 gift card and participants who submitted responses in writing were given a \$50 gift card. We also offered interview participants a free, one-time session with a Registered Social Worker.

We provided those who participated by writing with a set of questions taken from the interview questions. Most of the questions were open-ended to allow the participants to fully direct their answer. They were given no word limit and were told they could skip any questions. The interview questions were longer, and the interviews were also participant-directed. Participants were informed they could decline to answer any question and could end the interview at any time. All the participants were open and candid in their answers and we are thankful for their participation and feedback.

Emerging themes from the interview process with the service users are summarized in Appendix I.

PROFESSIONAL ASSOCIATIONS

We presented what we had heard from participants thus far to representatives from professional associations in June 2023. The College identified the professional associations and invited them to attend our presentation.

We had participants from:

- Canadian Art Therapy Association
- Canadian Counselling and Psychotherapy Association
- Ontario Association of Mental Health Professionals
- Ontario Expressive Arts Therapy Association
- Ontario Society of Registered Psychotherapists

C. LIMITATIONS OF THIS REVIEW

The results of this focused Review must be interpreted with caution. Please note the small sample size for the service user interviews and written submissions. We interviewed and received submissions from twelve people, while the College had 502 complaints and reports from the same time period. Therefore, this is not a conclusive review of service users' overall experience in the process, but rather a snapshot of some service users' experiences in cases the College had identified as being challenging for one or more parties.

The Clinic's location of being a specialist working with survivors of gender-based violence and our inherent trauma-informed approach might be perceived as a limitation by some readers.

Additionally, some of the themes that were identified during the Review process included a desire for increased supports from the College, more transparency, communication during the process, providing opportunities for feedback and information on the outcome, as noted in some interviews of witnesses and reporters. While the College has some discretion in how to administer its complaints and reports process, there are also limits in the RHPA, for example preventing disclosure of confidential information about an investigation, and the high threshold for deeming a complaint to be frivolous or vexatious.

Finally, this Review was intended to be exploratory and not conclusive. Our recommendations come from our observations, which are in no way findings about the totality of the College's work. These limitations should be kept in mind in the reading of this report.

4. LEGAL FRAMEWORK

A. REGULATED HEALTH PROFESSIONS ACT AND ITS REGULATIONS

In Ontario, all regulated health professions are governed by the *Regulated Health Professions Act* (“RHPA”) and each profession’s respective profession-specific Act. The practice of psychotherapy is governed by the RHPA and the *Psychotherapy Act*. The RHPA establishes the framework for the health regulatory colleges to regulate the profession in the public interest.²⁹ Each health regulatory college is responsible for ensuring that members³⁰ provide health services safely and ethically. The *Psychotherapy Act* outlines the scope of practice of what the profession does as well as the controlled acts registrants are authorized to perform.

The Health Professions Procedural Code (“the Code”) sets out rules on registering members, handling complaints, conducting investigations, administering a quality assurance program, mandatory reporting, funding for victims of sexual abuse, and on alternate dispute resolution.³¹ For example, the Code contains procedural requirements on complaints and reports, such as giving the complainant and registrant notice of receipt of the complaint, a general explanation of the process, as well as notice and a copy of the College’s decision.³²

B. PSYCHOTHERAPY ACT AND ITS REGULATIONS

The *Psychotherapy Act* establishes the College.³³ Under this Act, only members of the College are able to use the title “registered psychotherapist” or to hold themselves out as a registered psychotherapist.³⁴ A violation is an offence and on conviction can bring fines of up to \$25,000 for a first offence and up to \$50,000 for a subsequent offence.³⁵ It is important to note that members of five other regulated professions in Ontario are permitted to use the title “psychotherapist” and perform the controlled act of psychotherapy. These include nurses; occupational therapists; psychologists and psychological associates; physicians and surgeons; and social workers and social service workers.

The *Psychotherapy Act* has three regulations which outline registration, the quality assurance program, as well as professional misconduct respectively. The Registration Regulation outlines how applicants may apply to the College, the varying classes of registration, particular terms of being registered, examinations and appeals, as well as suspension, revocations, and reinstatements.³⁶ The Quality Assurance Program Regulation mandates each member participate in professional development, self and peer assessments, and a mechanism for the College to monitor members’ compliance with the program.³⁷ The Professional Misconduct Regulation outlines 55 examples of acts that are classified as misconduct.³⁸ This includes but is not limited to abuse towards a client, violating confidentiality requirements, charging excessive fees, and treating a condition that a member does not have the knowledge or skills to do so.³⁹

²⁹ *Regulated Health Professions Act, 1991*, SO 1991, c 18, s 3 [RHPA].

³⁰ The term “member” and “registrant” are used interchangeably and refer to an individual regulated health professional.

³¹ *Ibid*, sched 2.

³² *Ibid*, sched 2, s 25(5).

³³ *Psychotherapy Act, 2007*, SO 2007, c 10, sched R, s 5.

³⁴ *Ibid*, ss 8(1)–8(2).

³⁵ *Ibid*, s 10.

³⁶ O Reg 67/15.

³⁷ O Reg 34/13, s 2(1), 4.

³⁸ O Reg, 317/12.

³⁹ *Ibid*, s 1.

5. THE COMPLAINTS & REPORTS PROCESS

There are two ways the College can bring a registrant-specific matter to the ICRC – complaints and reports. In both processes, the College’s jurisdiction is over any registered psychotherapist regarding events that happened while the person was a registrant, or while the registrant was suspended. With narrow exceptions, the College cannot investigate complaints or reports regarding alleged conduct that happened before the registrant joined the College. In the case of former registrants, the College only has jurisdiction over conduct that allegedly took place while the person was registered or suspended.

A. COMPLAINTS vs. REPORTS

The following explains the different features of complaints and reports.

COMPLAINTS

- The complaint must express some concern about the registrant’s conduct.
- The person making the complaint is referred to as the “complainant.”
- The complainant does not need to be a client of the registrant.
- The complainant is a party to the investigation.
- The complainant may have the opportunity to submit a written reply to the psychotherapist’s response to the complaint.
- The complainant will be kept up to date on the progress of the complaint.
- The complainant will receive a written decision at the end of the process.
- The complainant can appeal to an independent tribunal, the Health Professions Appeal and Review Board (“HPARB”), unless the decision is to refer the matter to discipline or incapacity proceedings.

A complaint must be in a permanent medium. It is usually in writing but can also be in a recorded audio or video format. In appropriate cases, the College also connects potential complainants with a facilitator to help them formulate their complaint in writing if they are unable to do so. The complaint must identify a specific registrant. In rare cases where the complainant does not know the name of the registrant, College staff can assist in identifying the registrant. The complainant must identify themselves. The College cannot formally act on anonymous complaints.

REPORTS

- Reports can come from any source of information apart from a formal complaint.
- A person who makes a report is referred to as the “reporter.”
- The reporter is not a party to the investigation.
- In reports, the only party is the registrant interacting with the College. There is no complainant. There may be witnesses.
- Due to the confidentiality provisions in section 36 of the RHPA, the College has limits in what it can share with reporters and witnesses.
- The reporter will not be kept up to date on the progress of investigation except to the extent that it impacts their participation as a witness.

- The reporter will not be given the investigative report, the psychotherapist's response, or the decision and reasons.
- The reporter will not be informed by the College of the decision at the end of the process.
- There is no appeal route to HPARB for reports.

There are several mandatory reporting obligations under the RHPA, outlined under sections 85.1-85.5. These are not formal investigation reports but can become the basis for one. Under section 75(1)(a) of the Code, if the College has reasonable and probable grounds to believe a registrant engaged in professional misconduct or is incompetent, it may appoint an investigator, and bring the results of the investigation, including the registrant's submissions in response, to the ICRC for a decision.

B. THE PROCESS

Once a complaint is received, the College must provide notice in writing to the complainant and registrant within 14 days. The College must give the registrant 30 days (except in exceptional circumstances) for a response. The College is expected to give the complainant the opportunity to reply to any new information in the response requiring their comment. The College aims to be transparent where possible and generally provides the registrant's response and investigative documents received to date, back to the complainant for comment.

The College may decide what information to provide back to a complainant. If the complainant is not the client, or if there are safety concerns, the College may choose to provide some or none of the response back to the complainant.

The RHPA sets a 150-day timeline for resolution of complaints, with allowances for providing extension letters to the parties. The College can only dismiss complaints if they are frivolous, vexatious, made in bad faith or otherwise an abuse of process. This is a high bar meaning it is rare for a complaint to be considered as such.

Parties (complainant and respondent registrant) receive the complaint decision and any reasons. The parties can appeal the decision to HPARB, unless the decision is to refer to discipline or incapacity proceedings.

For reports, once the investigation is complete, the registrant is provided notice of the report within 14 days and given 30 days to respond. There is no set timeline for the resolution of reports.

C. POSSIBLE OUTCOMES⁴⁰

In both complaints and reports, the ICRC assesses whether the issues are serious enough to warrant a discipline hearing, and if so, whether there is enough evidence to support a finding at a hearing. If not, the ICRC determines what other action, if any, is necessary for public protection. The ICRC considers the level of risk to the public in arriving at a decision. Possible outcomes include one or more of the following:

⁴⁰ Information provided by CRPO

1. Take no action.
2. Issue written advice.
3. Enter into a voluntary, remedial agreement whereby the registrant engages in self-directed learning and reflection.
4. Enter into a voluntary, remedial undertaking whereby the registrant engages in outside learning, e.g., ethics course, clinical supervision.
5. Require the registrant to participate in a specified continuing education or remediation program (SCERP).
6. Require the registrant to appear before a panel of the ICRC to be cautioned.
7. Enter into a voluntary restrictive undertaking whereby the registrant promises to restrict their practice in specific ways.
8. Refer specified allegations of professional misconduct or incompetence to the Discipline Committee.
9. Refer the matter to incapacity proceedings.

As required by the RHPA and College by-laws, outcomes 1-3 and 9 are confidential while outcomes 4-8 are posted on the registrant's public register profile.

6. TOPICS & THEMES

For the consultations and interviews, we organized the questions around four main topics:

- **Process barriers:** focused on identifying the current barriers in the process and the challenges all parties experience in their roles
- **Fostering safety:** asked questions about the College's privacy and safety practices and the limitations and challenges they may experience in addressing privacy and safety
- **Trauma-informed practices:** focused on identifying usage of trauma-informed practices and interactions among College staff, investigators and ICRC members, as well as how trauma-informed the participants perceive the College to be
- **Harm and re-traumatization:** designed to see how the process may have caused harm and re-traumatization and what the College has done to support people.

A theme we identified during this Review was a desire for increased supports and communication during the process. This is also addressed in section 2C. Limitations of This Review, above.

Abuse of process, such as frivolous and vexatious complaints, was a theme we identified between interviews, written submissions and case reviews. However, the overall review informs us that the limitation of the sample size is very much present when considering this as an emerging theme, as the bar for such complaints is high and the College reports there is insufficient information to substantiate a significant number of such complaints.

7. RECOMMENDATIONS

A. RECOMMENDATIONS ALREADY IN PROGRESS OR COMPLETED

Considering some cases reviewed went as far back as 2018, some of the recommendations we have made have already been initiated or implemented by the College. We applaud the College for taking or beginning the following steps to make their complaints and reports process more trauma and violence informed.

1. Continue to advocate with the Ministry of Health to modify the *RHPA* to allow the process to be more time efficient.
2. Prepare a reports form to provide to reporters to fill out and submit.
3. Develop a policy for third-party complaints that takes into account the privacy of clients and abuse of process by abusive partners and ex-partners of clients or parents of the client.
4. Write and implement a policy to not release client's therapy records to complainants in third-party complaints.
5. Gather, analyse, and publish information on third party complaints and frivolous and vexatious cases.
6. Conduct risk assessments on complaints and reports which are kept in the file.
7. Develop a system that classifies files according to risk and prioritizes high-risk files.
8. Create guidelines for staff making decisions regarding safety concerns of service users.
9. Early in the complaint or report, have a meeting to determine what information is relevant and needed. Only request information, such as therapy records, that is relevant and needed.
10. Inform complainants and respondents of any delays in the process and the cause of those delays.
11. Develop a standard of practice that specifically addresses Diversity, Equity, and Inclusion and cultural safety.
12. Within the boundaries of the restrictions on information that can be provided to reporters and non-complainant witnesses, establish preference for information sharing and provide more frequent follow up with service users with updates regarding the timeline and the current process stage (e.g. investigative interviews, waiting for a review date by ICRC, waiting on ICRC decision).

B. RECOMMENDATIONS FOR CHANGES WITHIN THE COLLEGE'S CONTROL

1. Conduct an audit of the process to determine where delays are occurring and how they can be prevented, mitigated or resolved.
2. Similar to other Colleges (e.g. CPO [FAQs – CPO Public](#)), consider allowing anonymous reports to be made, clarifying that an investigation may not be able to be completed with an anonymous report.

3. Engage a plain language expert to edit and revamp the College's communications and website content to be easier to read and understand the various processes for people with limited Official Language capacity.
4. Build on already existing resources of the process and each service user's role in the process that is provided in written or electronic format to service users at the beginning of a complaint or a report. This would include the role, obligations, limitations, requirements for each service user, complainant, reporter, witness, and respondent.
5. Create more videos on the process and frequently asked questions (FAQs) and post them on the College's website.
6. Provide more information to RPs about the complaints process and what they can do if they receive a complaint about themselves.
7. Contact clients before requesting their files from the registrant to provide them with information about the process, what to expect and who to contact to address any concerns they may have.
8. Inform clients involved in third-party complaints that the Health Professions Appeal and Review Board can disclose the full file contents, including client therapy records, to complainants during the appeal process.
9. Improve the implementation of Practice Standard #3 Client-Therapist Relationship, that RPs must inform clients about the complaints process as part of the informed consent conversation at beginning of the therapeutic practice.
10. Dependent upon resources available, explore feasibility and develop a new role of Public Advisor with a toll-free number for potential complainants and reporters to call. The role of the Public Advisor should be to:
 - a. Help members of the public choose if they want to make a complaint or a report.
 - b. Determine if members of the public have a complaint that can be addressed by the College.
 - c. Provide trauma-informed support and guidance throughout the complaints and reports process.
 - d. Help survivors of sexual abuse or assault by an RP to apply for funding and find a new therapist or other professional.
 - e. Follow up with the complainant, reporter or witness throughout the process, including eventually informing them about the outcome if permissible.
11. Provide complainants and respondents with a list of relevant resources or offer one free support session after complaint has been made.
12. Develop a list of outside resources across the province for service users that can be given to them when they require more support.
13. Expand on existing information for clients in cases involving allegations of sexual abuse with more information about how the funding for therapy and counselling can be used and which professionals and therapeutic modalities are covered.

14. Write and implement an accommodations policy which includes a list of accommodations available to service users at each point in the process.
 - a. Ensure staff are aware of this policy and the list of available accommodations.
 - b. This policy should be made publicly available on the College's website.
 - c. Offer service users accommodations and provide them with the list of accommodations.
 - d. Follow up with service users consistently throughout the process to see if they need accommodations.
15. Develop an alternative dispute resolution process to resolve complaints more expeditiously and to gain better service user satisfaction of the process and the outcome.
16. Include a section on the complaints form and in the request for the registrant's response where the service user can indicate if they would like to participate in alternative dispute resolution.
17. Build universal practices into the College's procedures to prevent harm for all parties, regardless of whether the service user has expressed safety concerns or not. Consider for example, informing all service users a certain number of days before a new document is provided to the other side.
18. Develop guidelines for the use of the undertakings and interim orders, which outline the possible restrictions the College may impose or agree to and in what circumstances.
19. Collect, analyze and publish race-based data of the complaints being made and against which demographic of registrants.
20. Request service users' preferred method of contact and frequency of communications if frequent communication is applicable.
21. Offer service users an opportunity to do a feedback interview with the Public Advisor, if the role is created, (for complainants, reporters and witnesses) or the Registrar or their designate (for respondent RPs) after cases are concluded.
22. Regularly hold debrief sessions for ICRC to discuss past cases and changes that could be made.
23. Within the boundaries of confidentiality, where possible provide clinical supervisors providing College mandated supervision with the opportunity to connect with other supervisors or share resources directly with them.
24. Create a decision-making model to include in the Code of Ethics that RPs can follow and rely on when making decisions about their practice.
25. Review the written language of ICRC decisions to further simplify for service users to read and understand.
26. Enhance current training on policies and procedures to include the complaints and reports process for staff and ICRC, providing details on the jurisdiction and authority of the College and ICRC.
27. Provide staff, investigators, and ICRC with further training on the following subjects:

- a. Trauma-informed practice
 - b. Gender-based violence, including intimate partner violence
 - c. Diversity, equity and inclusion, including intersectionality
 - d. Legal bullying, including frivolous and vexatious cases
 - e. Mental health symptoms and pathologizing
28. Develop a harassment policy and procedure which addresses harassment staff and ICRC members may face from service users.
29. Post a harassment policy on the College's website on the pages related to making complaints and reports.
30. Develop a privacy policy for ICRC members to protect them from harassment. Consider taking the names off the ICRC decisions and instead use position names, such as Chair and the number of members, or only last names.
31. Provide staff with training about how to protect themselves against harassment, including online harassment, and how they can report harassment they experience to the College.

C. RECOMMENDATIONS REQUIRING LEGISLATIVE CHANGE

1. Advocate for legislative or regulation changes so that sexual abuse funds do not expire.
2. Advocate for witnesses and reporters to be able to choose to be informed of the investigation progress and outcome.

8. CONCLUSION

It was a privilege to be contracted by the College to work on this Review. The College's commitment to initiate an Independent Review of its practices and processes is commendable. Organizational change is not an easy road and it takes time to implement change smoothly within a trauma-informed approach. Identifying potential areas for improvement is just the first step in the process.

As noted in this report, the cases we reviewed were some of the most difficult the College had processed, which was intentional in order that we could maximize the opportunity to identify those areas that might need the most improvement. By its very nature, a Review like this focuses on areas that need attention and improvement within a trauma-informed lens. Its purpose was not to review everything the College does or areas that are effectively managed on an ongoing basis. As also acknowledged in the report this Review process had many limitations, for example the sample size and confinement by legal processes. Trauma-informed practice at the Clinic informs us that sometimes, substantive law and procedural processes are not equal to the outcome people desire, there are areas within the purview of legislation that must be adhered to.

It is noted that many of the recommendations made in this Review have already been implemented or are in the process of implementation, since some of the cases we reviewed were older and the College had already initiated change since the cases were in process.

Intentional organizational change helps organizations to become better at delivering on their purpose. Various considerations will come into play when reviewing the content of this Review, including what is within the purview of the College vs. the need for law/policy change, available resources where there is a high cost involved, developing and implementing training for members and staff on any new change, and so on.

The College has committed itself to improving their current practices to reduce the potential for harm to all parties involved in complaints and reports. We hope this Review will assist the College in achieving their goal of applying a trauma-informed lens to their work of public protection.

APPENDIX I: Interview Themes

There are several emerging themes from the interviews and written submissions received from 12 service users – abuse of process, communication, safety and transparency. These emerging themes were considered, along with a review of best-practices in trauma informed approaches, in developing the 31 recommendations within the College’s control. These include recommendations for improvement in process, improved communication, the development of materials, increased support for all parties, supporting staff, and increasing capacity.

Abuse of Process

- The Review process engaged with three cases that service users believed to be frivolous and vexatious complaints which caused harm and trauma to them. This issue needs to be identified and addressed expediently.
- The Review identified the need for a more robust system or policy to identify and prevent frivolous and vexatious complaints from moving through the process. This would free up staff time and potentially reduce delays for legitimate complaints.
- The review process informed that College staff and ICRC members would benefit from additional training on intimate partner violence, abuse, and common abuser behaviour in order to efficiently identify complainants who attempt to use the complaints process to further abuse their victims.

Communication

- Overall, the communication provided by the College was positive, particularly for complainants. Witnesses found College staff were kind and supportive. Respondents had mixed experiences in their communication with the College. One respondent had trouble navigating the website when looking for information. Another respondent said the communication they received was unclear, unhelpful and made them feel uncomfortable. The third respondent reported communication from the College was professional and transparent.
- The College is not legally permitted to share the outcome of an investigation with reporters or witnesses. The witnesses and reporters interviewed were not aware of this constraint and expressed that they had hoped to receive information about the College’s decision. If this constraint were explained to them at the outset, it may have managed their expectations, as expressed by one service user.
- Several service users interviewed would have liked to have more information provided to them, or some follow-up communication throughout the process. The College could improve communications by clearly outlining what information will be shared with users throughout the process.

Safety

- Considering the sensitive and serious nature of the complaints process, safety was a key theme identified throughout the review. Complainants, witnesses, and respondents all shared safety concerns as well as suggestions on what would have helped them feel safer throughout the process.
- Some of these suggestions include:
 - the ability to report anonymously;
 - the option to have a support person;
 - the opportunity for debrief sessions if needed; and
 - the practice of contacting clients prior to accessing their files for an investigation.

- Respondents that were interviewed generally felt as though they were less supported than complainants throughout the process, which had a significant impact on their level of trust with the College. The investigation process can have a harmful effect on respondents. The College could improve the experience for respondents by providing additional support to them.
- Several users interviewed had safety concerns around their information (such as their identity, client file, or interview notes) as well as their well-being. Two users expressed concern that a third-party complainant was provided access to a former client's interview files. This complainant was an abuser to the client resulting in serious safety concerns. One of these users suggested that special safety considerations, such as a conversation with the College about safety issues, should be given to domestic violence cases.

Transparency

- Some users hoped for more transparency throughout the process as well as in terms of the outcomes, likely due to not realizing that the College is bound by certain rules regarding sharing the outcomes of investigations.
- One reporter expressed wanting more transparency around timelines as well as the process itself. One reporter felt it was unfair that they did not receive follow-up information on the investigation despite the reporter being required to put all their information "out there" in the report. Another reporter found that the College did provide a lot of information about the process on the website.



Let Your Voice Be Heard Participants Needed for CRPO's Complaints and Reports Processes Review

What is the Review about?

Barbra Schlifer Commemorative Clinic (BSCC) has been engaged by the College of Registered Psychotherapists of Ontario (CRPO) to conduct an Independent Review of the College's complaints and reports processes.

The College has initiated this Independent Review to ensure that complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

Who Can Participate*?

- Anyone who has filed, been a witness, or responded to a complaint or a report against a registered psychotherapist of CRPO
- Other identified stakeholders

Why Participate?

Your opinions and thoughts are essential to help us to understand better any potential harm of current practices to the parties involved in complaints and reports and the barriers to making complaints or filing reports.

Who are we?

Barbra Schlifer Clinic is a non-profit charitable organization that provides holistic and accessible social services to diverse women who have experienced gender-based violence, including legal representation, counselling, interpretation services, and advocacy. We cultivate women's skills and resilience by fostering their safety, dignity and equality, and we amplify women's voices to create individual and collective change.

**Language interpretation and accessibility accommodations
are available upon request,**

*Your participation will be anonymous. All your information will be held confidential and will be used only for the purposes of the Review.

BSCC information:

www.schliferclinic.com

To participate, email BSCC's Review Team at:

CRPOpeer-review@schliferclinic.com

Let your voice be heard!



An invitation to participate in the CRPO's Complaints and Reports Processes Review

What is the Review about?

The College of Registered Psychotherapists of Ontario (CRPO) engaged the Barbra Schlifer Commemorative Clinic (the Clinic) to conduct an Independent Review of the College's complaints and reports processes. The College has initiated this Independent Review to ensure that their complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

What does participation involve?

The Clinic's Review Team will conduct individual interviews and collect information through written responses. Interviews will be approximately 1 hour to 1.5 hours long and will be held by videoconference, with the option of attending via telephone. If you participate, you will receive a gift card (\$100 for an interview or \$50 for a written response).

Why am I being invited to participate?

The College identified that you were involved in a complaint in the last few years. If you do not want to participate, simply disregard this invitation. You do not need to let us or the College know you wish to decline this invitation.



Why participate?

Your opinions, views, and thoughts are essential to help us better understand any potential harm from the College's current practices when responding to complaints, reports, and barriers to making a complaint or filing reports.

What is the Barbra Schlifer Commemorative Clinic?

The Clinic is a non-profit charitable organization that provides holistic and accessible social services to diverse women who have experienced gender-based violence. The Clinic's services include legal representation, trauma-informed counselling, interpretation services, and advocacy.

Why should I trust you?

Your participation will be anonymous to the College. While the College has identified you as a potential participant, they will not know if you have decided to participate. All your information will be held confidential by the Clinic and used only for the Review.

We know that this may be a hard topic to discuss. If you participate in an interview, you will be offered a free, one-time session with a registered social worker.

How can I participate?

To express your interest in participating, email the Clinic's Review Team at the email below. Please let us know if you want to be interviewed or submit written responses. Please do not email the College to express interest in participating.

Kindly note that there are limited interview spots. Expressing your interest in participating via interview does not guarantee that you will be interviewed. If you do not get an interview spot, you can still participate by responding in writing if you wish.

Language interpretation and accessibility accommodations are available upon request.

To participate,
email the Clinic's Review Team at:

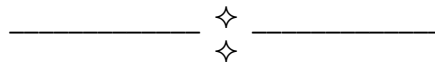
CRPOpeer-review@schliferclinic.com

For more information on
the Clinic:

www.schliferclinic.com



www.crho.ca



For more information on the work of the Clinic, please visit:

www.schliferclinic.com

October 2023

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	2.h
Issue:	Standards Review
Attachments:	Practice Standards Feedback Overview Draft Revised Standards Full Public Consultation Feedback (link)
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	P. Bialik, M. Pioro

Purpose & Public Interest Rationale:

The College’s professional practice standards and any accompanying practice guidelines should be based on the best available evidence, reflecting current best practices. They should be aligned with changing public expectations and professional practice, and where appropriate, aligned with other colleges.

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

Background:

CRPO’s first comprehensive practice standard review has been ongoing since 2021. It involved approximately 64 individuals providing feedback on the standards at different places in the process. These individuals included staff, Council and Committee members, professional associations, registrants including CRPO Practice Advisors, staff at other colleges, and subject-matter experts. This number is in addition to the 64 public consultation submissions.

All standards, with the exception of Standard 3.7, which was enacted more recently than the others and which is still undergoing review, underwent an initial staff review. The initial staff review included a jurisdictional scan, literature scan, legislative review, a review of our professional conduct data, and a review of the practice advice data to identify compliance issues and any sources of confusion about the standards. Recommendations based on the research were presented to a staff working group.

Following working group input, the files moved to a preliminary QAC review. Subsequently, staff undertook a targeted stakeholder review where we conferred with experts in the field on specific standards. This included RPs working in specific practice areas relevant to individual standards and other professionals or regulatory colleges when necessary.

Staff then move all the standards to a professional association review. This was intended to gauge initial impressions before putting it out to stakeholders more broadly.

Once we received feedback from associations, we took the proposed changes to Council for awareness and some high-level feedback, following which we opened the standards for public consultation.

Two additional important steps were consulting with our DEI working group, and practice advisors. The DEI group has been advising on priority standards (those which are most relevant

to DEI issues) and have provided ongoing feedback. Practice Advisors had the opportunity to provide feedback during the public consultation, as experts in clinical practice and registrant inquiries.

Following the public consultation, the standards returned to QAC, where they directed final revisions and supported that the draft should move to Council for possible approval.

Staff is proposing an effective date of January 1, 2024, rather than immediate adoption of the updated standards. The short waiting period will give registrants a chance to review the document before it comes into effect. This also creates a clean delineation for the assessment of complaints based on year (that is, events that allegedly took place in 2023 or earlier will be assessed under the previous standards while events that allegedly took place in 2024 will be assessed under the updated standards). The updated standards are not intended to require drastic changes on the part of registrants. The standards are based on what registrants are already expected to do in their practice. Therefore, it is not anticipated that registrants will require a lot of time to prepare.

Key Considerations:

- Have the draft revised standards gone through a rigorous review process?
- Does the resulting draft meet CRPO's objectives for this project (namely, that they protect the public from harm, set reasonable minimum expectations for the profession, are applicable to a wide variety of practice settings, are easy to understand, and are fair to RPs)?

Next Steps:

Staff will undertake a communications campaign to disseminate information about the updated standards and how they might impact practice.

First, an announcement and link to new standards will be included in the December Communique, in addition to a note from CRPO's Registrar thanking registrants for their participation in the process.

A link to a preliminary version of the standards will be posted to the website while the document undergoes a professional copy-edit.

In addition, an email will be sent to system partners alerting them of the change and containing a link to the updated standards. Subsequent monthly Communiques will be used to share featurette articles on changes to the standards.

CRPO will also prepare CBA and peer circle cases based on significant changes to the standards that will be published online.

Additionally, staff will offer a live webinar, which will also be recorded and posted online, describing key changes to the standards.

Recommendation:

Proposed Motion: That Council approve the Draft Revised Standards, with an effective date of January 1, 2024.

Practice Standards Feedback Overview

- ***This document summarizes feedback on the draft revised standards received during and after the public consultation phase of the review. It includes a summary of relevant public consultation submissions, practice advisor input, post-consultation QAC discussion, and final staff adjustments.***
- CRPO received 64 submissions to the public consultation.
- 57 respondents were CRPO registrants, while three were psychotherapy students or graduates, two were stakeholders representing service provider organizations, one was a psychotherapy client, and one respondent was a professor.
- Overall, the majority of respondents agreed or strongly agreed that the revised standards protect the public from harm, set reasonable minimum expectations for the profession, are applicable to a wide variety of practice settings, are easy to understand, and are fair to RPs (Appendix A). In particular,
 - 82.5% agreed or strongly agreed that the revised standards protect the public from harm.
 - 82.5% agreed or strongly agreed that the revised standards set reasonable minimum expectations for the profession.
 - 74.6% agreed or strongly agreed that the revised standards are applicable to a wide variety of practice settings.
 - 69.8% agreed or strongly agreed that the revised standards are easy to understand.
 - 66.7% agreed or strongly agreed that the revised standards are fair to RPs.

Constructive Feedback Overview

This section outlines the constructive feedback received from the consultation process that garnered responses from 6 CRPO practice advisors who agreed to review the draft standards, and 64 responses to the public consultation. Submissions falling outside the scope of the consultation have been removed.

Section	Source	Comments	CRPO Response
Standard 1.1 - Commentary	Practice Advisor	One suggested addition, adding that no other College's authority supersedes CRPO standards. I have occasionally encountered this with RP's supervised by CPO members.	Added to demonstrating the standard.
Standard 1.1 - Commentary	Practice Advisor	Would a suspension begin immediately or would the RP be granted some time (i.e. 1-week) to contact clients to explain the situation and to mitigate a client feeling abandoned?	Clarification added to note that in most circumstances registrants will receive advance notice of a potential suspension.
Standard 1.1 - Commentary	Registrant via Public Consultation	The 30 day time line to respond to the CRPO should mimic the 30 day time limit to provide a report (i.e. give some latitude for an extension of time if this is reasonably needed) so that there is no immediate	Clarification added that extensions can be requested for extenuating circumstances.

		finding of professional misconduct when the registrant is unable to respond in time for no fault of their own.	
Standard 1.2 - Standard	CRPO Registrant via Public Consultation	1.2 & 6.2: Would holding oneself forth in advertising one's practice as "Jo Smith, MD" where one has that degree (from another jurisdiction) but is not practising medicine in violation of the standard?	As MD is an earned credential and not a protected title it would generally be appropriate for a registrant to advertise or otherwise promote their degree.
Standard 1.2 - Commentary	Practice Advisor	Not all RPs will be familiar with the Emergency class; the "easy to understand" of this one area will likely be matched to the RPs level of awareness.	A link to the registration class webpage has been integrated into the text for further reading.
Standard 1.2 - Commentary	Practice Advisor	Could Temporary and Emergency Class be defined?	A link to the registration class webpage has been integrated into the text for further reading.
Standard 1.2 - Commentary	Practice Advisor	Practice Description - add an example of what is 'not' acceptable?	Declined to provide examples, as the number of unacceptable versions are innumerable. Better suited to Practice Matters articles.
Standard 1.4 - Commentary	Practice Advisor	Might we be able to provide links to the Acts?	Links added into the commentary for further reading.
Standard 1.4 - Commentary	CRPO Registrant via Public Consultation	Does waiting, post-graduation and post-submission, for the CRPO to respond to one's registration application count positively as being "in the process of fulfilling the requirements to become registered with the CRPO"--and therefore able to practice with clinical supervision?	Information available in registration section of website.
Standard 1.5 - Commentary	CRPO Registrant via Public Consultation	Standard 1.5 Along with the expansion of conduct to include online conduct, it would be helpful to have examples of online conduct that would be considered "conduct unbecoming a registrant".	Commentary expanded to note that the standard for conduct unbecoming remains the same whether behaviour takes place online or in person.
Standard 1.6 - Commentary	Practice Advisor	A footnote is indicated for the word "separately" but I didn't see one.	Footnote restored.
Standard 1.7 - Commentary	Practice Advisor	Can a supervisor be added as a resource to navigate a potential dual relationship?	Supervisor added as a resource in Demonstrating the Standard.
Standard 1.7 - Commentary	Practice Advisor	Re: Psychotherapy training programs: I am concerned that this (psychotherapy)takes place in training programs, especially when a	Following QAC discussion, the language under this heading has

		<p>teacher is facilitating. Can a student actually not consent while they are a student in the program? Are other options available to students, for example can a student participate in psychotherapy outside of a program, or should someone who is not a teacher or affiliated with a program facilitate psychotherapy? Psychotherapy in a classroom setting can be provocative and students can easily (unwittingly) overshare and technically become clients.</p> <p>(i.e. Easy for boundaries to become blurred and for confidentiality to be breached. The teacher/facilitator has a dual role. Would the facilitator share information or concerns with other faculty? The power imbalance increases. How can students be protected more?</p>	<p>been strengthened to discourage this kind of dual relationship in stronger terms</p>
Standard 1.8 - Standard	CRPO Registrant via Public Consultation	<p>1.8.3 Expansion: I imagine if you're in a small community, this might not be realistic. And, generally, it might not even be foreseeable / known to you (and therefore, maybe not realistic either).</p>	<p>Following QAC discussion, it was determined that other standards, i.e., 1.5 General Conduct, 1.6 Conflict of Interest, 1.7 Dual Relationships, provide adequate safeguards, and that an outright prohibition would be unworkable in small communities.</p>
Standard 1.8 - Commentary	Practice Advisor	<p>Would this Standard benefit from a link to 1.7? Will there be a link to Jurisprudence (eg professional boundaries, etc.)?</p>	<p>Standard 1.7 linked in "See also."</p>
Standard 1.9 - The Standard	Practice Advisor	<p>Can we add information here on how to handle situations that arise when leaving a place of employment and employer is prohibiting self-referral?</p> <p>-can reasonable timeframe be defined when it comes to responded to client inquiry for service. I am noticing increased trend of clients saying to me "I contacted several psychotherapists and no one is getting back to me?" The influx of referrals from COVID has created some problematic response times from Registrants. This is not okay and impacts the professionalism of our profession.</p>	<p>Non-competes are a matter for the courts and an issue that falls outside CRPO mandate.</p>

Standard 1.9 - Commentary	Practice Advisor	Where does the issue of non-compete clause fit? I suspect it will remain within the content found on Practice Matters? I assume similar to current Standards, on the webpage a list of further readings/ resources will remain?	Non-competes are a matter for the courts and an issue that falls outside CRPO mandate.
Standard 1.9 - Commentary	Practice Advisor	Self-referral: there is a requirement to provide three options, does this mean three referrals or would the “option to say no” count as an option? What if the registrant is offering something unique and there are no other realistic options e.g. a special weekend group retreat?	Three referrals is generally considered best practice but isn't actually required by the standard ("whenever possible"). In hyper specialized areas it would be permissible to provide fewer options
Standard 2.1 - The Standard	Practice Advisor	Can we elaborate and include how one expands “Scope of Practice”. What does that entail...maybe it is in another section?	Better suited to a guideline than entrenchment in the standards.
Standard 2.1 - The Standard	Practice Advisor	2.1.2 and “demonstrate the standard’ may make more sense if the statements read “have the competence, e.g. knowledge, skill and judgement...”. This is currently reversed and seems odd to read.	Decline to change.
Standard 2.1 - Key Definitions	Practice Advisor	-Consultation vs supervision definition seems a bit vague concerning the intent. The explanation in the covering summary of changes actually describes the difference better.	Following QAC discussion, the definition of consultation has been fine-tuned
Standard 2.1 - Commentary	Practice Advisor	Many want to know about the scope of responsibility of the supervisor for the supervisee; appreciating this is based on many factors, I do wonder about the development of a set of reflection questions or list of safeguards that can support professional judgement.	Better suited to a guideline than entrenchment in practice standards. Also, already addressed in Jurisprudence Manual.
Standard 3.1 - Demonstrating the Standard	Practice Advisor	Perhaps specifically refer to email use in bullet #6 re protecting Personal Health Info. It is not uncommon for therapists to use email as a vehicle when sharing (with consent) information with another consulting therapist or insurance company. Email is not encrypted and should not be used. (as referred to later in the draft document 5.6)	Secure transmission of information added into Demonstrating the Standard.
Standard 3.1 - Key Definitions	Practice Advisor	Personal Health Information, perhaps include payment (for session) information. Payment information may be included under the definition of personal health information (Page 40:	Payment for healthcare added into definition of personal health information.

		https://www.ipc.on.ca/wp-content/uploads/Resources/hguide-e.pdf), however, PHIPA does not require express consent in every situation.	
Standard 3.1 - Commentary	Practice Advisor	Can we add what to do with request for info for deceased clients? Or maybe this is now in another section?	Guidance on deceased clients added into the commentary.
Standard 3.1 - Commentary	Practice Advisor	It would be helpful to provide registrants with examples of “some situations”, what “an alternative” might be, and why a RP might object to disclose information.	Declined to expand commentary, better suited to a guideline than entrenchment in the standards.
Standard 3.1 - Commentary	Practice Advisor	What is meant by explicit [consent]? Written?	Language changed to “express consent” which is defined in the document.
Standard 3.1 - Commentary	Practice Advisor	Guidelines for Duty to Disclose or Mandatory Reporting - These links may be helpful	Links will remain on the sidebar of standards.
Standard 3.1 - Commentary	Practice Advisor	Suggestion: The CPSO separates disclosures into the categories of mandatory and permissible disclosures. This may provide greater clarity concerning responsibility to act in the case of disclosures to prevent harm. I know there are RP’s that believe any mention of suicidal ideation or self-injury is a mandatory report and I have personally had to treat a person whose prior therapist called 911 for simply mentioning they had suicidal thoughts.	Mandatory disclosures and reporting information is found in standard 1.3.
Standard 3.2 - Commentary	Practice Advisor	Can we include or reference the consent checklist and workbook? helpful additions and clarifications.	Links will remain on the sidebar of standards.
Standard 3.2 - Commentary	Practice Advisor	Is explicit consent written?	Language changed to “express consent” which is defined in the document.
Standard 3.2 - Commentary	Practice Advisor	Might be helpful to include link to Ontario legislation regarding age of consent	Link to Health Care Consent Act integrated into Commentary.
Standard 3.2 - Commentary	Practice Advisor	There may be some confusion here re a registrant <u>informally</u> vs formally assessing capacity. <i>The therapist assesses the capability of the client by discussing the proposed therapy or therapeutic process with the client.</i> In Ontario, psychotherapists are not under the umbrella of	Less formal language used to prevent confusion between formal capacity assessments and informal capacity checks regarding capacity

		approved assessors. https://www.ontario.ca/page/mental-capacity#section-4 (doctors, nurses, psychologists, social workers, occupational therapists)	to consent to treatment. Footnote added for additional clarity.
Standard 3.2 - Commentary	Practice Advisor	It may be helpful to address consent and mandated clients or include application of this standard when working with mandated or court ordered clients.	Better suited to a supportive guideline than entrenchment in the standards.
Standard 3.3 - Commentary	Practice Advisor	I didn't notice "written" consent	Written consent not necessary for sharing health information, provided the consent provided was expressly provided.
Standard 3.4 - Commentary	Practice Advisor	Link to out of province clients checklist might be helpful.	Links will remain on sidebar of standards.
Standard 3.5 - Commentary	Practice Advisor	It may be helpful consider how client autonomy and participation in decision making is addressed in mandated/court ordered situations. Perhaps a Practice Matters Question around capacity, consent and unnecessary treatment when working with children and parents in a conflictual separation/divorce.	Better suited to a guideline or Practice Matters article than entrenchment in the standards.
Standard 3.7 - General	CRPO Registrant via Public Consultation	When will the revised section 3.7 be available for review? How much additional time will be provided for review of the updated section 3.7 before the standard document is finalized and published?	Standard 3.7 remains under consideration. Any changes will be subject to a 60-day consultation period.
Standard 4.1 - The Standard	Practice Advisor	A problem is that some beginning therapists starting a practice have only 1-3 clients who they see monthly. Supervision is expensive and meeting weekly would be a financial burden for some. Are supervision fees discussed in standard 6.1? Could supervision be on a sliding scale or pro-bono in some cases to ensure that beginning therapists do attend supervision as frequently as they should and ensure the public is protected?	Meeting frequency is a guideline and can be adjusted in the reasonable judgment of supervisor and supervisee. There is flexibility in payment arrangements between the two. Supervision expenses may be a necessary part of professional training.
Standard 4.1 - Demonstrating the Standard	Practice Advisor	An example or further clarification might be helpful here. Supervisees believe that 1hr per x number of client contact hours is sufficient. Those who are beginning a practice might have only 2-clients and	Declined to amend. Committees and Council have discussed this issue extensively.

		would accumulate 4-client contact hours over 2-4 months, which means a long gap between supervision meetings. Would it be reasonable to give an example of meeting monthly, regardless of the number of client contact hours, to maintain continuity with the supervisor/supervisee?	
Standard 4.1 - Commentary	CRPO Registrant via Public Consultation	Standard 4.1 Is the College amenable to providing a template or example document for the newly mandated written clinical supervision agreement? This could be added to the existing Clinical Supervision Records Checklist.	Noted as a potential resource.
Standard 4.1 - Commentary	CRPO Registrant via Public Consultation	The revised version is missing data from the original such as supervision hours.	Required supervision hours for registration advancement are available on the registration section of the website.
Standard 4.1 - Commentary	Practice Advisor	It might be helpful to give an example of what “more engagement” would look like or involve.	Example of more frequent meetings added.
Standard 4.1 - Commentary	Practice Advisor	"Heightened awareness of their own abilities and use of self" definition/commentary may be helpful.	Additional context added for clarity.
Standard 4.2 - Standard	Practice Advisor	May be helpful to include who is typically required - examples	Additional context added into the standard.
Standard 4.2 - Commentary	Practice Advisor	Frequency of supervision is a hot topic as it is expensive for an RP not employed in an agency. It would enhance public safety if there is a requirement around dangerous circumstances. For instance: a supervised student or RP (Qualifying) <u>must</u> consult when a client expresses a desire to harm themselves or others.	Additional context added into the standard.
Standard 4.2 - Commentary	CRPO Registrant via Public Consultation	4.2: Does the expectation of weekly/bi-weekly supervision apply to relatively new practitioners with fewer than four DCC hours per week?	Suggestions are a recommendation, as noted shorter meetings may be held if needed.
Standard 4.2 - Commentary	CRPO Registrant via Public Consultation	4.2: Would it be clearer to say that "When required clinical supervision hours have been completed, registrants should continue to meet with their supervisor on a regular basis" ("should" inserted)?	Adjusted to “must.”

Standard 5.1 - Commentary	Practice Advisor	If progress notes are written in any language, would this be a problem (for the client) if a lawyer or other healthcare professional who does not understand that language requested a copy of the clinical record?	Commentary clarified to emphasize the language of therapy.
Standard 5.1 - Commentary	CRPO Registrant via Public Consultation	The intention of expanded inclusion is welcome. That said, if clients request their clinical records including session notes, is it the burden of the registrant to translate them into English or French at the client's request? Further, many/most supervisors may be unwilling to provide clinical supervision where the entire clinical record is not available in a language in which the supervisor is fluent. Have supervisors been consulted on this change?	Commentary clarified to emphasize the language of therapy.
Standard 5.1 - Commentary	Practice Advisor	What is the rationale around requiring a plan that reflects a specific modality? What about eclectic/integrative therapists who might mix and match methods from several modalities?	Adjusted to read “modalities or modalities” to account for practitioners using more than one modality.
Standard 5.2 - Title	Practice Advisor	<i>Requests for reports</i> while a helpful name, is it broad enough to include where needed requests for clinical records- which could include reports, summaries, notes, etc.	Key definition added for clarity.
Standard 5.2 - The Standard	Practice Advisor	-Can we add best practice approach guidelines in this section: 1-Consider content requested 2-Obtain consent 3-Verify if summary would be more suitable than full file 4-Review summary or file with client 5-ensure sent through secure means	Additional information on best practices added into commentary.
Standard 5.3 - Demonstrating the Standard	Practice Advisor	What to include in invoice – include registration # of registrant (can also include in 6.1.8 / demonstrating the standard, last bullet)	Added into bullet point.
Standard 5.3 - Demonstrating the Standard	Practice Advisor	Did it outline approved methods of transport?	Transmission of documents dealt with in other standards.
Standard 5.3 - Key Definitions	Practice Advisor	-Need to define report vs certificate	Key definition added.
Standard 5.6 - Title	Practice Advisor	Storage, Security and Retrieval- reads to me with more accountability than the revised title of security and integrity	Following QAC Discussion, it was decided to revert to the original

			title of the standard, which was felt to be stronger and clearer.
Standard 5.6 - Commentary	Practice Advisor	The original 5.6 explains the need to have modifications indicated and original entries retained. The revision only requires this for electronic records. The requirement to support an “audit trail” may be too vague for paper based records.	Changes to the clinical record are discussed in 5.1.
Standard 6.1 - Demonstrating the Standard	Practice Advisor	Under ‘demonstrating the standard’ bullets: what to include in invoice – include registration # of registrant	Adjustment made.
Standard 6.1 - Commentary	Practice Advisor	Regarding “free initial consultations”, is the registrant required to begin a clinical record regardless of whether the individual consents to therapy or not? And retain it for 10-years?	Not relevant to the standard in question.
Standard 6.1 - Commentary	Practice Advisor	Could we define reasonable notice in fee increase? no less than...	“Reasonable” would differ depending on the education, experience, and overhead of the practitioner. Additionally, prescribing fees falls outside of CRPO’s mandate.
Standard 6.1 - Standard/ Commentary	CRPO Registrant via Public Consultation	There is inconsistency in regard to bartering. Standard 6.1.6 says not to barter but below under Equity and Forms of Payment suggests otherwise. That is confusing and especially so when utilizing these standards for the CBA. Also, it would be difficult to look at two sources of standards when writing the CBA. As a result, I have summarized both into one document.	Staff does not believe there is an inconsistency. Bartering is strongly discouraged while not outright prohibited. Additional clarity added following QAC discussion.
Standard 6.2 - Standard	CRPO Registrant via Public Consultation	6.2.2 and "Testimonials, Reviews and Endorsements " are still not clear enough about if a psychotherapy advertising website with practitioner profiles uses star ratings, is it permitted or not to for a member to choose to advertise on this type of a website? Further clarity on this (rather than a lack of clarity) might be very helpful to members, so they don't have to guess.	Clients can rate registrants, (e.g., on Google), provided the registrant does not solicit or use the reviews or integrate them into their advertising.
Standard 6.2 - Commentary	Practice Advisor	Consider making it obligatory, or best practice, to post fees on website (or fee range) in demonstration of good faith and transparency in the best interests of potential clients.	Following QAC discussion, wording was added to disclose fees on request. It may not be workable to

			require all registrants to post all fees online.
Standard 6.2 - Commentary	Practice Advisor	I wonder if there needs to be enhanced clarity for those RPs that also practice outside psychotherapy, e.g., provide coaching and the impact on advertising.	Standard added for clarity.
Standard 6.3 - Commentary	Practice Advisor	Important inclusion related to human rights and duty bear responsibilities. I wonder if it would be helpful to develop a companion guide that supports professional responsibility around protected grounds and duty bear responsibilities and/or also include this in Standards Section 1.	Better suited to a guideline.
Standard 6.3 - Commentary	CRPO Registrant via Public Consultation	Standard 6.3 Some clarification on how to reconcile Standard 6.3 with Standard 2 (Competence) and the previous Standard 3.7 would be helpful. For example: if a client is seeking treatment for gender dysphoria or issues related to gender identity, and the therapist has no training or experience in this area, would citing a lack of competence and referring the client to a qualified therapist constitute refusal of treatment?	When registrants are faced with areas outside their competence the best practice is to refer to a competent professional. This issue will receive further comment in a guideline and/or updated Standard 3.7.
Standard 6.4 - Commentary	Practice Advisor	Suggest expanding the comment about the need to discuss and contract with an employer about discontinuing services in advance. e.g. who is the HIC, can clients follow the registrant, notice period required. This comes up in inquiries.	Content on self-referral added to referral standard.
General	CRPO Registrant via Public Consultation	I think issuing when the changes would take effect and when it's expected to be 'officially' updated. This updated version would be really helpful to have finalized for new RP's and those intending on taking the exam to support their preparation.	Coming into effect date to be announced and accompanied by a communications plan.
General	CRPO Registrant via Public Consultation	Inadequate time has been given for a proper review of the revisions, and this request for feedback comes over the summer months. Six months for the review would be appropriate, and not over July and August. It is unethical to confirm the revisions with significant (and potentially controversial) components left incomplete, as is the case here. The revisions should be put on hold until the federal government acts to bring psychotherapists fully in line with psychologists and social workers (as the CCPA continues to promote). How can the CRPO	The Standards as a whole have gone through extensive review (see stages of the review process). Standard 3.7 will be subject to a public consultation once completed.

		committee find further regulation acceptable when the requisite recognition as health professionals fails to follow?	
General, Standard 6.3	CRPO Registrant via Public Consultation	Two things. First of all, these are a vast improvement overall so thanks for that. Second, 6.3, discontinuing services. . .there is a category of circumstance, for instance, if a therapist wishes to shift the modality they primarily work in, that does not allow for discontinuance with current clients. I am thinking in particular, if a therapist practices in a longer term modality, where the end point is more nebulous and sometimes clients are reluctant to let the relationship go. There is often an argument for continuing benefit, but the benefit may be small. So, the therapist isn't obligated to discontinue, it isn't a useless therapy. However, if the therapist wishes to shift to less client hours or change from primarily individual to primarily couples, or change from psychodynamic to somatic practice like EMDR, are they obligated to keep these clients where the benefit is minimal? It seems strange that a competent referral to another therapist wouldn't be sufficient to address client well being in this case. This is tricky because I think there is an assumption in the profession that we can tell definitively when we are "done" with the work. In practice, that line is very blurry for many modalities and can be argued either way. A client may not be able to "complete" their work unless they move on to someone new, but if they don't see it that way, must we continue to be bound to them for a logarithmically reducing benefit and also thwarted in what the therapist may want to do in their practice? No easy answers here but I think it's worth thinking about, since you have done so much other thinking here.	Following QAC discussion, wording has been added to recognize appropriate discontinuation of services when changing practice areas.
Standard 6.4 - Commentary	CRPO Registrant via Public Consultation	6.4 Contingency planning. Options should be provided for assistance with identifying an appropriate designate if this is a challenge for a registrant, such as if an RP or other RHP offers this service to other members, the College could perhaps have this information on hand upon request, or the College could collaborate with professional associations to have this information on hand upon request.	Falls outside CRPO mandate.

General	CRPO Registrant via Public Consultation	The preoccupation with inclusivity complicates the application of the standard. Everything is subject to prejudice, which takes away communication's simplicity and spontaneity.	CRPO standards seek to consider all plausible circumstances and make allowances only when appropriate.
General	CRPO Registrant via Public Consultation	the document could include guidance regarding patient holidays length/duration versus patient's expectation for keeping same day, time of consultation	These are individual decisions between RPs and clients.
General	CRPO Registrant via Public Consultation	Counsellors who work in the 24 Ontario colleges, such as myself, provide a varied and unique service and limited psychotherapy. I believe the standards are have limited applicability to our setting, and I do not think CRPO represents our interests.	No specific request, but leaving in as general feedback. The Standards are intended to be applicable across modalities and practice settings.

Post-Consultation QAC Feedback

Section	Description of Request	CRPO Response
Standard 1.2 - Commentary	Clarify use of "Doctor" title.	Staff reviewed the section in question and made adjustments.
Standard 1.7 - Commentary	Take a stronger stance against students undergoing psychotherapy conducted by teachers within education programs.	Amended to advise more strongly against teachers conducting psychotherapy for students in programs.
Standard 1.8 - Standard 1.8.3	Remove standard.	Standard removed. It was determined that other standards, i.e., 1.5 General Conduct, 1.6 Conflict of Interest, 1.7 Dual Relationships, provide adequate safeguards, and that an outright prohibition would be unworkable in small communities.
Standard 2.1 - Key Definitions	Consultation definition: Add in "issues related to professional practice."	Definition amended.
Standard 3.2 - Commentary	Clarify RP's use of capacity assessment for the purposes of providing treatment and how they differ from formalized capacity assessments.	Further clarification added.

Standard 5.4 - Commentary	Add in reference to safeguarding analog records (appointment books).	Additional language added clarifying that appointment records must be kept securely.
Standard 5.6 - Title	Revert to original title.	Title changed back to Record Storage, Security and Retrieval, as it felt this was a clearer and stronger title.
Standard 6.1 - Demonstrating the Standard	Add in reference to sharing the price of services upon request.	Added. Additional language added in Demonstrating the Standard of 6.2 as well.
Standard 6.1 - Commentary	Clarify the safeguards that may be necessary for those working in communities where bartering is the norm.	Additional language added on bartering safeguards.
Standard 6.3 - Standard 6.3.3	Alter language to allow for "reasonable efforts" to make referrals rather than requiring referrals.	Change made.
Standard 6.3 - Commentary	Provide greater clarity about responsibilities to clients when changing modalities or practice areas.	Additional context and guidance provided.

Additional Staff Revisions

Section	Description of Change	Justification
1.1 - Demonstrating the Standard	Remove "refraining from practising the profession of psychotherapy while suspended, and ensuring that no benefit or income is received from the practice of psychotherapy while suspended; appearing before a panel as required, e.g., attending a caution;"	Redundant.
1.5 - Commentary	Added "conduct unbecoming does not include trivial behaviour in a registrant's personal life. Nor does it include aspects of a registrant's identity that would be protected under human rights legislation."	Historically "conduct unbecoming" has been used to target members of the 2SLGBTQQIA+ communities.
3.1 - Standard 3.1.3	Broaden the nature of the relationship detailed in the standard.	A formal employment relationship seems less common nowadays. It could be a practice-sharing arrangement, etc.
3.2 - Standard 3.2.1	Clarify that assessment and documentation is needed when a client may lack capacity and reaffirm that capacity can generally be assumed.	Rephrased, as it could be seen as contradicting the Commentary (that RPs don't need to assess capacity in every case).
3.2 - Standard 3.2.7	3.2.7 Registrants obtain express consent in every instance before using physical touch as part of psychotherapy treatment.	Added based on past Council/committee deliberation

3.4 - Standard 3.4.7	3.4.7 Registrants do not rely on information obtained from computer - generated assessments, reports, or statements without exercising their own professional judgment.	Added to prevent registrants from utilizing AI in parts of their practice without exercising their own professional opinion.
3.6 - Standard 3.6.1	3.6.1 As part of the consent process, registrants inform clients that the registrant is registered with CRPO and that CRPO is the organization that sets the rules for and considers complaints about registered psychotherapists.	Added following recommendations made as part of a trauma informed review of CRPO protocols. Previously this expectation was communicated in the introduction to section 3 of the Standards.
5.2 - Standard 5.2.2	5.2.2 When providing a report or certificate, registrants indicate whether they are providing opinion, stating objective fact, or summarizing information provided by a client.	Added following recommendation from HPARB review of CRPO complaint decision

Draft Revised *Professional Practice Standards* Review Package (November/December 2023)

Introduction

CRPO began the process of reviewing the *Professional Practice Standards* in 2021. The goal is to update the Standards, ensuring that they adequately protect the public, reflect evolving evidence, and are fair to registrants and applicable across practice areas.

Each standard has gone through a robust process including an environmental scan, literature review, and internal CRPO data analysis, to create an updated draft. Each draft then went through a series of checkpoints, including a staff review, Quality Assurance Committee (QAC) review, preliminary stakeholder consultation, Council review, public consultation, and post-consultation QAC review. Council is now being presented with updated versions for possible approval.¹

This package contains a summary of changes from the previously approved standards, followed by full versions of each draft revised standard.

Universal Changes

The following changes apply to all the draft revised standards:

- The *Standard* section appears first and is separated into numbered sub-standards (1.1.1, 1.1.2, etc.) for clarity
- The *Background* section has been renamed *Commentary*
- A *Key Definitions* section has been added to most standards
- Language has been updated (“registrant” instead of “member”; gender-neutral)
- Reviewed language around level of expectation (“shall” or “must” is a requirement; “should” is a recommendation).

Summary of Changes to Individual Standards

Standard 1.1: Responsibility toward the College

Summary of Changes

- Less adversarial title
- Previous *Standard* expanded to include:
 - Explicit recognition of the responsibilities registrants are expected to fulfill, as opposed to leaving this information in the *Commentary* section or *Demonstrating the Standard*
 - Additional responsibility to treat College personnel with respect
- Additional guidance for best practices added into *Demonstrating the Standard*

¹ Note that Standard 3.7 is still undergoing review. An updated version of that standard will be presented for possible approval on a future date.

- Minor changes to the *Commentary* section include descriptions of:
 - Responsibilities under the QA Program
 - Extensions to deadlines
 - Advanced notice of suspensions

Standard 1.2: Use of Terms, Titles, and Designations

Summary of Changes

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

Standard 1.3: Mandatory Reporting

Summary of Changes

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

Standard 1.4: Controlled Acts

Summary of Changes

- Altered the *Standard* to better reflect the *Regulated Health Professions Act*, e.g., around exemptions and exceptions to perform controlled acts
- De-emphasized the possibility of delegating the controlled act of psychotherapy due the rare circumstances required to do so
- Definitions added or updated for “psychotherapy scope of practice,” “delegation,” and “controlled act of psychotherapy”
- *Commentary* expanded to include:
 - resources and clarification on the controlled act of psychotherapy
 - exceptions to controlled acts
 - guidance on receiving a delegation

Standard 1.5: General Conduct

Summary of Changes

- Included a new general provision on civility with colleagues
- Definitions for “incapacity,” “disgraceful, dishonourable or unprofessional conduct” and “conduct unbecoming a registrant” updated and moved from the background into *Key Definitions*
- *Commentary* section now includes a note about online behaviour falling under the umbrella of general conduct. Additionally, the section on impairment has been retitled to

“Incapacity” and now includes an expectation that registrants self-monitor and seek assistance when required. Reassurance provided that conduct unbecoming does not justify trivial or discriminatory incursions into a registrant’s personal life

Standard 1.6: Conflict of Interest

Summary of Changes

- Emphasis on clinical and ethical judgment
- Increased guidance on process to follow when conflicts of interests arise
- Additional guidance on treating individuals who know each other
- New commentary on conflicts occurring within small communities
- Pointing out need to refer if discontinuing services due to conflict of interest

Standard 1.7: Dual Relationships

Summary of Changes

- Simplified title
- Encouraged use of clinical judgment
- Factors set out to weigh potential dual relationships with former clients
- New section for small and remote communities with a list of safeguards to consider
- Highlighted that there are some activities that will never be compatible with psychotherapy. For situations where dual practice is occurring, safeguards should be in place
- Acknowledged power imbalance between a registrant and members of the public, while recognizing that dual relationships are often unavoidable in small communities
- Added section about dual relationships with respect to social media
- Strengthened cautionary language against instructors providing therapy to students

Standard 1.8: Undue Influence and Abuse

Summary of Changes

- CRPO’s zero tolerance policy for sexual abuse of clients by registrants has been reiterated in the *Commentary*
- Definitions have been added for boundary crossings, boundary violations, different forms of abuse, and related concepts
- Additional guidance on appropriate behaviour added into *Demonstrating the Standard*, alongside a recognition of power imbalances present in the therapeutic relationship, and safeguards regarding boundary crossings
- The standard explicitly protects individuals close to clients, e.g., family, close relations.

Standard 1.9: Referrals

Summary of Changes

- The previous version was revised to address conflicts of interest, prohibit referral fees, and require a response to incoming referrals

- Additional guidance on self-referral and maintaining a referral contact list has been added into *Demonstrating the Standard*
- *Commentary* section expanded to clarify that registrants receiving referrals who are unable to accept clients are not obligated to make further referrals, and to include expanded commentary on self-referrals.

Standard 2.1: Seeking Consultation, Clinical Supervision and Referral

Summary of Changes

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

Standard 3.1: Confidentiality

Summary of Changes

- Previous version revised to clarify the responsibilities of registrants for their administrative and support staff, and include a reference to confidentiality legislation
- Guidance added on best practices for maintaining confidentiality, and a clarification of the College's ability to access information during an investigation without client consent
- Definition for "express consent" added
- *Commentary* section simplified. Content revised to better reflect confidentiality expectations in team care settings. Additional guidance provided on requests to access records and exceptions to confidentiality, as well as guidance on confidentiality for deceased clients

Standard 3.2: Consent

Summary of Changes

- The previous standard was expanded to include documentation requirements for assessing capacity and conversations surrounding consent, and the necessity of express consent for physical touch
- Guidance on best practices for communication and consent-seeking were added into *Demonstrating the Standard*
- Definitions for "express consent" and "implied consent" added
- *Commentary* section shortened. Additionally, CRPO has altered the description of "partner" so that it aligns with the *Health Care Consent Act, 1996*.

- A clarification has been added in the commentary regarding identifying when a client is incapable of providing consent.
- Reference to *Health Care Consent Act* included in the Commentary.

Standard 3.3: Communicating Client Care

Summary of Changes

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

Standard 3.4: Electronic Practice

Summary of Changes

- Added reference in the standard to the need to comply with existing CRPO standards, whether one's practice is electronic or in person.
- Additional standard added prohibiting registrants from relying on information obtained from computer generated reports, assessments or statements without applying their own professional judgment.
- Provided guidance on best practices for electronic communication, contingency planning, and the importance of local resource awareness
- A definition was added for "electronic practice"
Commentary section simplified. Additional information provided regarding treating clients in other jurisdictions

Standard 3.5: Unnecessary Treatment

Summary of Changes

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

Standard 3.6: Complaints Process

Summary of Changes

- Expanded *Standard* to include provision requiring registrants to provide additional information about the College when asked by clients and as part of the consent process.
- Expanded *Standard* to include a provision on registrants informing clients of their registration with CRPO and that CRPO sets rules and considers complaints made against registered psychotherapists.
- *Commentary* expanded to include link for client-focused information on filing a complaint

Standard 3.7: Affirming Sexual Orientation and Gender Identity

- Note: This Standard was originally approved in 2016, later than the remaining standards. It is currently undergoing additional review before being revised and circulated for public consultation

Standard 4.1: Providing Clinical Supervision

Summary of Changes

- Described required competence to provide supervision
- Added a section on the responsibility of clinical supervisors, including that the scope of responsibility depends on context
- Made written clinical supervision agreements mandatory
- Added section on supervisor professionalism, e.g., dual relationships, abuse of power, mandatory reporting, etc.

Standard 4.2: Practising with Clinical Supervision

Summary of Changes

- Clarified Revised language in the standard statement, clarifying reasons why registrants are required to practise with clinical supervision
- Revised guidance on how often registrants should meet with their clinical supervisor, based on shared responsibility to apply judgment based on relevant circumstances

Standard 5.1: Clinical Records

Summary of Changes

- Restating and clarifying the purposes clinical records are kept
- Noted the complete clinical record should be stored together (updating previous guidance that they may be stored in separate parts)
- Added content on who owns the health record, a common topic of concern among registrants
- Added flexibility to the requirement that records should be in English or French: Specifically, progress notes can be written in the language therapy is delivered
- Changed hard copy clinical record requirement from signature on every page to name and/or signature on every entry, to reduce unnecessary requirements
- Clarified language around maintaining and providing access to joint records, and adding information based on PHIPA Decision 158² regarding family therapy records
- Common terms and explanations have been added in an easy-to-read table format
- Reference to reasonable fee for client access to their clinical record

² [PHIPA DECISION 158 - Information and Privacy Commissioner of Ontario \(ipc.on.ca\)](https://www.ipc.on.ca/decisions/158).

Standard 5.2: Requests for Reports

Summary of Changes

- Clarified language in the standard
- Added a standard expecting registrants to distinguish in reports between fact, observation, and opinion.
- Key Definition added for “report or certificate”
- Added background on verifying the client’s authorized representative, and use of reports in legal proceedings
- Commented on reasonable fee for preparing a report
- Additional commentary on confidentiality and reporting
- Added examples of reasonable cause to delay or deny a report

Standard 5.3: Issuing Accurate Documents

Summary of Changes

- Revised for clarity
- Key definition added for “report or certificate”

Standard 5.4: Appointment Records

Summary of Changes

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

Standard 5.5: Financial Records

Summary of Changes

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

Standard 5.6: Record Storage, Security, and Retrieval

Summary of Changes

- Organized record-keeping safeguards into list by category

Standard 6.1: Fees

Summary of Changes

- Added protections for clients, including those on block fee payments and discouraging bartering.
- Included reminder regarding sales tax, expectations regarding refunds, promotional rates, sharing the price of services upon request, and what to include on receipts
- *Commentary* now includes expanded section on equity and forms of payment, including a wider discussion of considerations when bartering

Standard 6.2: Advertising

Summary of changes

- Simplified title of standard
- Expanded standard for clarity and to respond to recent examples of inappropriate advertising
- Expanded standard to include reference to clarity of advertising when multiple products or services are being offered

Standard 6.3: Discontinuing Services

Summary of Changes

- Expanded *Standard* to include language on human rights protected grounds, and reinforce expectations around referral
- Altered standard to require only “reasonable efforts” to provide referrals to other providers
- Expanded *Demonstrating the Standard* to include documentation safeguards and reference to reasons why an individual may discontinue services such as reducing their hours or changing modalities
- Definition added for “appropriate discontinuation of services” as explained in provincial regulations
- *Commentary* section now includes discussion of conflicts of interest and discontinuing care, as well as discontinuation on the basis of registrant safety

Standard 6.4: Closing, Selling or Relocating a Practice

Summary of Changes

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

- Added *Key Definitions* for “adequate notice” and “health information custodian successor”
- Expanded *Commentary* by discussing appropriate forms of notice for clients when closing a practice, a suggestion to select qualified HICs, and referring to College resources on contingency planning

Draft

Full Text of Draft Revised *Professional Practice Standards*

Standard 1.1: Responsibility toward the College

The Standard

- 1.1.1 Registrants fulfill their professional responsibilities and obligations toward the College.
- 1.1.2 Registrants communicate with College personnel in an appropriate and professional manner.
- 1.1.3 Registrants reply appropriately and within 30 days to a written inquiry or request from the College.
- 1.1.4 Registrants fully cooperate with the College during an investigation.
- 1.1.5 Registrants comply with orders of a committee or panel.
- 1.1.6 Registrants adhere to any undertaking or agreement that they have made with the College.
- 1.1.7 Registrants comply with all terms, conditions, and limitations (TCLs) associated with their certificate of registration.
- 1.1.8 Registrants participate fully in all mandatory aspects of the College's Quality Assurance Program.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- reading correspondence and information from CRPO to remain aware of one's obligations, and replying when requested;
- meeting CRPO deadlines, e.g., for the QA Program, and notifying the College in advance if there are expected or foreseeable delays with deadline compliance;
- when a registrant is subject to another set of rules or standards, e.g., from their employer, a professional association, or another regulatory college, ensuring that they always meet CRPO standards as well

Commentary

Responding to the College

When formally contacted in writing by the College, including by email, registrants must provide an appropriate response within 30 days. A response is appropriate if it is complete (providing all the information requested), accurate, and made in writing. A response is also appropriate if, within the 30-day period, the registrant requests and the College grants an extension based on extenuating circumstances. In this case, the registrant must provide a complete response by the extended deadline.

Participation in Quality Assurance

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

Appearing for a caution

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

Complying with a suspension

The College has sole authority to suspend a registrant's Certificate of Registration. The suspension may result from non-payment of fees, or from the decision of a committee (e.g., the Discipline Committee). Registrants under suspension must refrain from practising psychotherapy, and must not receive any benefit or income, either directly or indirectly, from their professional status while suspended. Registrants retain appropriate financial and other records to show that they have not benefitted from their professional status while suspended. During a suspension, a registrant may transfer the operation of their practice. As part of contingency planning, registrants should consider who will manage their practice in the event that they are suspended. In the vast majority of situations, registrants receive advanced notice of a potential suspension. In a very small number of cases (e.g., failure to carry professional liability insurance, urgent risk of harm to clients), CRPO may impose a suspension with little or no notice. Failure to comply with requirements relating to suspension may result in disciplinary action.

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

Cooperating with College investigations

Registrants cooperate with requests from the College in a timely manner, including providing access to facilities, records, or equipment relevant to the investigation. Registrants must also exhibit appropriate behaviour during the investigation and not subject the investigator to rude, threatening, or obstructionist behaviour. Similarly, once evidence of the appointment of a formal

investigator by another college is made known to the registrant, they are obligated to cooperate with that investigator.

See also:

[Standard 1.2 Use of Terms, Titles and Designations](#)

[Section 4 Clinical Supervision](#)

[Professional Misconduct Regulation](#), provisions 44, 45, 46, 47, 48, 49, 50

[Standard 6.4 Closing, Selling, or Relocating a Practice](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Draft

Standard 1.2: Use of Terms, Titles, and Designations

The Standard

1.2.1 Registrants use terms, titles, and designations appropriately.

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

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

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

1.2.5 Registrants do not use the title "doctor", including any associated abbreviations, when offering or providing healthcare services, including psychotherapy.³

1.2.6 Registrants shall not permit, counsel, or assist a person to represent themselves falsely as a registrant.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

³ A registrant may use the doctor title when offering or providing healthcare if they are registered with one of the colleges whose members are authorized to do so (see commentary).

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

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

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

Commentary

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

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

If a registrant is aware that an unregistered person is holding themselves out, i.e., presenting themselves as an RP, the onus is on the registrant to intervene. The registrant may speak with the individual or inform the College of the misrepresentation if it persists.

Students and pending applicants

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

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

Approved title variations

The following are the titles that registrants of this College must use in accordance with their [class of registration](#):

Registered Psychotherapist

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

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

- PA

Qualifying

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

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

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

Temporary

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

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

*Note: To take effect following government enactment:

Emergency Class

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

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

Inactive

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

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

Education/training credentials

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

Use of specialty designations

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

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

Examples

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

Anna Persaud, M.Ed., RP, (cert) OAMHP
Manager, Northwestern Psychotherapy Clinic

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

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

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

The doctor title

Use of the title "Doctor" or "Dr." is protected in the RHPA. Registrants of this College are not permitted to use this title when offering or providing healthcare.

If a person is not registered with one of the health professions entitled to use the doctor title (chiropractic, optometry, medicine, psychology, dentistry, naturopathy) or a social worker with an earned doctorate degree in social work, they cannot use the title "Doctor" or "Dr." when offering or providing healthcare. This is the case even if the person has an earned doctoral degree (e.g., the person holds a Ph.D).

Registrants may use the title "Doctor" in other settings, such as socially or in a purely academic setting, where no clients are present.

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

Misuse or misleading use of titles

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

Practice description

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

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

See also:

[Standard 6.2 Advertising Professional Misconduct Regulation](#), provisions 33, 34

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Draft

Standard 1.3: Mandatory Reporting

The Standard

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

Commentary

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

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

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

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

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

Frivolous or vexatious complaints

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

See also:

[Professional Misconduct Regulation](#), provisions 39, 40

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

DRAFT

Standard 1.4: Controlled Acts

Standard 1.4: Controlled Acts

1.4.1 Registrants do not perform controlled acts unless:

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

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

1.4.3 Registrants refrain from delegating the controlled act of psychotherapy⁴.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

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

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

⁴ The *Regulated Health Professions Act, 1991* and Ontario Regulation 317/12 – the professional misconduct regulation governing registered psychotherapists – allow for delegation of the controlled act of psychotherapy under limited circumstances, for example, where CRPO has pre-approved the delegation. To date, CRPO has not approved an RP delegating the controlled act of psychotherapy to an unregulated provider. Delegating the controlled act of psychotherapy to an unregulated provider is expected to occur very rarely, e.g., in an emergency.

Commentary

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

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

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

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

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

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

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

Competence

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

Legislative Exceptions to Controlled Acts

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

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

Other exceptions not requiring a delegation include exceptions for students, Traditional Indigenous Healers, and addictions treatment.

Exceptions for Students

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

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

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

Exceptions for Traditional Indigenous Healers

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

Exemption for Addictions Treatment

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

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

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

Receiving a Delegation

Registrants may only accept and carry out a delegation if:

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

See also:

Standards, Section 4: Clinical Supervision

Standard, Section 2: Competence

[Understanding When Psychotherapy is a Controlled Act](#)

[Controlled Act Task Group Consultation Documents](#)

[Psychotherapy Act](#)

[Professional Misconduct Regulation, provisions 10, 12](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 1.5: General Conduct

The Standard

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

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

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

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

Commentary

Standards pertaining to behaviour apply to both in-person and online conduct.

Incapacity

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

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

Conduct unbecoming a registrant

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

Conduct unbecoming does *not* include trivial behaviour in a registrant's personal life. Nor does it include aspects of a registrant's identity that would be protected under human rights legislation.

Illegal conduct

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

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

See also:

[Professional Misconduct Regulation](#), provisions 41, 42, 43, 52, 53

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 1.6: Conflict of Interest

The Standard

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

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

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

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

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

Commentary

Recognizing and preventing conflicts of interest

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

Managing conflicts of interest

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

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

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

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

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

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

Offering a benefit for receiving a referral.

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

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

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

Accepting materials or equipment.

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

Using premises or equipment without reasonable payment.

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

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

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

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

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

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

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

Treating individuals who know each other.

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

Generally speaking, it is best to exercise caution when separately⁵ treating individuals who know each other, and to avoid treating individuals who are in conflict with one another.

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

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

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

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

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

See also:

[Standard 1.7 Dual Relationships](#)

[Standard 1.8 Undue Influence and Abuse](#)

[Standard 1.9 Referral](#)

[Professional Misconduct Regulation](#), provision 16

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current

⁵ Different considerations apply in couple, family, or group therapy contexts.

professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Draft

Standard 1.7: Dual Relationships

The Standard

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

1.7.2 Registrants should avoid dual relationships with former clients.

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

1.7.4 Registrants maintain professional boundaries, both online and in person.

Demonstrating the Standard

A registrant demonstrates meeting the standard, for example, by:

- Setting clear boundaries at the beginning of all therapeutic and professional relationships and documenting relevant discussions.
- Avoiding behaviours that may lead to the creation of dual relationships (e.g., non-therapeutic self-disclosure, gift giving, meeting outside the clinical setting).
- When it is impractical or impossible to avoid the creation of a dual relationship, discussing, implementing, and documenting appropriate safeguards.
- Keeping their personal profiles on social media private and using only their professional social media platforms for activities relating to psychotherapy.
- Developing a policy around social media use and communicating boundaries around use of technology with clients at the outset of therapy.
- Avoiding personal online relationships with clients, as well as with clients' family members and intimate partners.
- Seeking advice from clinical supervisors, peers, legal counsel, or the College, when in doubt.

Key Definitions

Dual relationship: An additional role between a registrant and their psychotherapy client. Additional roles include personal, social (e.g., overlapping events, intersecting social spaces, crossover in support services or groups), financial,¹ or a separate professional role (e.g., realtor, parenting coordinator, mediator, massage therapist). Dual relationships could be chance meetings (as may occur if an RP and client access the same services) or more in-depth.

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

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

social, spiritual, cultural, or bound by any other unifying experience or characteristic including disability or identity.

Commentary

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

Psychotherapy training programs

Students in some psychotherapy education programs undertake personal psychotherapy as part of their training. Due to risks involving dual relationships, undue influence, conflict of interest, and confidentiality, instructors should not provide students with therapy. Certain safeguards can reduce the risk; for example, ensuring that a registrant providing such therapy does not also evaluate those students' academic or other performance in the program. However, a student's therapist should be external to the day-to-day operation of the program.

Small communities

Where a registrant provides psychotherapy as part of a small community, registrants employ clinical and ethical judgment, and implement various safeguards.

Some clients will explicitly seek out professionals within their own communities and with whom they share identities to ensure cultural competence and increased safety. This increases the likelihood of the client and RP intersecting outside of the clinical setting. Where a dual relationship is anticipated in advance (a new client is already known to the registrant from the community), RPs should mitigate potential issues by discussing the risks and benefits of the dual relationship as part of the informed consent process. Registrants should also have a conversation on what to do when the client and therapist encounter each other in the community.

Former clients

Note: Sexual contact with former clients is covered elsewhere.⁶ This standard relates to non-sexual relationships with former clients.

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

The following are factors to consider before entering a relationship with a former client:

- the likelihood of harm to the former client;

⁶ <https://www.crpo.ca/wp-content/uploads/2018/07/Policy-Sexual-contact-with-former-clients-beyond-a-5-year-post-term-period-June-282018-1.pdf>

- any power imbalance remaining over the former client;
- the nature, length, and intensity of the former client-therapist relationship;
- the nature of the emerging relationship;
- the issues presented by the client in therapy;
- the likelihood the individual will seek therapy from the registrant again in the future;
- the length of time since the client-therapist relationship ended; and
- the vulnerability of the client.

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

Social media

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

Additional risks arise from participation in large groups (e.g., online discussion or support groups), where an RP may make disclosures without knowing that clients have access to the information.

See also:

[Standard 1.6 Conflict-of-interest](#)

[Standard 1.8 Undue Influence and Abuse](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 1.8: Undue Influence and Abuse

The Standard

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

- Using professional and ethical judgment to determine whether conduct outside the typical therapeutic relationship is appropriate.
- Consulting another RP, one's supervisor or case consultant, or the College if the registrant finds themselves in challenging circumstances.

Key Definitions

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

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

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

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

Boundary Crossing: "Boundary crossing occurs any time a professional deviates from the strictest professional role. Boundary crossings can be helpful, harmful, or neutral. Boundary crossings can become boundary violations when they place clients at risk for harm."⁷ Generally, a helpful boundary crossing will be one that is clinically indicated, modality-appropriate, and done with informed consent from the client and with safeguards in place. Harmful boundary crossings would result in discomfort for either the client or practitioner and may negatively impact the therapeutic relationship. Notably, the same action – for example, supportive touch, could be helpful, harmful, or neutral depending on the client, context, and interpretation.

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

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

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

⁷ Knapp, S. and Slattery, J. M. (2004). Professional boundaries in nontraditional settings. *Professional Psychology*, 35, 553-558.

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

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

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

Cyber Abuse: Bullying by conveying inappropriate images or words through any form of electronic media.⁸

Client: Any individual who received treatment from a registrant – for any period of time – is considered a client. For the purposes of sexual abuse, an individual remains a client for one year following the termination of the professional relationship.⁹

Intersectionality: “The ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination ‘intersect’ to create unique dynamics and [amplified] effects.”¹⁰

Trauma-Informed Approach: A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.¹¹

Commentary

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

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

Clients, their representatives, family members, partners, or other individuals with whom clients maintain a close personal relationship may be emotionally and otherwise vulnerable. At the

⁸ From the College of Respiratory Therapists of Ontario

⁹ The Health Professions Procedural Code defines a client for the purpose of sexual abuse to include someone who was a client within the past year. However, CRPO believes sexual contact with someone who has been a client within five years to be unacceptable. See CRPO’s [Policy on Sexual Contact with Former Clients within 5-Years Post Termination of Care](#). CRPO has asked the Government of Ontario to increase this time period to five years.

¹⁰ From the Center for Intersectional Justice.

¹¹ From SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, prepared by SAMHSA’s Trauma and Justice Strategic Initiative

same time, clients and those in their circle may be particularly influenced by the views or suggestions of their psychotherapist. It is the responsibility of registrants, therefore, to ensure that clients feel safe and that they are not subjected to inappropriate influence or abuse.

Boundary Crossings

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

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

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

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

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

Power Dynamics and the Therapeutic Relationship

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

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

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

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

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

trauma are at an increased risk of traumatization and may interpret the existing power dynamic differently.

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

See also:

[Standard 1.9 Referral](#)

[Standard 1.7 Dual Relationships](#)

[Professional Misconduct Regulation](#), provisions 2, 32

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Draft

Standard 1.9: Referrals

The Standard

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

- a) Adequately inform the client about any referral they propose to make.
- b) Obtain the client's informed consent to refer.
- c) Take reasonable steps to assure themselves of the competence and character of the professional to whom the client is being referred.

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

- a) Fully disclose the extent of the relationship.
- b) Provide alternatives.
- c) Assures the client their decision will not affect their care from the referring registrant.

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

- a) The benefit to the registrant is disclosed to the client.
- b) Alternative options are provided.
- c) The client is reassured that the existing relationship will not be affected by the client's decision.

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Informing clients of the reason a referral is being proposed.
- Taking steps to ensure that the other professional is qualified and competent.
- Periodically ensuring regular referral contacts remain active, in good standing with their college of registration (if any), and able to take on new clients.
- Disclosing to the client any actual or perceived conflict of interest in proposing a referral or self-referral.

- When proposing self-referral, providing at least three appropriate referral options including the registrant themselves, and reassuring the client that the existing relationship will not be affected.
- Documenting any disclosure relating to referral or self-referral.

Key Definitions

Self-referral: Occurs when a registrant suggests that a client see them for a different or additional service (e.g., offering group therapy to an individual therapy client), or to see the registrant through a different organization or program (e.g., referring an EAP client to the registrant's private practice).

Commentary

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

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

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

Self-referral

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

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

Technically, a referral to a related person or corporation places the registrant in a conflict of interest. However, there will be situations where this is appropriate. As long as the registrant

adheres to the safeguards outlined above, and they document the conversation occurring around the referral or self-referral, they will not be creating an irreconcilable conflict of interest.

See also:

[Standard 3.2 Consent](#)

[Standard 2.1 Consultation, Clinical Supervision and Referral](#)

[Standard 1.6 Conflict-of-interest](#)

[Standard 1.7 Dual Relationships](#)

[Professional Misconduct Regulation](#), provisions 3, 4, 8, 9, 16

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Standard 2.1: Seeking Consultation, Clinical Supervision and Referral

The Standard

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

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

2.1.3 Registrants ensure any clinical advice or information they provide is based on reasonable professional opinion.

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

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

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

Clinical Supervision: CRPO defines clinical supervision as a professional relationship where the individual who is receiving supervision is engaged in a collaborative learning process with a clinical supervisor, which relationship is designed to:

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

Clinical supervision can be individual, dyadic or group.

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

Consultation: Obtaining direction or advice regarding the way forward with a particular client, clinical issues, or issues related to professional practice.

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

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

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

Commentary

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

As regulated professionals, registrants are expected to understand their professional capabilities and limitations. They must provide only those services that are within their areas of competence, based on training and experience. When a registrant encounters a client with an issue the registrant is not equipped to work with, the registrant must exercise professional judgment. Specifically, they must promptly determine whether to: seek clinical supervision or consult with a colleague who has the required knowledge, skill, and judgment while undertaking relevant study; or refer the client to another practitioner who is able to provide the required care.

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

See also:

[Professional Misconduct Regulation, provisions 8, 9](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 3.1: Confidentiality

The Standard

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

3.1.2 Registrants familiarize themselves and comply with relevant privacy laws.

3.1.3 Registrants relying on others to provide reception or other administrative support train and supervise them on matters of confidentiality and privacy.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Explaining to clients the duty of confidentiality and limits to confidentiality.
- Documenting informed consent in the client record regarding the collection, use and disclosure of information, indicating the manner in which consent was given (verbally, by gesture, in writing).
- Only collecting, using, or disclosing information that is reasonably required in the circumstances.
- Applying privacy principles in research settings.
- Notifying clients when disclosure of their information has been required by a court or tribunal.
- Establishing processes to protect personal health information (hard copy and electronic files) from access by unauthorized persons while it is being collected, used, maintained, disclosed, transferred, or disposed.
- Avoiding the use of non-secure methods of communication, such as email, when transmitting confidential information unless the client consents to the risk and there is no practical alternative.
- Promptly notifying the client and if applicable, the Information and Privacy Commissioner (IPC) when the client's personal health information is stolen or lost, or when it is used or disclosed without authority.

Key Definitions

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

Personal health information: Any identifying information about a client in oral or recorded format (written or electronic) that relates to his or her physical or mental health, including his or her family history, payment for healthcare, health care providers and substitute decision makers. Identifying information is information that directly identifies an individual or that can be reasonably foreseen to identify an individual, either alone or with other information. Information

that does not allow the client to be identified is not personal health information and is not subject to PHIPA.¹²

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

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

Commentary

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

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

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

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

Disclosure of client information by RPs to other care providers

Due to the nature of the psychotherapeutic relationship, the sensitivity of information shared between client and therapist, and because of the particular weight placed on the duty of confidentiality by the psychotherapy profession, RPs must take care before disclosing client information to other care providers. While PHIPA allows providers in certain circumstances to assume a client has provided implied consent to disclose their personal health information to other providers,¹³ RPs are strongly encouraged to obtain express consent. As part of the informed consent process in care team settings, such as in a hospital or agency, registrants

¹² Information and Privacy Commissioner of Ontario

¹³ This is sometimes referred to as the "circle of care" principle, see Information and Privacy Commissioner of Ontario, *Circle of Care: Sharing Personal Health Information for Health-Care Purposes* (2015), online: <https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf>.

should explain to clients what information will be shared with other providers in the team context, and who will have access to the record.

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

Confidentiality and shared records

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

Limits to confidentiality

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

- where the registrant believes on reasonable grounds that disclosure is necessary to eliminate or reduce a significant risk of serious harm (includes physical or psychological harm) to the client or anyone else, e.g., suicide, homicide. Note: If the registrant believes a significant, imminent risk of serious bodily harm exists, there may be a professional and legal duty to warn the intended victim, to contact relevant authorities such as the police or crisis intervention services, or to inform a physician who is involved in the care of the client.*
- where a mandatory report is required (see Standard 1.3);
- where necessary for particular legal proceedings (e.g., when the registrant is subpoenaed);
- to facilitate an investigation or inspection authorized by warrant or by any provincial or federal law (e.g., a criminal investigation against the registrant, their staff, or a client). Registrants should seek legal advice when they are unsure whether a warrant or law permits them to disclose personal health information.
- for the purpose of contacting a relative, friend or potential substitute decision-maker of the individual, if the individual is injured, incapacitated, or ill and unable to give consent personally; and
- disclosing information to a college for the purpose of administration or enforcement of the *Regulated Health Professions Act, 1991* (e.g., when a complaint has been made about a registrant, assessment of the registrant's practice as part of the Quality Assurance Program).

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

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

Police or court requests for records

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

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

Deceased clients

The right to confidentiality does not end upon the death of a client. In Ontario, the right to consent to the collection, use, and disclosure of personal health information about a deceased individual is held by their estate trustee or administrator. More information can be found here: [Accessing the personal health information of a deceased relative - IPC](#)

See also:

[Standard 3.2 Consent](#)

[Section 4 Clinical Supervision](#)

[Section 5 Record-keeping and Documentation](#)

[Standard 1.6 Conflict-of-interest](#)

[Standard 1.7 Dual or Multiple Relationships](#)

[Professional Misconduct Regulation](#), provision 5

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 3.2: Consent

The Standard

3.2.1 Where a client appears to lack capacity to consent to treatment, registrants assess and document the client's capacity. If the client lacks capacity, registrants identify the client's substitute decision-maker(s).

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

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

3.2.4 Registrants ensure informed consent is obtained from the client or their authorized representative on an ongoing basis.

3.2.5 Registrants immediately comply with the withholding or withdrawal of consent by a client or their representative.

3.2.6 Registrants document conversations about and indications of consent, including the date when consent was provided, refused, or revoked, as well as options, risks and benefits discussed, and the method of indicating consent (oral, in writing, etc.).

3.2.7 Registrants obtain express consent in every instance before using physical touch as part of psychotherapy treatment.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

- (a) the person received the information about the nature of the treatment, the expected benefits and material risks, material side effects of the treatment, alternative courses of action, and the likely consequences of not having the treatment; and

(b) the person received responses to his or her requests for additional information about those matters.

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

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

Commentary

Ongoing consent

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

Some therapy techniques, e.g., physical touch used as part of somatic therapies, require express consent in each instance. A registrant must not assume they have the client's implied consent to touch them, even if they used similar techniques with that client in the past.

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

Written consent

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

Age of consent

There is no minimum age for consent. Clients under 18 years of age can, if they are capable of understanding and appreciating the consequences of their decision, give consent. For minors, consent must be considered on a case-by-case basis in light of the young person's capacity and applicable laws. The [Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A \(ontario.ca\)](#) contains detailed information on Ontario's healthcare consent laws.

Incapacity and consent to treatment

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

All healthcare professionals, including RPs, are responsible for identifying when a client is incapable of providing consent to treatment.¹⁴ Generally, registrants may assume that a client is capable. Registrants are not required to scrutinize each client's capacity to provide consent unless there are reasonable grounds to believe the client may not be capable. The therapist assesses the capability of the client by discussing the proposed therapy or therapeutic process with the client. The purpose is to see whether they understand the information, and appreciate any possible risks or consequences, including the implications of not proceeding with therapy.

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

Rankings for the Substitute Decision-maker

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

- A court appointed guardian of the person.
- A person who has been appointed attorney for personal care. The client would have signed a document appointing the substitute to act on the client's behalf in healthcare matters if the client ever became incapable.
- A person appointed by the Consent and Capacity Board to make a health decision in a specific matter.
- The spouse or partner of the client. A partner is defined in the HCCA as "either of two persons who have lived together for at least one year and have a close personal relationship that is of primary importance in both persons' lives." This means a partner does not need to be a spouse or sexual partner of the client.
- A child of the client or a parent of the client or the Children's Aid Society who has been given wardship of the client.
- A parent of the client who does not have custody of the client.
- A brother or sister of the client.
- Any other relative.

¹⁴ RPs are not authorized to become "evaluators" under the *Health Care Consent Act* for the purpose of formally assessing whether an individual is capable of consenting to admission to a care facility or with respect to a personal assistance service. Similarly, RPs are not authorized to become "assessors" under the *Substitute Decisions Act* for the purpose of formally assessing whether an individual is capable of managing property. However, RPs, like all other health professionals, must be able to identify when a client is incapable of providing consent to treatment.

- The Public Guardian or Trustee if there is no one else. If there are two equally ranked substitute decision-makers (e.g., two sisters of the client), and they cannot agree, the Public Guardian and Trustee may then make the decision.

See also:

[Section 5 Record-keeping and Documentation](#)
[Professional Misconduct Regulation](#), provision 3

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Standard 3.3: Communicating Client Care

The Standard

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Commentary

Interprofessional collaboration

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

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

Communication

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

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

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

Client instruction

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

Release of information by RPs

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

Cases of emergency

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

See also:

[Standard 3.1 Confidentiality](#)

[Standard 3.2 Consent](#)

[Professional Misconduct Regulation](#), provisions 5, 54

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 3.4: Electronic Practice

The Standard

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

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

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

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

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

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

3.4.7 Registrants do not rely on information obtained from computer-generated assessments, reports, or statements without exercising their own professional judgment.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Ensuring that clients provide consent to receiving professional services via a specific electronic communication technology.
- Working with clients to establish “back-up plans” in the case of a technological failure mid-session.
- Providing therapy while physically located in a private and professional setting.
- Ensuring clients understand what safety and privacy protections have been put in place and how they differ from those in an in-person practice.
- Familiarizing oneself with crisis intervention services in the client’s area in case of an emergency.
- Ensuring that clients understand any potential risks associated with the technology.
- Taking reasonable steps to ensure that the technology is secure, confidential, and appropriate.
- Refraining from using social media (including, but not limited to Facebook, Twitter, or Instagram) as a platform for providing therapy.

Key Definitions

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

Commentary

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

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

Communication technologies, consent and confidentiality

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

- Before providing services via electronic communication technologies, a registrant enters into an agreement with the client concerned. This does not preclude using electronic communication technologies in developing the agreement.
- Registrants should outline appropriate uses of technologies with clients (e.g., emailing or texting only for booking appointments, secure online platforms for the provision of therapy).
- Registrants do not provide psychotherapy to anonymous clients.
- Registrants should employ caution in providing advice, clinical assessment, or clinical information accessible to the general public on websites, blogs, forums, or other communication platforms.

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

Additional information about information security in electronic practice can be found here:

[Security Practices Checklist: Electronic Practice](#)

Professional liability insurance and e-practice

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

Clients in other jurisdictions

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

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

See also:

[Standard 3.1 Confidentiality](#)

[Standard 3.2 Consent](#)

[FINAL-Electronic-Practice-Guideline-approved-01MAR2019.pdf \(crpo.ca\)](#)

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

[fact-01-e.pdf \(ipc.on.ca\)](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 3.5: Unnecessary Treatment

The Standard

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

Indicated: Suggested by symptoms or assessment, as appropriate.

Commentary

Effectiveness of therapy

It is important for registrants to ensure that any assessment or therapy offers a reasonable prospect of benefit to the client. Unnecessary therapy poses a risk of harm by raising false expectations and wasting the client's time and money. One of the goals of therapy is to foster independence and autonomy from therapy, clients with similar issues may respond differently to the same treatment. Registrants are required to exercise judgment about whether treatment is unnecessary, informed by the condition of the client, the modalities used in treatment, and the input of the client.

See also:

[Standard 6.3 Discontinuing Services](#)

[Professional Misconduct Regulation](#), provision 7

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Draft

Standard 3.6: Complaints Process

The Standard

3.6.1 As part of the consent process, registrants inform clients that the registrant is registered with CRPO and that CRPO is the organization that sets the rules for and considers complaints about registered psychotherapists.

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Commentary

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

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

Contact information for the College is as follows:

College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 803
Toronto, ON M5G 2J5
Tel: 416-479-4330 or 1-844-712-1364
Fax: 416-639-2168

complaints@crpo.ca

See also:

[Professional Misconduct Regulation](#), provisions 14, 15

Note: College publications containing practice standards, guidelines or directives should be considered by all members in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

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Standard 4.1: Providing Clinical Supervision

The Standard

4.1.1 Registrants provide clinical supervision only if they are qualified to do so.

4.1.2 Registrants appropriately supervise persons whom they are professionally obligated to supervise.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example:

- Undertaking supervisory responsibilities only when the registrant has the necessary competence to provide clinical supervision in general and to supervise the services being provided;
- Entering into a written clinical supervision agreement that sets out the responsibilities of the supervisor and supervisee, and the expectations of both parties;
- Signing and maintaining the clinical supervision agreement in their records;
- Meeting according to a pre-determined schedule taking into consideration the needs of the supervisee;
- Documenting discussions between clinical supervisor and supervisee, e.g., focus of the discussion, particular issues addressed, etc.;
- Supporting and evaluating the progress of the supervisee;

Commentary

Competence to serve as a clinical supervisor

Providing clinical supervision is not an entry-to-practice competency. It requires additional training and experience. CRPO's [definition of a clinical supervisor](#) sets out the minimum qualifications for providing clinical supervision. These apply whether the clinical supervision is for CRPO registration purposes or not. Clinical supervisors also need to be competent to supervise the area of practice that the supervisee is providing to clients.

Responsibility of clinical supervisors

Taking on the role of a clinical supervisor can be a rewarding experience. It can complement one's practice, facilitate the professional growth of others, and promote safe, effective client care. It is also a significant responsibility. Clinical supervisors are responsible for the supervision they provide. The scope of clinical supervision required will vary depending on various factors, including:

- The experience and competence of the supervisee. Newer practitioners will require more frequent engagement, for example more frequent or longer meetings.
- Whether the supervisee is a student or a registrant. Students beginning practice require broad oversight over all aspects of their work. This responsibility is shared by the clinical supervisor and the student's education program. Registrants who have graduated from

their psychotherapy education program may receive more focused clinical supervision on particular areas of challenge or growth.

- The practice arrangement. Where there is a shared business or practice arrangement, the clinical supervisor may also need to provide some degree of administrative supervision.

The clinical supervision agreement

Clinical supervision is characterized by a formal relationship between clinical supervisor and supervisee. It is expected that registrants providing and receiving clinical supervision have a written agreement in place. Details of supervision agreements will depend on particular circumstances, including the therapeutic approach or model of supervision used. The agreement is to be signed and maintained in the records of all parties.

The agreement shall include the following:

1. Optional: Relevant background information on clinical supervisor and supervisee (training, designations, professional approach, etc.).
2. Goals or purpose of clinical supervision.
3. Responsibilities of clinical supervisor and supervisee(s).
4. Clarification regarding who has ultimate responsibility for clients (e.g., is the supervisee treating their own clients, the supervisor's clients, clients of an agency or clinic?)
5. Supervision format (individual, dyadic, or group); modalities of treatment to be supervised (psychodynamic, cognitive behavioural, systemic, etc.); method of reviewing supervisee's clinical work (self-report, videotape, live observation, thematic, etc.).
6. Meeting arrangements (physical location or online platform, frequency, duration, cancellations, emergencies, fees if any).
7. Expectations regarding the sharing of client information and informing clients about clinical supervision.
8. Provisions regarding the confidentiality of information shared between clinical supervisor and supervisee.
9. Fees for supervision services, if any.
10. Processes for:
 - providing evaluation and feedback
 - emergency or off-schedule contact between supervisor and supervisee
 - resolving conflicts
 - renewing or terminating the agreement.

Record of supervision provided

Clinical supervisors keep a detailed record of clinical supervision provided. In particular, records include the names of supervisees, dates of attendance, number of hours provided, fees paid If any, issues discussed, and any directions given. Group clinical supervision records may be maintained in a group file while keeping individual files for any supervisees seen individually.

Professionalism as a clinical supervisor

Clinical supervisors act professionally toward supervisees. Similar to the therapist-client relationship, there is a power imbalance between clinical supervisor and supervisee. Many of CRPO's practice standards apply by analogy to providing clinical supervision. For example:

- Clinical supervisors avoid conflicting roles with supervisees, such as dual personal-professional relationships or supervising and providing therapy to the same person.
- Sexual misconduct, undue influence, and abuse toward supervisees are unacceptable.
- Clinical supervisors maintain confidentiality, subject to agreed-upon limits, of information provided by supervisees.
- Clinical supervisors make mandatory reports if supervisees engage in unsafe practice. "Unsafe practice" does not refer to any mistake or error. It is an acceptable part of a supervisee's learning process to share and learn from mistakes. Rather, "unsafe practice" refers to professional misconduct or incompetence where clients are placed at risk.

Additionally, clinical supervisors need to have a heightened awareness of their own abilities and use of self in order to ensure both they and their supervisees are practicing within their areas of competence. Clinical supervisors have an ethical responsibility to seek consultation or supervision-of-supervision when needed regarding transference or content that is not their specialty.

Supervising unregulated individuals

RPs supervise a variety of individuals, for example office and communications staff. It is the RP's responsibility to oversee anything done on their behalf. Some RPs may *clinically* supervise an unregulated practitioner, such as an addiction counsellor or child and youth worker. In such cases registrants must ensure the unregulated practitioner is not misrepresented as a psychotherapist and does not engage in the controlled act of psychotherapy.

See also:

- Standard 4.2 Practising with Clinical Supervision
- Standard 2.1 Seeking Consultation, Clinical Supervision and Referral
- Registration Regulation
- Professional Misconduct Regulation, provision 11

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 4.2: Practising with Clinical Supervision

The Standard

4.2.1 Registrants practise with clinical supervision when they are required to do so because of their registration category, when encountering a challenging client situation, expanding their area of practice, or by order of a CRPO committee.

Demonstrating the Standard

A registrant demonstrates compliance with the standard by, for example:

- Entering and adhering to a clinical supervision agreement.
- Keeping a record of clinical supervision received.
- Informing clients of the supervisory arrangement, including if appropriate, the identity and contact information of the clinical supervisor and the client's right to contact the supervisor.
- Ensuring clients are informed that a clinical supervisor has access to their identifying information if this is the case.
- Receiving clinical supervision with reasonable frequency as determined with the clinical supervisor.
- Participating in clinical supervision in a professional, curious, and engaged manner.

Commentary

Registrants required to practise with clinical supervision participate meaningfully to promote the purpose and effectiveness of clinical supervision. Meaningful participation includes such things as communicating a case history, presenting issues and assessments, and raising complex clinical or ethical issues encountered during treatment.

Frequency of clinical supervision

Clinical supervisors and supervisees have a shared responsibility of applying professional judgment to determine the appropriate frequency of clinical supervision. Factors may include:

- The level of experience and competency areas of the supervisee (that is, a newer practitioner will require more frequent clinical supervision)
- The nature of the therapy (modality, clientele, presenting issues)
- Caseload (a supervisee seeing a larger number of clients will require more supervision)
- Other supports available (peer group, consultation, administrative supervision)

Setting regular meetings in advance is an important practice for making clinical supervision a habit and ensuring issues are addressed promptly. For example, a relatively new practitioner such as an RP(Qualifying) registrant, should receive a recommended minimum of approximately one hour of clinical supervision per week while a more experienced practitioner such as an RP

working toward independent practice should receive a recommended minimum of approximately one hour every two weeks. Additionally, shorter meetings can be held as needed.

When required clinical supervision hours have been completed, registrants must continue to meet with their supervisor on a regular basis, until such time as they have met all of the requirements for 'independent practice', i.e., practice without clinical supervision.

Supervision records

It is the responsibility of supervisees to maintain a record of supervision received. The record shall include:

- name and contact information of the clinical supervisor;
- a copy of the supervision agreement;
- dates and number of hours of clinical supervision received;
- format (individual, dyadic, or group); and
- Issues discussed at meetings or in correspondence with the clinical supervisor.

Informed consent and confidentiality

Registrants inform clients if they are required to practise with clinical supervision. Registrants should also inform the client that they may contact the clinical supervisor directly to ask questions or express concerns about services provided by the supervisee. Where information identifying the client will be shared with the clinical supervisor, the supervisee must obtain the informed consent of the client. This would be the case, for example, where the clinical supervisor is reviewing the clinical records of a newer therapist.

See also:

[Standard 4.1 Providing Clinical Supervision](#)

[Standard 2.1 Consultation, Clinical Supervision and Referral](#)

[Professional Misconduct Regulation, provision 44](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 5.1: Clinical Records

The Standard

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Including a complete client profile in the clinical record.
- Including in the clinical record a plan for therapy that is reflective of the modality or modalities used.
- Ensuring a record of client communications is included in the clinical record.
- Including a record of any therapeutic assessments, including methods used and outcomes.
- Including a record of conclusion or termination of the therapeutic relationship, reasons and explanatory notes, and a record of referrals or follow-up recommendations in the clinical record.
- Retaining records of incident and mandatory reports as warranted.
- Ensuring the clinical record is accessible, updated in a timely manner, legible, and written in plain language, with key information in English or French.
- Ensuring that amendments show changes and original entries.

Commentary

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

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

Maintaining clinical records

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

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

the health information custodian keeps the original record and provides copies when disclosing the record to others with authorization.

Language of records

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

Joint records

When more than one person (e.g., a couple or family) attends therapy, records may be maintained in one file as long as the couple or family attends the sessions in the same combination. When the couple or family attend in different combinations, the registrant should generally keep separate files or sub-files for each individual. For example, if one member of a couple attends an individual session, a file for the individual session should be maintained separately from the file for the couple.

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

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

Record format

Records may be maintained in hard copy or electronic format. When maintaining a hard copy record, each entry should include the client's name or unique identifier,¹⁵ date, and name or signature of the registrant. Electronic records should similarly permit each entry to include the client's name or unique identifier, date, and the registrant's signature or initials, i.e., evidence that the registrant made the entry.

¹⁵ A code (e.g., a number) that allows the registrant to identify that client without using the client's name or other direct personal information. A unique identifier is one way to distinguish one client from other clients. Registrants must securely maintain a key linking each client to their unique identifier.

Contents of the clinical record

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

Client profile	The client's full name, address, telephone numbers, date of birth, and unique identifier (if applicable). It also contains relevant information regarding the client's legally authorized representatives (if any, as described in the <i>Health Care Consent Act, 1996</i>), as well as the full name and contact information of any professional who referred the client, along with the reason for the referral. If the client was self-referred, this should be noted as well.
Assessment	A record of any therapeutic assessment, including methods used, results, conclusions, problem formulation, or other professional opinion regarding client status.
Plan for therapy (or Therapy Plan)	The plan for therapy will depend on particular circumstances including the therapeutic approach or model used. The record shall minimally indicate the plan or direction that the therapy is intended to take and log the client's initial and subsequent consent(s) as necessary. It will also include any reports on tests administered to the client. As the therapeutic relationship continues, changes in the therapy plan will also form part of the record.
Progress notes	Notations of client's statements, therapist's observations, impressions, and proposed plans in response.
Work product	Photographs, copies, or descriptions of objects made, e.g., artwork.
Consultations and referrals	The date and relevant details of every consultation the registrant receives from or provides to another healthcare provider, regarding the client. This would also include specific information related to any referral made by the registrant regarding the client.
Client contact	A notation of all in-session and out-of-session contacts with a client or their authorized representative. Examples of out-of-session contacts with clients include letters, emails, texts, and telephone calls. Copies of written communications, documents, or forms are also included.
Reports	A list and copy of all reports sent or received respecting the client.
Incident reports	For any major, unexpected negative outcome, a clear record of the incident as well as any action and follow-up.
Mandatory reports	Registrants keep a copy of all written reports they make in complying with their mandatory reporting obligations. When registrants have only made a verbal report, they prepare a written summary of the discussion and include it in their records.
Closing	A record of conclusion or termination of the therapeutic relationship, including reasons and an explanatory note such as a summary of outcomes attained, a record of referrals, or follow-up recommendations.

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

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

Amending records

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

Accessibility of records

Clients have a general right to obtain a copy of their personal health information under PHIPA, but this right is subject to certain exceptions under sections 51-54. Regardless of how the information is structured or stored, client records must be easily accessible and legible. Registrants may charge a reasonable cost-recovery fee. For example, a fee of \$30 for the first 20 pages and 25 cents for each additional page, has been held as reasonable.¹⁶ The fee must not be a financial barrier to access.

Retention

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

See also:

[Professional Misconduct Regulation](#), provisions 25, 26, 27

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

¹⁶ Information and Privacy Commissioner of Ontario, *Frequently Asked Questions Personal Health Information Protection Act* (2015), online: <https://www.ipc.on.ca/wp-content/uploads/2015/11/phipa-faq.pdf>, page 41.

Standard 5.2: Requests for Reports

The Standard

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

5.2.2 When providing a report or certificate, registrants indicate whether they are providing opinion, stating objective fact, or summarizing information provided by a client.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Responding fully to a request for a report or certificate from a client or their authorized representative.
- Ensuring compliance with Standard 3.1 - Confidentiality throughout the reporting process.
- Delivering the response within 30 days of receiving the request.
- When a delay is unavoidable, alerting the party initiating the request, sharing the reason for the delay, and providing a firm date by which the request will be met.

Key Definitions

Report or certificate – A report or certificate includes a letter, summary, or form, whether formal or informal, regarding the treatment of a client. It does not include providing a copy of the client record itself, which is addressed in Standard 5.1.

Commentary

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

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

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

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

There are also some situations where it may be appropriate for an RP to refuse to provide a requested report. These situations are limited, but include:

- Not having the competence to provide the information sought, although a registrant may still be able to provide factual information, such as treatment dates and presenting issues.
- Not having the appropriate consent or legal authorization to disclose the information.
- Where a report could cause significant harm (not in the best interests of a child, etc.).

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

Providing information to clients about services

Registrants are required to reply appropriately to a reasonable request by a client or a client's authorized representative for information about a service or product provided or recommended by a registrant.

Confidentiality and Reporting

Upon receiving a request for a report, registrants should first seek express consent from their client, or their authorized representative to provide the report and discuss the requested content. Registrants should ensure that only relevant and requested information is provided, and provide clients the opportunity to review the report prior to submission. Finally, registrants must ensure that reports are sent through secure means.

See also:

[Professional Misconduct Regulation](#), provisions 4, 37

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 5.3: Issuing Accurate Documents

The Standard

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

Report or certificate – A report or certificate includes a letter, summary, or form, whether formal or informal, regarding the treatment of a client. It does not include providing a copy of the client record itself, which is addressed in Standard 5.1.

Commentary

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

See also:

[Professional Misconduct Regulation](#), provisions 17, 26, 27

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Standard 5.4: Appointment Records

The Standard

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Commentary

Appointment records assist with time management, boundaries, and maintaining a history of client contact. They may be maintained centrally, e.g., in an office calendar or billing system, or separately in each client's clinical record. Like other records, registrants need to maintain them securely to avoid unauthorized or unnecessary disclosure.

See also:

[Professional Misconduct Regulation](#), provisions 25, 26, 27

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Standard 5.5: Financial Records

The Standard

5.5.1 Registrants keep a financial record for all clients for whom a fee is charged for therapeutic services.

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Commentary

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

Financial records should be retained for at least ten years from the last interaction with the client or from the client's 18th birthday, whichever is later. They may be kept separately from clinical records but must be maintained with due regard for security and should be easily retrievable.

See also:

[Professional Misconduct Regulation](#), provisions 25, 26, 27

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Standard 5.6: Record Storage, Security, and Retrieval

The Standard

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Commentary

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

Physical safeguards

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

Electronic safeguards

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

Administrative safeguards

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

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

Registrants need to ensure that any electronic record-keeping system they use allows them to meet their record-keeping obligations. These obligations include, but are not limited to, the ability to retrieve, transfer, amend,¹⁷ and securely destroy records.

See also:

[Standard 3.1 Confidentiality](#)

[FINAL-Electronic-Practice-Guideline-approved-01MAR2019.pdf \(crpo.ca\)](#)

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

[fact-01-e.pdf \(ipc.on.ca\)](#)

[Professional Misconduct Regulation](#), provision 25

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

¹⁷ The system must also maintain the original entry.

Standard 6.1: Fees

The Standard

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

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

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

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

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

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

- Charging and remitting sales tax as required by law.
- Sharing the price of services upon request.
- Ensuring clients understand any consequences of non-payment.
- Notifying or reminding clients of upcoming charges, even if payment is automated, e.g., if the client's credit card information is securely¹ stored on an online payment platform.
- Advising clients of alternative services accessible to the client, before discontinuing services for non-payment.
- Ensuring clients understand promotional rates are for a fixed term and are provided access to the general fee schedule prior to the onset of any services.
- When requested, and within a reasonable time, providing full or partial refunds, as appropriate, to clients who paid a block fee but decided not to receive all the services.
- Issuing receipts that clearly state name of client; name of the registrant and their title; the registrant's registration number; name, date, and duration of the service provided; cost of service and method of payment.

Key Definitions

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

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

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

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

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

Commentary

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

Free consultations and service agreements

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

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

Non-payment of fees

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

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

Equity and forms of payment

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

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

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

Bartering with clients should be a last resort due to the risks involved, and in all but extraordinary cases would not be appropriate. Bartering inherently creates a boundary crossing and dual relationship, which puts the client at risk. In many cases there are alternatives to bartering, e.g., sliding scale, or pro-bono work, that may promote the same equity considerations. In communities where bartering is the norm, registrants must be careful to apply safeguards should they barter their services. This includes, but is not limited to, contracts detailing the method and value of payment, careful consideration of the conflict of interest being developed, strict documentation of conversations surrounding the method of payment, and conversations with the client around mitigating the conflict of interest and dual relationship that may be developed through bartering.

Block Fees

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

Fulfilling agreements with clients

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

See also:

[Standard 6.3 Discontinuing Services](#)

[Standard 1.6 Conflict-of-interest](#)

[Standard 5.5 Record-keeping – Financial Records](#)

[Professional Misconduct Regulation](#), provisions 18, 19, 20, 21, 22, 23, 24, 51

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Draft

Standard 6.2: Advertising

The Standard

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

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

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

Review: A type of testimonial, generally collected and posted by third-party internet sites (that is, sites not under the control of the registrant or their business, employer, clinic). Reviews include statements as well as rankings and ratings, e.g., "five star rating", "top 3 psychotherapists in the city."

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

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

Commentary

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

Advertising

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

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

Examples of inappropriate statements in advertising could include:

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

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

In advertising, registrants:

- may list psychotherapy-related education and qualifications, but not degrees unrelated to the provision of psychotherapy;
- may describe areas of practice or specialization and populations served in alignment with Standard 2.1, but must not exaggerate the conditions they can treat or the modalities they are competent to use;
- may outline a philosophy or approach to practice; and
- may identify registration in the College, but must not use the College logo in advertising or suggest that they are recognized by the College as qualified in a specialty area.

Advertising Areas of Practice

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

Testimonials, Reviews and Endorsements

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

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

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

Soliciting

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

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

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

Registrant's name

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

In their professional role, a registrant must identify themselves using the name recorded in the Public Register of the College. This applies when identifying themselves orally or in writing on documents such as invoices, business cards, and pamphlets. Registrants may use nicknames or other variations of their name with clients, as long as these names are registered with the College.

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

Easily Identifiable Advertising

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

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

See also:

[Standard 3.5 Unnecessary Treatment](#)

[Standard 1.6 Conflict-of-interest](#)

[Standard 1.2 Use of Terms, Titles and Designations](#)

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Standard 6.3: Discontinuing Services

The Standard

6.3.1 Registrants discontinue professional services only when appropriate.

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

Commentary

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

- the registrant lacks the necessary competence to continue working with a client;
- the registrant believes the client will not benefit from continued therapy;
- the registrant would be at risk of serious harm if they were to continue working with the client, e.g., the client threatens or assaults the registrant;

- the registrant is closing their practice or reducing their hours;
- the registrant is changing the client population they serve or the therapy modalities they use;
- when by prior agreement a fixed number of sessions is to be provided; and
- when the client has not met their obligation to pay fees as agreed (see Standard 6.1, Fees).

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

Discrimination and the duty to accommodate

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

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

Discontinuation on the basis of registrant safety

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

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

Conflicts of interest and discontinuing care

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

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

See also:

[Standard 6.1 Fees](#)

[Standard 6.4 Closing, Selling, or Relocating a Practice](#)
[Professional Misconduct Regulation](#), provision 6

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Draft

Standard 6.4: Closing, Selling or Relocating a Practice

The Standard

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

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

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

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

Demonstrating the Standard

A registrant demonstrates meeting the standard by, for example:

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

Key Definitions

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

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

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

Commentary

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

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

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

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

Contingency planning

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

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

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

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

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

See also:

[Section 5 Record-keeping and Documentation](#)

[Professional Misconduct Regulation](#), provision 38

Note: College publications containing practice standards, guidelines or directives should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Draft

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 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.

- time between applicants' submission of materials and Registrar's response

within first 15 days				
Recognised program	80%	75%	100%	
Mapping tool	80%	28%	21%	
Labour mobility	100%	100%	100%	
Temporary	100%	None submitted	None submitted	
within second 15 days				
Recognised program	90%	85%	99%	
Mapping tool	90%	57%	75%	
Labour mobility	100%	100%	100%	
Temporary	100%	None submitted	None submitted	

Four new reviewers have been trained to process these applications; currently within 15-day timeline

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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(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.

- time for a Registrar's decision on an application				
within 30 days				
Recognised program	100%	99%	98%	
Labour mobility	100%	100%	100%	
Temporary	100%	None submitted	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.

-time to complete verification or assessment of an applicant's educational program or prior learning experience for equivalency				
within 30 days				
	95%	89%	88%	

•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

- time for a Registrar's decision on an application				
within 30 days				
Mapping tool	95%	96%	100%	

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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%	+6%
at staff level	% +/- from standard set by approval rates in mapping tool		+25%	+8%
at panel level	% +/- from standard set by approval rates in mapping tool		0%	-2%
# conditional approvals	% +/- from standard set by approval rates in mapping tool		+8%	+3%
# required TLC	% +/- from standard set by approval rates in mapping tool		0%	+6%
# refusals	% +/- from standard set by approval rates in mapping tool		-3%	-15%

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
Strategic alignment: TRUSTED AUTHORITY and CLEAR COMMUNICATIONS - regulate in a transparent, principled, proportionate, unbiased, proactive manner - promote confidence in professional regulation					
<p>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:</p> <ol style="list-style-type: none"> 1. Confirming the order made by the panel. 2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify. 3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate. 4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate. 1991, c. 18, Sched. 2, s. 22 (6); 2007, c. 10, Sched. M, s. 27 (3). <p>• This will monitor whether CRPO is making enforceable decisions and providing clear and adequate reasons</p>					
<p>¹- percent of confirmed decisions by the Health Professions Appeal and Review Board (HPARB).</p>					
% confirmed decisions			100%	100%	100%

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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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

- time to provide an initial response to non-urgent email and telephone inquiries					
within 3 business days		85%	95%	88%	
- time to provide a substantive response to non-urgent email and telephone inquiries					
within 5 days of assignment		85%	93%	75%	
- time to provide a substantive response to urgent email and telephone inquiries					
within 3 business days		85%	93%	92%	
• This will monitor whether users understand the scope and aim of CRPO's practice advisory service.					
% in indicating that they found the PA service response 'useful' or 'very useful'		75%	100%	88%	
% of questions that are in scope		85%	99%	96%	

Note that the Q1 metric is for June enquiries only as this was a new KPI.

Note the Q1 data is based on only 2 responses. Q2 data is based on 8 responses.

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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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%	n/a		*note this is based on 2023 annual review
- percent Council members completing Annual competence self-reflection	100%	100%	n/a		
- percent Council and committee members completing Meeting Pulse Evaluations	95%	90%			
plenaries				95%	
panels				90%	
working groups				52%	
• This will monitor changes in effectiveness in each of the evaluation categories.					
- Council Effectiveness evaluation category with 'disagree' responses	<10%	<10%	<10%		

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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.					
<ul style="list-style-type: none"> This will monitor the College's management of restricted reserve funds to ensure adequate budget to appropriately dispose of all complaints and reports. 					
- accuracy of annual complaints and reports budget allocation	< 20% variance	17%			
<ul style="list-style-type: none"> This will monitor improvements in website quality of information and ease of navigation. 					
- percent of users indicating that they found what they were looking for on most-used pages of crpo.ca website	75%	TBD			this will be available after the web overhaul is complete

CRPO Strategic Priority Domains

Domain 1 Trusted Authority: build CRPO’s presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care

Domain 2 Clear Communications: further develop communications to support clear, transparent and dynamic interaction with stakeholders

Domain 3 Effective Infrastructure: strengthen operational and governance infrastructure

Domain 4 Strong System Partnerships: collaborate with system partners to contribute to better access to mental health services

Examination Committee					
Committee Mandate: To oversee the entry-to-practice examination to ensure fair access to the profession and suitability to practice.					
Committee Deliverables					
Domain	Fiscal Year	Q if current fiscal		Dependencies	Status
1,2	24/25	ongoing	Submit bi-annual report on exam statistics to Council		Ongoing
1,2,3	24/25	ongoing	Review exam-related policies as part of 3-year review cycle		Ongoing
2,3	24/25	ongoing	Direct staff policy work		Ongoing
1	24/25	Q2	Review pilot feedback, consider revisions and adopt Supervision Tool		
2,3,4	24/25	Q3	Review and respond to Equity Impact Assessment of EC processes		
3	24/25	ongoing	New committee members participate in cross-Committee observerships		
3	24/25	ongoing	Committee members take on 'guest' chairing of panels		
Examination Committee					
Staff Deliverables					
Domain	Fiscal Year	Q if current fiscal		Dependencies	Status
1,2	24/25	ongoing	Complete bi-annual reports on exam statistics		Ongoing
1,2,3	24/25	ongoing	Review and draft revised exam policies as part of 3-year review cycle		Ongoing
4	23/24	Q4	Report annual exam results to education programs		
2,4	24/25	Q1	Host annual education program stakeholder update meeting		
2,4	23/24	Q3	Launch new registrant management system	database companies	On track for November 2023
1	23/24	Q4	Compile Supervision Tool pilot feedback		
3	23/24	Q3	Complete HIROC Risk Assessment		
2,3,4	23/24	Q4	Implement Equity Impact Assessment		

CRPO Strategic Priority Domains

Domain 1 Trusted Authority: build CRPO’s presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care

Domain 2 Clear Communications: further develop communications to support clear, transparent and dynamic interaction with stakeholders

Domain 3 Effective Infrastructure: strengthen operational and governance infrastructure

Domain 4 Strong System Partnerships: collaborate with system partners to contribute to better access to mental health services

Glossary

CPMF college performance management framework

ERM enterprise risk management

F 23/24 April 1, 2023 - March 31, 2024

F 24/25 April 1, 2024 - March 31, 2025

KPI key performance indicator

Q1 April 1 - June 30

Q2 July 1 - September 30

Q3 October 1 - December 31

Q4 January 1 - March 31

RMS registrant management system

RRM regulatory risk management

 annual

 complete

 on track

 delayed

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Executive: Communications

Communications to ensure the College's mandate is being met.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status
4	annual	Q1	Participate in information meeting with professional associations		Ongoing
1,2	annual	Q1 (for prior year)	Approve annual CPMF report to report on regulatory standards		
1,2	annual	Q3 (for prior year)	Approve annual report to report on strategic priorities and broader regulatory mandate		
1,2,4	24/25	Q2	Approve website overhaul		

Executive: Communications

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status
4	annual	ongoing	Participate in pan-Canadian registration working group with other regulated provinces and provinces seeking to regulate through information sharing and meeting coordination, with a particular focus on education and training program recognition.	other provinces	Ongoing
4	annual	Q1,2	Plan information meeting with professional associations		
1,2	annual	Q1 (for prior year)	Annual CPMF report published to report on regulatory standards		
1,2	annual	Q3 (for prior year)	Annual report published to report on strategic priorities and broader regulatory mandate		
3,4	24/25	Q1,2	Redevelop website to ensure accessibility and usability for all system users (applicants, registrants, system partners, public)		

Executive: Operations

Maintains operational effectiveness to meet its mandate.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status
1,2,3	annual	Q1, Q3 (and ongoing)	Approve revised policies as part of 3-year review cycle		Ongoing
2,3	annual	ongoing	Direct staff policy work		

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3	23/24	Q4	Oversee implementation of new RMS
	24/25	Q1,2	



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Executive: Operations

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status
3	annual	Q4	Review and revise all IT policies as needed	Dynamix support	
3	23/24	Q4	Review and revise all HR policies as needed (based on EIA and RAC)		
3	24/25	Q1	Develop remaining Executive Limitations policies for Council approval Develop full set of ERM policies based on HIRCO RAC Build risk matrices and implement polices to identify, quantify and manage risks across the organization		
3	24/25	Q1-4	- operational focus - predictive analytics -risk monitoring		

Executive: Governance

Ensure CRPO maintains governance excellence.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status
1,2	annual	ongoing	Submit quarterly report on governance KPIs to Council		
2,3	annual	ongoing	Direct staff policy work		
1,2,3,4	annual	Q4 (yearly)	Review CPMF report and address any unmet standards		
1,2,3	annual	ongoing	Review and approve governance policies as part of 3-year review cycle		
1,3	annual	ongoing	Review Risk Register and direct staff work on mitigation strategies		
1,3	annual	ongoing	Council and committee education plan Undertake ongoing leadership development of Council and committee members		
3	24/25	Q1	Review HIROC Risk Assessment results and direct staff work on mitigation strategies		
2,3,4	24/25	Q1,2	Review and respond to initial Equity Impact Assessment of governance-related processes		

Executive: Governance

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status
1,2	annual	ongoing	Track and report on KPIs to EC		Ongoing
1,2,3	annual	ongoing	Review and revise governance policies as part of 3-year review cycle		Ongoing

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1,3	annual	ongoing	Council and committee education plan Develop ongoing leadership development of Council and committee members
1,3	24/25	Q2	Adopt and use HIROC Risk Register
3	24/25	Q1	Complete HIROC Risk Assessment
1,3	20/21	Q4	Complete implementation and publishing of HIROC Risk Register, with appropriate tools in place for each committee



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Glossary

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RMS	registrant management system
RRM	regulatory risk management
OFC	Office of the Fairness Commissioner

	annual
	complete
	on track
	delayed

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Inquiries, Complaints and Reports Committee

Committee Mandate: To review complaints and reports to ensure suitability to practice & support CQI.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status
1,2	annual	ongoing submissions in Q 2 and 4	Submit bi-annual report of ICRC themes, timelines and depositions to Council		
1,2,3	annual	Q1, Q3 (and ongoing)	Approve revised ICRC policies as part of 3-year review cycle		
2,3	annual	ongoing	Direct staff policy work		
4		??	Approve policy/ies directing the sharing and addressing concerns about a registrant with other relevant Ontario and Canadian health regulators and external system partners (e.g. employers, police, long-term care home).	Commitment of external system partners and restrictions within legislation.	
1		??	Provide registrants with case studies regarding complaints and discipline. Phase 1: Two case studies per low, medium & high risk		
1		??	Provide registrants with case studies regarding complaints and discipline. Phase 2: Communicate case studies through media (e.g. podcast)		
3		Q2,3	Develop and share an inventory of ICRC/discipline outcomes. Phase 2: Compiling decisions.		
1,2		Q4, 1	Ensure conduct related information and forms revised for accessibility and available online.		
2,3		Q2	Propose conduct related KPIs		
1,3		Q2,4 Q1, f24/25	Approve and review results of disclosure pilot.		

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1,2	Q3	Adopt Equity Impact Assessment Tool
1,2,4	Q2,3	Accept trauma review report and direct staff to undertake work to adopt any recommendations
3	ongoing	Committee members participate in cross-Committee observerships
3	ongoing	Committee members take on 'guest' chairing of panels



CRPO Strategic Priority Domains

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Inquiries, Complaints and Reports Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status
1,2	annual	Q1,2,3,4	Complete quarterly reports on conduct statistics		On Track
1,2	annual	Q1,2,3,4	Complete quarterly reports on conduct related KPIs		
1,2,3	annual	Q1, Q3 (and ongoing)	Review, revise ICRC policies as part of 3-year review cycle		
4		??	Develop high-level principle documents with agreeable colleges, in particular related to complaints which involve multiple regulated health professionals (support better communication/understanding between regulators re: stage of investigation, processes)	Commitment of external system partners and restrictions within legislation.	At Risk
2		Q4 Q1, f24/25	Conduct related information and forms revised for accessibility and available online. Ensure resources for complaints, reports, responses, appeals, etc. are available and accessible		On Track
2,3		Q1, f24/25	Develop complaints platform within new RMS, including ability to make file complaints on-line	vendor	At Risk -vendor failed to deliver, will be incorporated in new platform
1,3		Q2,4	Conduct disclosure pilot and report to Committee.		On Track
1,2		Q3	Implement Equity Impact Assessment Tool		On Track
1,2,4		ongoing to Q3	Work to complete consultant-led trauma informed review		On Track

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Q1 April 1 - June 30

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Q3 October 1 - December 31

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CPMF College Performance Measurement Framework

ERM enterprise risk management

KPI key performance indicator

RMS registrant management system

RRM regulatory risk management

 annual

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Registration Committee					
Committee Mandate: To oversee registration to ensure fair access to the profession and suitability to practice.					
Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status
1,2	24/25	ongoing	Submit quarterly report on registration KPIs to Council		Ongoing
2,3	24/25	ongoing	Direct staff policy work		Ongoing
1,2,3	24/25	ongoing	Review RC policies as part of 3-year review cycle		Ongoing
3	24/25	ongoing	New Committee members participate in cross-committee observerships		Ongoing
3	24/25	ongoing	Committee members take on 'guest' chairing of panels		Ongoing
2,3,4	23/24	Q3	Review and respond to Equity Impact Assessment of RC processes		
1,2,3,4	23/24	Q4 (yearly)	Review OFC report and address any recommendations		Ongoing
1,2,4	24/25	Q1	Review proposal for supervision module and course content		
1,4	24/25	Q2	Approve and adopt policies for collection, use and management of self-identification data for applicants and revistrants.	Diversity, Equity, and Inclusion Working Group	
1,2,4	24/25	Q2	Provide direction on next steps for Indigenous Registration Pathway	Diversity, Equity, and Inclusion Working Group, Indigenous practitioners interested in providing input	

Registration Committee					
Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status
1,2	24/25	ongoing	Track and report on KPIs to RC		Ongoing
4	24/25	ongoing	Participate in pan-Canadian registration working group with other regulated provinces and provinces seeking to regulate through information sharing and meeting coordination, with a particular focus on education and training program recognition.	other provinces	Ongoing
2,4	24/25	ongoing	Education program outreach plan (annual meeting and communications)		Ongoing
2,4	23/24	Q3	Launch new registrant management system	database companies	On track for November 2023
3	23/24	Q3	Complete HIROC Risk Assessment		
1,2,4	23/24	Q3/4	Develop proposed content for supervision module		
1,4	23/24	Q4	Collect self-identification data	Diversity, Equity, and Inclusion Working Group, database company	Waiting for new RMS
1,2,4	23/24	Q4	Obtain input from Indigenous practitioners regarding the Indigenous registration pathway	Diversity, Equity, and Inclusion Working Group, Indigenous practitioners interested in providing input	
1,4	24/25	Q1	Develop and implement policies and procedures for collection, use and management of self-identification data for applicants and revistrants.	Diversity, Equity, and Inclusion Working Group	
1,2	24/25	Q3	Start entry-to-practice competency review		
1	24/25	Q3	Create emergency class application	database company	

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Quality Assurance Committee

Committee Mandate: To support excellence in practice.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Dependencies	Status
1,2	annual	ongoing submissions in Q 2 and 4	Submit bi-annual reports on QA program statistics to Council		[Blue and Yellow background blocks]
1,2	annual	Q1,2,3,4	Submit quarterly reports on Practice Advisory Service to Council		
1,2	annual	Q3	Submit annual report of QA themes to Council		
1,2,3	annual	Q1, Q3 (and ongoing)	Approve revised QAC policies as part of 3-year review cycle		
2,3	annual	ongoing	Direct staff policy work		
2,3	annual	Q1	Monitor QA-related KPIs		
1,2	24/25	Q1	Approve revised Professional Practice Standards		
3	24/25	Q1	Approve PPR tool revision		
1,3	24/25	Q2	Approve CBA blueprint		

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1,3	24/25	Q2, Q4 (and ongoing)	Oversee results of two annual administrations of CBA
1,3	24/25	Q4	Appoint assessor for 2-year term for CBA administration
1,2	23/24	Q3, Q4	Review and respond to Equity Impact Assessment of QA processes

Quality Assurance Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Dependencies	Status
1,2	2 annual	Q1/2/3/4	Publish minimum of 4 Practice Matters articles		
1,2	annual	Q1 and 4	Complete bi-annual reports on QA program statistics		
1,2	annual	Q1,2,3,4	Complete quarterly reports on Practice Advisory Service statistics		
1,2	annual	Q1,2,3,4	Complete quarterly reports on QA related KPIs		
1,2	annual	Q3	Complete annual report of QA themes		
1,2,3	annual	Q1, Q3 (and ongoing)	Review, revise QAC policies as part of 3-year review cycle		
1,2	annual	Q4	Undertake committee directed policy work		
1,2	23/24	Q4	Complete full review of Professional Practice Standards		
1,2,4	24/25	Q4	Develop and disseminate supporting resources and guidelines		
3	23/24	Q4	Revise and implement PPR tools		
1,3	24/25	Q1	Develop CBA blue print report and recommendations		
1,3	24/25	Q1, Q3 (and ongoing)	Manage two annual administrations of CBA		

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1,3	24/25	Q1	Complete training of Peer Coaches	
1,2	23/24	Q3	Implement Equity Impact Assessment Tool	
1,3	23/24	Q4	Complete development of 25 cases for 2024 CBA (for total of 100 cases)	
1,3	24/25	Q4	Begin development of 25 additional cases for CBA case bank	
1,3,4	24/25	Q3	Recruit & train Peer Circle facilitators in partnership with professional association	
1,3	24/25	Q2	Develop 10 cases for Peer Circles	
	23/24			
3	24/25	Q4 / Q1	Develop QA platform within new RMS	delayed by developer



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Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	3.b.
Issue:	Council work plan development
Attachment(s):	Draft Fiscal 2024-2025 work plans
References:	College Performance Measurement Framework CRPO Strategic Plan 2023-2026
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision
Staff Contact:	D. Adams

Purpose & Public Interest Rationale:

A formal strategic plan enables the College to communicate priorities, articulate goals and track progress toward achieving them. Comprehensive work plans, clearly tied to the identified strategic priorities, help to ensure that Council, committee members and staff understand the College’s strategy and their role within that strategy supports efforts to work in the public interest.

Background:

CRPO Council affirmed 4 key strategic priorities in 2023. These are:

- Trusted Authority:** Build CRPO’s presence as a trusted authority for psychotherapy
 CRPO will be recognized as a leader in ensuring the value of psychotherapy, its role in the mental health system, and what constitutes safety, competence and quality in psychotherapeutic practice and excellence in regulatory oversight. CRPO will be the first source for all issues related to Registered Psychotherapists among health professions, the public, government, the media and other stakeholders, and will be recognized as an exemplar of fostering professional competency and standards of practice.
- Clear Communications:** Further develop communications to support clear, transparent and dynamic interaction with stakeholders

CRPO will be in active dialogue and communication with the public, registrants, government and other stakeholders. A focus on ensuring communications with the public and registrants will support their experience of CRPO as open, transparent and accessible. The public will know where to locate information about Regulated Psychotherapists and how to access CRPO to respond to questions and address concerns about care. Registrants will report clarity about the

role and purpose of CRPO, will feel their modality of work is respected and valued, and will recognize CRPO as a supportive resource for good practice. CRPO and registrants will both recognize their shared goal of maintaining excellent practice to build public trust.

- **Effective Infrastructure:** Strengthen operational and governance infrastructure

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

- **System Partnerships:** Collaborate with other system partners to contribute to better access to mental health services

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

Key Considerations:

The above priorities, along with the College's [Regulatory Objectives](#), are used to direct the work that committees plan to undertake each year.

Additionally, the College Performance Measurement Framework (CPMF) includes metrics related to strategic planning that should be considered in any work plans that committees approve. These include:

- The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations.
- The College has a Diversity, Equity and Inclusion (DEI) Plan. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives
- The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals.

In addition to the Council's stated priorities, these metrics were considered in any work that the Council expects to complete in the coming year.

Next steps:

Committees have or will conduct a high-level review of their proposed work plan to confirm that it adequately represents the initiatives and deliverables that the Committee expects to see in

fiscal year 2024 – 2025 (i.e., April 1, 2024 to March 31, 2025). These will be finalized in the coming months and presented to Council at the March meeting.

Staff will develop operational plans (personnel and budget allocation, sourcing our outside expertise, etc.) to ensure that appropriate steps are in place to support the committees in completing the work they propose to undertake.

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	3.c.i.
Issue:	Council and Committee Composition slate 2024
Attachment(s):	Appendix: Council and Committee composition chart
References:	CRPO By-laws Committee Appointments policy Council Competency Matrix Committee Competency Matrix Committee Composition Matrix
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

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. Appointing non-Council members plays an important role in continuity and succession planning.

Background:

- Executive Committee reviews CRPO Council’s committee composition annually and recommends reappointment or appointment changes to Council.
- College by-laws state that:
 - specific composition and selection of committees (section 13), noting the number of professional and public members required on each committee.
 - term of office of a committee member lasts approximately one year (13.12)
 - Council may appoint non-Council members at its discretion

Key Considerations:

- Consistent committee membership has allowed Council to focus on governance while building capacity at the committee level by allowing committee members to develop depth of knowledge and skill in a particular area.
- Non-Council members with terms expiring in 2023 and early 2024 have been offered reappointment for one-year terms; 25 have accepted (see appendix) and will remain on the same committees. The Executive Committee recommended that they be reappointed.

- The Executive Committee recommended the reappointment of current committee chairs and vice-chairs.

Recommendations:

The Executive Committee is recommending

- That committee appointments remain the same for the next term (December 2023-December 2024)
- that non-Council committee and working group members be reappointed for one-year terms
- that the committee chairs and vice-chairs be reappointed for one-year terms
 - Registration Committee – Michael Machan (Chair), David Keast (Vice-Chair)
 - Examination Committee – Heidi Ahonen (Chair), Keri Selkirk (Vice-Chair)
 - Quality Assurance Committee – Ken Lomp (Chair), Kayleen Edwards (Vice-Chair)
 - ICRC – Kali-Hewitt-Blackie (Chair), Jeffrey Vincent (Vice-Chair)
 - Nominations and Elections – Sherine Fahmy (Chair)

Proposed Motion:

[Be it moved] that Council approve the committee composition as presented.

Council Members 2023-24	Executive	Client Relations	Discipline	Examination
<p>Professional</p> <ol style="list-style-type: none"> 1. Heidi Ahonen, RP 2. Kathleen (Kali) Hewitt-Blackie, RP 3. Avni Jain, RP 4. Kenneth Lomp, RP (President) 5. Michael Machan, RP (Vice President) 6. Miranda Monastero, RP 7. Judy Mord, RP 8. Kafui Sawyer, RP 9. Radhika Sundar, RP <p>Public</p> <ol style="list-style-type: none"> 10. Steven Boychyn 11. Sherine Fahmy 12. David Keast 13. Henry Pateman 14. Keri Selkirk 15. Jeffrey Vincent 	<p>Professional</p> <p>Kathleen (Kali) Hewitt-Blackie, RP</p> <p>Kenneth Lomp, RP (Chair)</p> <p>Michael Machan, RP (Vice-Chair)</p> <p>Public</p> <p>David Keast</p> <p>Keri Selkirk</p>	<p>Professional</p> <p>Judy Mord, RP (Chair)</p> <p>Kafui Sawyer, RP</p> <p>Radhika Sundar, RP</p> <p>Public</p> <p>Steven Boychyn</p> <p>Keri Selkirk</p>	<p>Professional</p> <p>Heidi Ahonen, RP</p> <p>Kathleen (Kali) Hewitt-Blackie, RP</p> <p>Avni Jain, RP</p> <p>Kenneth Lomp, RP</p> <p>Michael Machan, RP</p> <p>Miranda Monastero, RP</p> <p>Judy Mord, RP</p> <p>Kafui Sawyer, RP</p> <p>Radhika Sundar, RP</p> <p>Public</p> <p>Steven Boychyn</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Henry Pateman</p> <p>Keri Selkirk</p> <p>Jeffrey Vincent</p> <p>Non-Council</p> <p>Carol Cowan-Levine, RP</p> <p>David Wright (Chair)</p> <p>Adjudicators</p> <p>Raj Anand</p> <p>Shayne Kert</p> <p>Sherry Liang</p> <p>Sophie Martel</p> <p>Jennifer Scott</p>	<p>Professional</p> <p>Heidi Ahonen, RP (Chair)</p> <p>Kathleen (Kali) Hewitt-Blackie, RP</p> <p>Michael Machan, RP</p> <p>Miranda Monastero, RP</p> <p>Public</p> <p>Steven Boychyn</p> <p>Henry Pateman</p> <p>Keri Selkirk (Vice-Chair)</p> <p>Non-Council</p> <p>Riffat Yusaf, RP</p>
Registration	Fitness to Practise	ICRC	Nominations & Elections	Quality Assurance
<p>Professional</p> <p>Heidi Ahonen, RP</p> <p>Avni Jain, RP</p> <p>Michael Machan, RP (Chair)</p> <p>Radhika Sundar, RP</p> <p>Public</p> <p>David Keast (Vice-Chair)</p> <p>Henry Pateman</p> <p>Non-Council</p> <p>Elda Almario, RP</p> <p>Muriel McMahon, RP</p> <p>Ahilaruban (Ahil) Nageswaran, RP</p> <p>Glenn Walsh, RP Δ</p> <p>TBD Δ</p> <p>TBD Δ</p>	<p>Professional</p> <p>Heidi Ahonen, RP</p> <p>Kathleen (Kali) Hewitt-Blackie, RP</p> <p>Avni Jain, RP</p> <p>Kenneth Lomp, RP</p> <p>Michael Machan, RP</p> <p>Miranda Monastero, RP</p> <p>Judy Mord, RP</p> <p>Kafui Sawyer, RP</p> <p>Radhika Sundar, RP</p> <p>Public</p> <p>Steven Boychyn</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Henry Pateman</p>	<p>Professional</p> <p>Kathleen (Kali) Hewitt-Blackie, RP (Chair)</p> <p>Kenneth Lomp, RP</p> <p>Miranda Monastero, RP</p> <p>Judy Mord, RP</p> <p>Public</p> <p>Steven Boychyn</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Henry Pateman</p> <p>Keri Selkirk</p> <p>Jeffrey Vincent (Vice-Chair)</p> <p>Non-Council</p> <p>Abimbola (Abi) Ajibolade, RP</p>	<p>Professional</p> <p>Avni Jain, RP</p> <p>Michael Machan, RP</p> <p>Judy Mord, RP</p> <p>Kafui Sawyer, RP</p> <p>Radhika Sundar, RP</p> <p>Public</p> <p>Sherine Fahmy (Chair)</p> <p>David Keast</p> <p>Henry Pateman</p> <p>Non-Council</p> <p>Ibukun Ogunsina, RP</p> <p>Carla Ribeiro, RP</p>	<p>Professional</p> <p>Heidi Ahonen, RP</p> <p>Kathleen (Kali) Hewitt-Blackie, RP</p> <p>Avni Jain, RP</p> <p>Kenneth Lomp, RP (Chair)</p> <p>Miranda Monastero, RP</p> <p>Public</p> <p>Sherine Fahmy</p> <p>David Keast</p> <p>Jeffrey Vincent</p> <p>Non-Council</p> <p>Felipe Cepeda, RP</p> <p>Kayleen Edwards, RP (Vice-Chair)</p>

	<p>Keri Selkirk Jeffrey Vincent</p> <p>Non-Council Carol Cowan-Levine, RP David Wright (Chair)</p> <p>Adjudicators Raj Anand Shayne Kert Sherry Liang Sophie Martel Jennifer Scott</p>	<p>David Bruce, RP Janet Cullen, RP Nicolas El-Kada, RP Ibukun Ogunsina, RP Christopher Rudan, RP Kevin VanDerZwet-Stafford, RP Leslie Vesely, RP TBD</p> <p>TBD</p> <p>TBD</p>		
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Professional Practice Working Group	Diversity, Equity and Inclusion Working Group			
<p>Professional Kali Hewitt-Blackie, RP Kenneth Lomp, RP Michael Machan, RP Judy Mord, RP</p> <p>Public David Keast Keri Selkirk (Chair)</p>	<p>Professional Rose Marie Anthony, RP Jessica Cashmore, RP (Qualifying) Laurinda Cheng, RP Darlene Denis-Friske, RP Joyeuse Nereah Felix, RP (Qualifying) Linah Hashimi, RP Hina Islam, RP (Qualifying) Laura McNeilly, RP Erefaa Ogbuaku Jnr, RP Gabrielle Ondrade, RP (Qualifying) Carla Ribeiro, RP TBD TBD TBD TBD</p>			

Δ Indigenous Registration Pathways panel appointment

Briefing Note for Council

Meeting Date:	December 7, 2023
Agenda Item #	3.d.
Issue:	Risk Management
Attachment(s):	DRAFT Integrated Risk Management Policy
References:	CRPO CPMF Reports
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams, K. Roberts, M. Pioro

Public Protection Rationale:

Risk management is required to appropriately set CRPO's strategic direction, maintain operational capacity, and effectively regulate the profession.

Background:

The concept of risk management is integrated throughout the College Performance Measurement Framework (CPMF). In particular, the CPMF expects that each college: "has and regularly reviews a formal approach to identify, assess, and manage internal and external risks."

Staff will describe their project to manage risk using HIROC's Risk Assessment Checklist (RAC).

To implement the CPMF and RAC, staff developed the attached draft Integrated Risk Management Policy. The Executive Committee reviewed the draft policy at their November meeting and recommended moving the policy forward to Council for approval.

Proposed Decision by Consensus:

That Council approve the Integrated Risk Management policy as presented.

Next steps:

If approved, staff will implement the policy by developing a comprehensive risk register and through regular risk reporting.

Type of policy: Regulatory, Operational, Governance	Approved by: Council
Date approved:	Next Review date:
Amendment dates:	

DRAFT Integrated Risk Management Policy

Purpose

To aid CRPO in fulfilling its mission, as well as its operational, strategic, and regulatory objectives by:

- Identifying risks to the organization and the public it serves;
- Assessing these risks and any existing controls;
- Developing, implementing, and monitoring the effectiveness of risk mitigation strategies;
- Periodically assessing the effectiveness of its risk management approach

Relevant Legislation

Health Professions Procedural Code

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

Context

The Ministry of Health, [College Performance Measurement Framework](#) (CPMF), expects that: “The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations” (CPMF 2022, Standard 2.1).

The CPMF also expects that: “The College regularly reports to Council on its performance and risk review...” and that “Council uses performance and risk review findings to identify where improvement activities are needed” (CPMF 2022, Standard 14.1, 14.2).

Scope

This integrated policy applies to CRPO’s governance, strategic, operational, and regulatory work.

Policy

CRPO takes a systematic approach to risk management, by implementing an Integrated Risk Management Program (“IRM Program”) into its strategic planning, operations management, and regulatory programs. The IRM Program ensures that a risk management strategy is implemented, and that organizational and regulatory risks are assessed, treated, and monitored on an ongoing basis.

Council, with the assistance of Executive Committee in between Council meetings, provides leadership and oversight for the IRM Program. The Registrar is the executive lead for the IRM Program, working with management and other staff as appropriate.

Process

CRPO maintains and regularly updates a comprehensive risk register.

The risk register is reviewed at least quarterly by management staff and Executive Committee. Executive Committee provides reports to Council following each Executive Committee meeting.

Council receives a detailed report about the IRM Project at least annually and shall assess the effectiveness of the IRM Program.

Committees have a standing agenda item to address, at least annually, the IRM Project as it applies to their work.

A full risk report will be presented during strategic planning sessions. The IRM Project will also factor into operational planning, the development and monitoring of Key Performance Indicators (KPIs), and into continuous quality improvement efforts by CRPO.

Council, committees, and management staff will consider the IRM Project in the development of regulatory programs, for example:

- Deciding what standards, guidelines, and other resources to develop;
- Weighting the focus areas of the Quality Assurance Program and education program recognition.

Registrar’s Report to Council

December 7, 2023

Respectfully submitted by Deborah Adams

Public Interest Rationale

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

Project Updates

Trauma-informed Review

The trauma-informed review of ICRC processes has been completed and will be presented to Council at this meeting.

Registrant Management System

Work on migration to a new RMS continues, with plans to migrate to the new system at the end of November. A verbal update on this will be provided at the meeting.

Staffing Update

Since last update, one registration assistant resigned, and a contract assistant was hired as a full-time staff member.

We will begin to hold in person team meetings in the new year, with the expectation that each of the College’s staff teams will come together approximately two out of three months.

The full staff team has participated in mentorship training and a number of mentor/mentee pairs have been established. Staff also participated in a DEI discussion with Darcy Belisle and will be taking part in a follow up session bias on November 20.

Regulatory Developments

Office of the Fairness Commissioner

Along with Sarah Fraser and Alexandra Brennan, I met with the Fairness Commissioner and his team to answer questions about the College’s DEI work.

Practice Advisory Data

*From October 1 to November 15, we received 453 inquiries.

		2019- 20	2020- 21	2021- 22	2022- 23	2023- 24
Q1	Apr- Jun	325	669	614	760	796
Q2	Jul- Sep	352	505	505	607	823
Q3	Oct- Dec	432	612	576	720	453*
Q4	Jan- Mar	541	626	765	851	

Common topics include:

- Cross border practice
 - RPs working remotely with clients outside Ontario
 - RPs outside Ontario working remotely with clients in Ontario
- 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
- Competence and consultation
 - Determining RP Qualifying registrants' ability to open a private practice.
 - 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.
- Practicing with clinical supervision
 - Who can supervise who
 - Determining qualifications and liabilities in a supervisory relationship.
- Record-keeping
 - Determining what information needs to be included on receipts.
 - Determining practices for transfer of client records.
- Closing, Selling and Relocating a Practice
 - Determining roles and responsibilities of HIC
 - Determining proper protocols and procedures when resigning from a clinic and opening a private practice.
- Fees
 - Sliding scale fees, promotional fees, and block fee arrangements for clients with financial difficulties
 - Increasing fees
 - Charging HST

Quality Assurance Data

Staff hosted three QA information sessions this Fall. Staff provided an overview of the QA Program; explained each component of the program in detail; and answered registrant questions. Over 500 registrants attended a live session, and over 300 registrants have viewed a recording of the session.

2023 PROFESSIONAL DEVELOPMENT CYCLE

Registrants registered in odd-numbered years (i.e., 2015, 2017, 2019, and 2021) are due to report their professional development (PD) requirements by December 31, 2023.

Approximately 5800 registrants will be monitored.

PEER AND PRACTICE REVIEW / CASE-BASED ASSESSMENT (CBA)

2023 Fall CBA

The 2023 Fall CBA took place between Friday, October 27 and Sunday, November 5, 2023.

Selection numbers

- 1094 registrants were randomly selected to participate in a peer and practice review by completing the Fall 2023 CBA
- 124 registrants were deferred from a previous CBA
- 13 registrants were scheduled to be reassessed after receiving low scores on a previous CBA.

Actual numbers

- 930 registrants completed the 2023 Fall CBA.
- 8 registrants completed a 2nd CBA (reassessment after receiving low scores on a previous CBA)
- 226 registrants were deferred to a future CBA
- 20 were removed for other reasons (inactive, former registrants, expired, suspended, previous PPR)

Non-compliance

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

2024 Spring CBA

Approximately 1350 registrants have been notified that they have been selected to participate in a peer and practice review by completing the Spring 2024 CBA, which is scheduled from April 26 to May 5, 2024.

Registration

Applications:

	August	September	October
Applications started	197	233	257
Total applications submitted	167	212	243
Applications from recognized programs submitted	139	189	226
Applications from non-recognized programs submitted	28	23	17
Labour mobility applications	0	0	0

Total registrants as of November 21, 2023:

RP: 8,451
 Qualifying: 4,490
 Inactive: 189

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	33
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	17
Education	12
Practice Assessment	0
Not Completed: result of resignation/revocation	6
On Hold: other reasons (e.g. on leave or Interim Order suspension)	1
Terms, Conditions and Limitations	41
Undertaking	0
Conditional Approval	1
Learning Plan (Educational Upgrade)	4
ICRC:	
Clinical supervision/monitoring:	17
Personal/Group Therapy/Drug Screening	3
Ethics or education courses	12
Practice Restrictions	4
Reflective Paper	9
Review Standards	0
Practice Assessment	0
Caution	3
Internet Search for evidence of practicing psychotherapy/restrictions on practice while Interim Order is in place	5
On Hold: currently under appeal at HPARB	1
Not Completed: result of resignation/revocation	23
On Hold: other reasons (e.g. on leave or Interim Order)	1
In Breach	0

Undertaking	11
Caution (only)	0
Remedial agreement	7
SCERP	14
Terms, Conditions and Limitations	0
Interim Order	3
Interim Suspension	1
QA:	
Clinical supervision/monitoring	0
Reflective Paper/Report	0
Review Standards	0
Submit revised advertising material	0
Discipline:	
Education	3
Clinical Supervision/Monitoring	2
Costs	6
Suspension	1
Fitness to Practise:	
Monitoring (not practising)	0

SYSTEM PARTNER ENGAGEMENT

System Partner Meetings

- I was invited to present to the BC Association of Clinical Counsellors at their annual conference. I spoke about “preparing for registration” to an audience of about 50 people.
- I continue to meet with the Ontario Association of Mental Health Professionals and the Partnership of Registered Psychotherapist Associations on a quarterly basis.
- Amy Fournier and I presented on committee appointments and our efforts to recruit RPs from the Black community with ICRC members Kafui Sawyer and Ibukun Ogunsina on two webinars.

Inter College Collaboration

- I presented at the CNAR conference with my colleague Jon Tzountzouris, Registrar at the College of Medical Laboratory Technologists of Ontario and Lindsay Steele of the College of Engineers and Geoscientists BC. Our topic was innovative practice in regulation. I focused on the QA Program enhancement and the CBA, which was well received by an audience of about 80 people.
- Along with Jenna Smith and Sarah Fraser, I continue to collaborate with a multi-college working group related to the regulation of ABA practitioners. A shared communication document has been developed and will be shared with applicants and registrants prior to the proclamation of the regulation.
- With the Registrar from the Royal College of Dental Surgeons of Ontario and the Deputy Registrar of the College of Physiotherapists, I presented on regulating professions in 2023 at a session of the Osgoode Certificate in Professional Regulation & Discipline in the Ontario Health Care Sector.

Health Profession Regulators of Ontario (HPRO)

- I continue to attend bi-weekly meetings of the HPRO registrars. The group has decided to focus on government relations and will be seeking support for this work in the coming months.
- With the Registrar’s from the College of Audiologists and Speech Language Pathologists and the College of Massage Therapists I presented to the HPRO group on the Discipline Committee tribunal pilot.

Staff Training & Education

- *Sept 6:* Two members of the registration team and one member of senior leadership attended *Unlearn and Learn, Truth and Reconciliation* by *Canadian Network of Agencies for Regulation (CNAR)*
- *Sept 12:* One member of the operations team attended *Human Resources Administration* by *Sheridan College*
- *Sept 18:* One member of the registration team attended *Regulatory Bodies vs. Professional Association Mandates* by *Canadian Network of Agencies for Regulation (CNAR)*

- Sept 18: One member of the registration team attended *Writing in Plain Language* by UofOttawa
- Oct 16: Seven members of staff attended *CNAR Annual Conference* by *Canadian Network of Agencies for Regulation (CNAR)*
- Oct 18: One member of the operations team attended *HRPA Annual Law Conference* by *Human Resources Professionals Association (HRPA)*
- Oct 25: Two members of the operations team attended *Year End Updates* by *Welch LLP*
- Oct 26: one member of the governance team attended *Five Good Ideas for Aspiring Board Directors* webinar presented by Maytree Foundation
- Nov 3: Six members of the staff attended *Reason Writing Workshop* by *Steinecke Maciura LeBlanc (SML)*
- Nov 8: One member of the professional conduct team attended *Regulation & Discipline in Ontario Health Care Sector* by *UofYork*
- Nov 15: One member of the operations team attended *Year End Legislative Updates* by *National Payroll Institute*
- Nov 20: One member of the registration team attended *Assertiveness Skills* by *UofOttawa*
- Nov 20: One member of the registration team attended *Effective Delegation* by *UofOttawa*
- Nov 26: One member of the governance team attended *Five Good Ideas for Successful Succession Planning* webinar presented by Maytree Foundation
- Nov 27: One member of the registration team attended *Policies & Procedures for Compliance & Consistency* by *UofOttawa*
- Dec 1: One member of the discipline team attended *Tribunal Practice & Procedure for Paralegals* by *Law Society of Ontario*

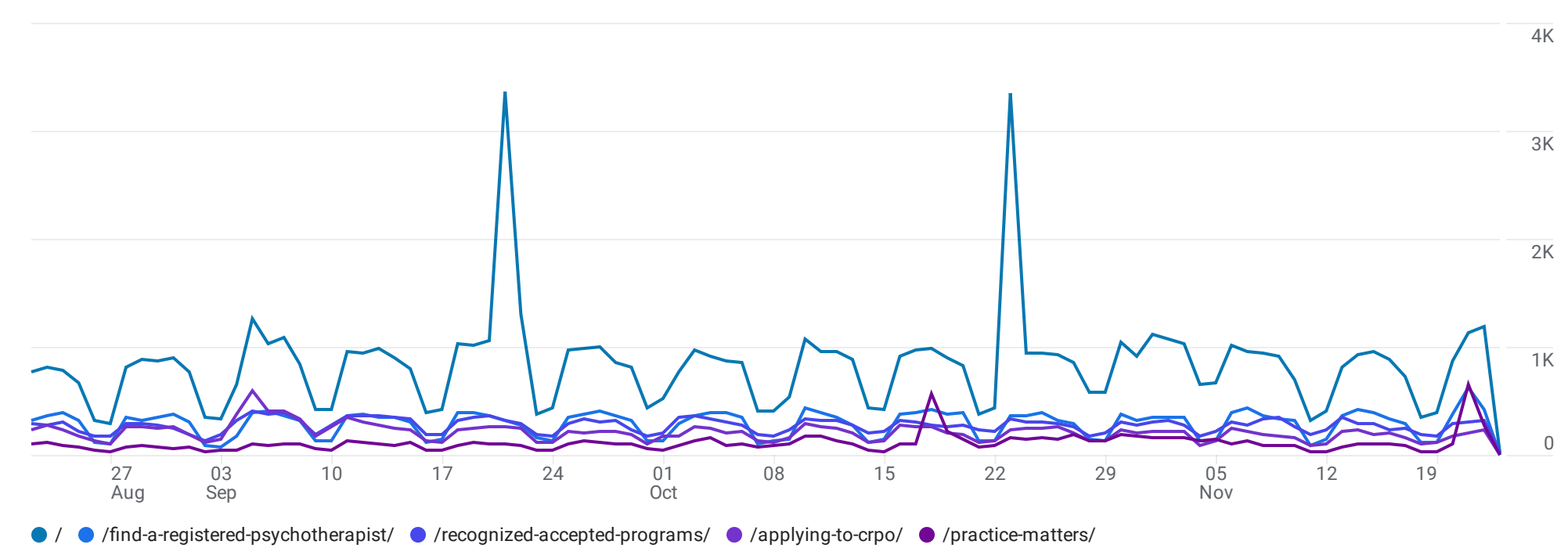
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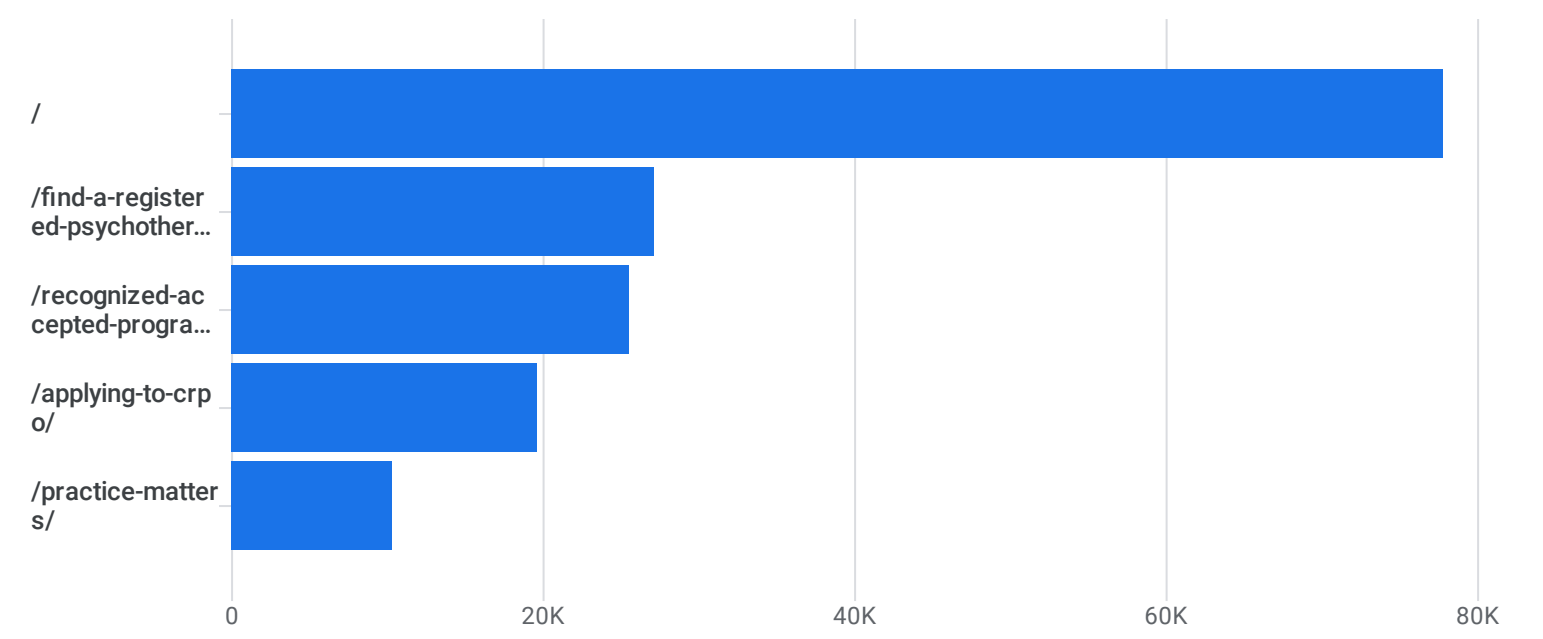
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Views by Page path and screen class over time



Views by Page path and screen class



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	381,331 100% of total	86,442 100% of total	4.41 Avg 0%	3m 09s Avg 0%	1,058,080 100% of total	0.00	\$0.00
1 /	77,788	34,755	2.24	31s	231,249	0.00	\$0.00
2 /find-a-registered-psychotherapist/	27,119	13,950	1.94	23s	82,714	0.00	\$0.00
3 /recognized-accepted-programs/	25,515	15,308	1.67	1m 21s	75,517	0.00	\$0.00
4 /applying-to-crpo/	19,623	10,120	1.94	1m 40s	52,480	0.00	\$0.00
5 /practice-matters/	10,325	5,646	1.83	6m 54s	28,224	0.00	\$0.00
6 /registration-exam/	9,619	3,974	2.42	1m 50s	26,740	0.00	\$0.00
7 /standards-regulations/	9,271	3,975	2.33	1m 42s	22,541	0.00	\$0.00
8 /new-members-registered-psychotherapist-qualifying/	7,912	5,323	1.49	1m 08s	23,084	0.00	\$0.00
9 /supervision/	6,487	4,044	1.60	1m 36s	18,414	0.00	\$0.00
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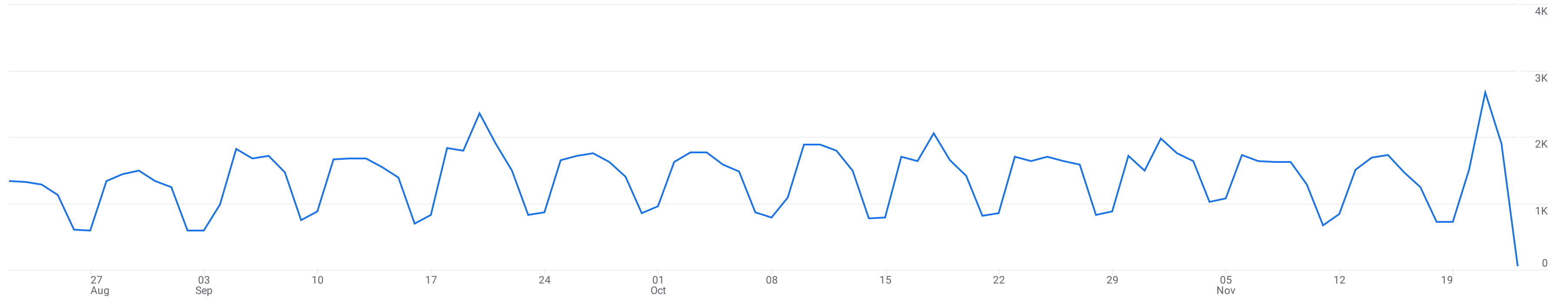
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Audiences: Audience

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Users by Audience over time



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Audience	↓ Users	New users	Sessions	Views per session	Average session duration	Total revenue
	86,442 100% of total	77,257 100% of total	190,407 100% of total	2.00 Avg 0%	4m 35s Avg 0%	\$0.00
1 All Users	86,442	77,257	190,407	2.00	4m 35s	\$0.00



College of Registered Psychotherapists of Ontario

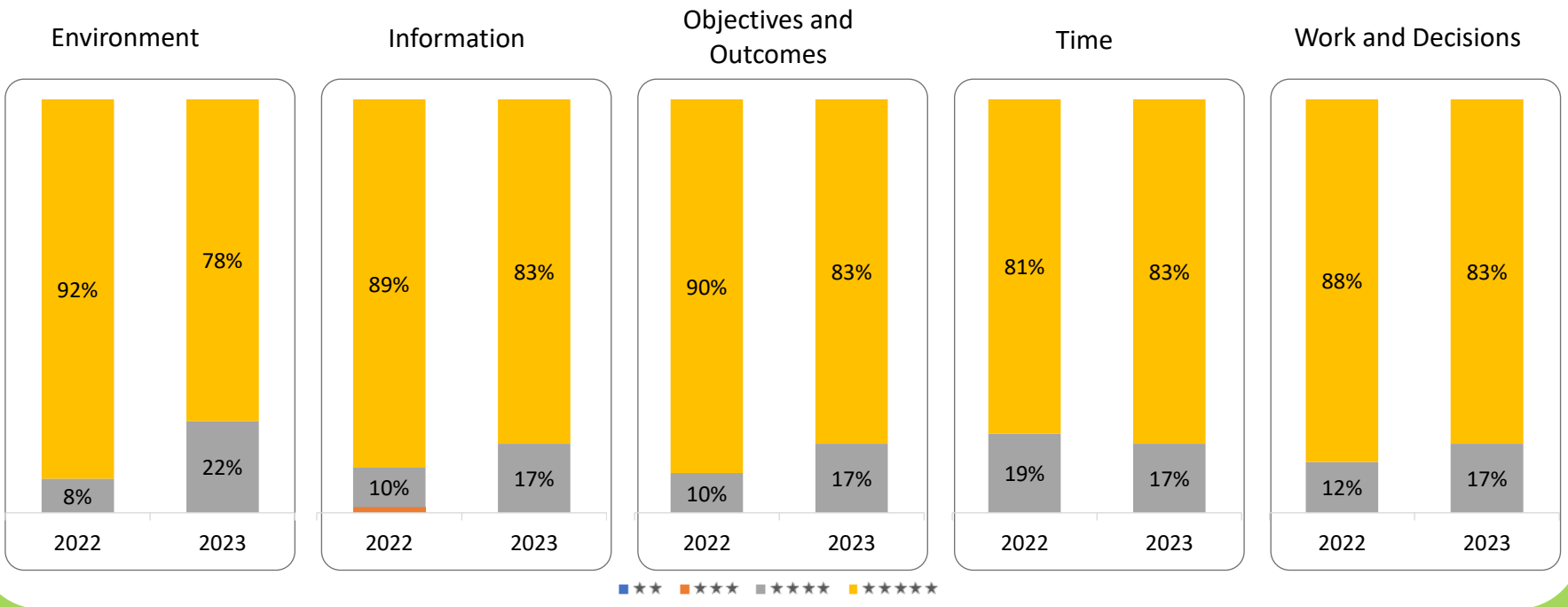
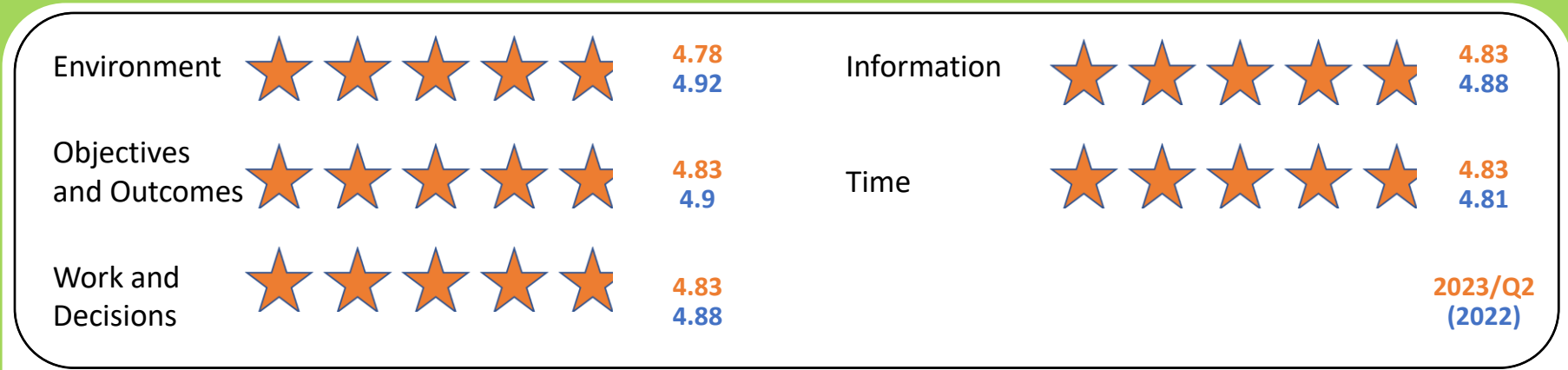
Quarterly Meeting Evaluation Report Council



2023/Q2 - October 14th, 2023



Council - Quantitative



Continue doing

In person. Really like seeing and discussing with everyone in person.

in person meetings

Being well prepared for the meeting.
Active and engaged discussions.

The packages are so detailed and well prepared that it provides the details and information needed to attend meetings. Due to the details of the packages often times the questions are within the document. Staff is commended for such detailed and well prepared documents.

Start doing

if the full name of items can be stated rather than the acronyms as either new members or public may not be aware of the meaning of the acronym - a thought

Additional feedback

This is the first (and may I say last) council meeting that I did virtually. Not a pleasant option as you are often just sitting there watching and have very little input or opportunity for input. That is no fault of the Council or the Chair of the mtg, it is the nature of the beast when it comes to virtual meetings. I will absolutely be at the next one in person. The connection and ability to chat is simply not conducive to Council work and to a level of involvement that is required as a Council member.

great meeting. excited to start the mentorship program with my group.

Nice to meet the group after summer break.

great materials provided

Virtual attendance is not the same. No connectivity, no networking. Feel like you are a bystander. Will only use virtual attendance as a last resort!!!!

Meetings are always on time, opportunities for discussion and questions is always available and thanks to staff for thorough packages.

great materials provided.

COUNCIL MINUTES

Thursday, September 14, 2023

10:45 a.m. to 3:30 p.m.

Hybrid meeting – 375 University Avenue and Zoom video conference

Council Members:

Heidi Ahonen, RP, Professional Member
 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
 Judy Mord, RP, Professional Member
 Henry Pateman, Public Member

Kafui Sawyer, RP, Professional Member (via
 Zoom)
 Keri Selkirk, Public Member (via Zoom)
 Radhika Sundar, RP, Professional Member
 (via Zoom)
 Jeffrey Vincent, Public Member

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 Piro, 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

Guests:

Umar Saeed, Welch LLP
 Samantha Slater, Welch LLP

1. WELCOME & INTRODUCTIONS

1.a. Welcome and Opening Remarks

K. Lomp, President and Chair, provided a land acknowledgments and reflection.

The meeting was called to order at 10:47 a.m.

1.b. Approval of Agenda

Item 2.g. Council and Committee Remuneration Policy Considerations was deferred.

MOTION C-14SEP2023 – 01

That the agenda of the September 14, 2023, meeting of Council be approved as amended.

Moved: K. Hewitt-Blackie

Seconded: S. Boychyn

CARRIED

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

None declared.

2. DISCUSSION & DECISIONS (or DIRECTION)

2.a. **Council Competency Matrix Revisions**

K. Lomp introduced the item and highlighted the changes to the matrix, including the addition of mentorship competencies and clearer language regarding critical friendship.

The revised matrix was approved via consensus.

2.b. **By-Law Updates**

Mark Piro, Deputy Registrar and General Counsel introduced the proposed by-law changes related to conflict of interest and the addition of vice-chair procedures. It was noted that due to the operational nature of the by-law changes that were presented, a public consultation is not required.

MOTION C-14SEP2023 – 02

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.

Moved: S. Boychyn
Seconded: M. Machan
CARRIED

3.c. Vice-chair Role Description

K. Lomp introduced the draft vice-chair role description, noting that the intention of the document is to highlight the collaborative relationship between the Chair and Vice-Chair. No changes were proposed, and the Vice-Chair role description was approved by consensus.

2.d. Diversity, Equity, and Inclusion Working Group (DEIWG) Updates

2.d.i. Land Acknowledgments

D. Adams introduced the resources included in the meeting materials to assist Council and committee members in developing land acknowledgments, noting that committees and panels will establish their own processes in how they deliver land acknowledgments.

2.d.i.i. Self-identification data collection

D. Adams introduced the self-identification data set and provided information on DEIWG's work on the project. It was noted that guidelines and policies will be developed to govern appropriate use of the data. The DEIWG will provide input on how to begin

collecting data and how the data set can be used in conjunction with the Equity Impact Assessment tool developed by Health Profession Regulators of Ontario (HPRO).

Council reached consensus to move forward with the self-identification data set as presented.

2.d.i.i.i. HPRO Equity Impact Assessment tool

D. Adams presented the final version of the HPRO equity impact assessment tool and summarized how the tool was developed. The domains noted in the EIA tool align with those in the College Performance Measurement Framework (CPMF) to ensure coherence. The objective of the tool is to help the College integrate DEI into all areas of its work.

2.e. Policy Review: Removal of Information from the Public Register

Pamela Bialik, Policy Analyst, presented the draft policy and provided context on its development, noting that the policy is meant to guide the College in processing requests from registrants to remove information from the public register. The Inquiries, Complaints and Reports and Executive Committees both reviewed the policy and recommended that it be approved by Council.

Council reached consensus to approve the *Removal of Information from the Public Register* policy as presented.

2.f. Policy Review: Question Period

K. Lomp introduced the policy regarding addressing questions from system partners in a public Council meeting. The policy was developed in 2017 and has not been reviewed since it was implemented. As such, no changes were presented to Council.

Council recommended that wording be added to the policy to provide more specific information around timelines for submitting questions. The policy will be revised and presented to the Executive Committee at their next meeting for approval.

2.g. Council and Committee Remuneration Policy Considerations

This item was deferred to a future meeting.

2.h. Non-Council Member Appointment and Recruitment

2.h.i. Non-Council member appointment to ICRC

K. Lomp introduced the item. The Executive Committee recommended that K. VanDerZwet-Stafford, RP, be appointed to the ICRC as a non-Council committee member for a term of approximately one year. Council was asked to ratify the appointment by motion.

MOTION C-14SEP2023 – 03

That Council appoint Kevin VanDerZwet-Stafford, RP, to the Inquiries, Complaints and Reports Committee for a term of approximately one year.

Moved: K. Hewitt-Blackie

Seconded: M. Monastero

CARRIED

2.h.i.i. Non-Council member reappointment and recruitment

K. Lomp introduced the item. Council was provided with an updated list of current non-Council member interested in reappointment to the committees/working groups. With some non-Council members choosing not to be reappointed, recruitment to fill those vacancies is required. There is also an identified need to recruit Black Registered Psychotherapists (RPs) to serve as non-Council members on the ICRC.

Council reached consensus to proceed with non-Council recruitment efforts to fill vacancies on the DEIWG and Indigenous Pathways Registration Panel. They also supported recruiting Black RPs to serve on ICRC panels. A full committee member slate will be presented to Council in December for approval.

2.i. EDUCATION: Clinical Practice

H. Ahonen, Professional Member, provided an informative presentation on music therapy practice.

3. INFORMATION, EDUCATION AND UPDATES

3.a. EDUCATION: Reading Financial Statements and Key Audit Concepts

Umar Saeed and Samantha Slater of Welch LLP provided an education session on reading financial statements and the annual audit process. S. Slater walked Council through the College's audited financial statements. Council was invited to pose questions.

3.b. Annual Report 2022

K. Lomp presented the CRPO's annual report for information.

3.c. Key Performance Indicator (KPI) Update

D. Adams presented the Q1 KPI report, noting increases in all areas of registration. Council was pleased with the report.

3.d. Health Insurance Reciprocal of Canada (HIROC) Risk Assessment Management System

Kelly Roberts, Manager, Operations and Human Resources, provided information on the College's completion of the HIROC risk assessment tool. The tool provides a formal approach to regularly identify, assess and manage internal and external risks. Regular updates will be provided to Council regarding completion of the checklist and the online risk register.

3.e. Registrar's Report

D. Adams presented her written report and invited Council to ask questions.

3.f. Governance Education Minute

Mark Piore provided an educational presentation on the Regulated Health Professions Act and Psychotherapy Act.

4. CONSENT AGENDA

4.a. Consent Agenda

- DRAFT minutes 22JUN2023
- Committee Reports

MOTION C-14SEP2023 – 04

That Council approve the consent agenda as presented.

Moved: J. Vincent

Seconded: H. Ahonen

CARRIED

5. ADJOURNMENT

MOTION C-14SEP2023 – 05

That the meeting be adjourned at 2:52 p.m.



























Moved: J. Vincent



Seconded: M. Machan

CARRIED

File Name	Conflict of Interest Disclosure Form
File Size	264 KB
Uploaded Date	2023-08-29 16:15

Signatures

Name	Vote	Signature	Notes
 Ahonen,Heidi		NA	No COL
 Boychyn,Steven	Pending	NA	
 Fahmy,Sherine		NA	
 Hewitt-Blackie,Kali		NA	I have no conflict of interest with the items in this meeting.
 Jain,Avni		NA	
 Keast,David		NA	No COI as read
 Lomp,Kenneth Gunnar	Pending	NA	
 Machan,Michael		NA	
 Monastero,Miranda		NA	
 Mord,Judy		NA	No conflict
 Pateman,Henry	Pending	NA	
 Sawyer,Kafui		NA	
 Selkirk,Keri		NA	
 Sundar,Radhika	Pending	NA	
 Vincent,Jeffrey		NA	

Responses = [11 out of 15] 11  0  0  0 

Discipline Committee and Fitness to Practise Committee Report to Council

December 7, 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 September 14, 2023, there were three (3) new referrals to Discipline.

Hearings held:

Since the last Council meeting of September 14, 2023, one (1) hearing occurred.

1. GRECO: uncontested hearing held September 19, 2023

Scheduled hearings:

At the time of preparing this report, no new matters have been scheduled.

Hearings Not Yet Scheduled

1. BECKER: CMC January 18, 2024
2. SAXTON
3. MCLEAN
4. RIDDELL: CMC November 20, 2023
5. HARAMIC: adjourned pending another legal proceeding.

Case Management Conferences, Hearing Management Conferences & Motions:

One (1) case management conference or hearing management conference occurred since the last Council meeting on September 14, 2023.

No motions occurred.

Discipline Decisions with Reasons

Decisions with Reasons Issued:

Two (2) Decisions with reasons have been issued since the last Council meeting on September 14, 2023:

CRPO v HYNES (Reasons on Finding)
CRPO v GRECO

Decisions and Reasons Pending:

No decision with reasons is under reserve as of the date of this report:

Training

One (1) committee training occurred since the last Council meeting of September 14, 2023.

Fitness to Practise Committee:

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

The Committees Recommend:

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

Respectfully submitted,

David Wright
Chair, Discipline Committee and Fitness to Practise Committee

Executive Committee Report to Council

December 7, 2023

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

Committee meetings:

- October 5, 2023
- November 16, 2023

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

Governance:

- **Mentoring: Pulse Evaluation**

The Executive Committee reviewed the meeting pulse survey related to the CRPO Council mentorship program. Council will be updated regarding timelines for the pulse evaluations.

- **By-law Changes: Emergency Class provisions**

The Executive Committee reviewed proposed by-law changes related to the Emergency Class provisions of the Registration Regulation. The changes were approved for public consultation. See agenda item 2.a.

- **Q2 Meeting Pulse Evaluations**

The Executive Committee reviewed the Council and committee meeting pulse evaluation reports and discussed the feedback that was received. See agenda item 3.f.

- **Key Performance Indicator Update**

The Executive Committee received an update regarding the established KPIs stemming from the College Performance Measurement Framework (CPMF). See agenda item 3.a.

- **Annual Terms of Reference and Work Plan Review**

The Executive Committee reviewed the terms of reference (including the Governance

Reform Initiative terms of reference) and work plans to affirm their relevance. No changes were suggested.

Trauma-Informed Review Report

The Executive Committee was provided with the Barbra Schlifer Commemorative Clinic (BSCC) report in preparation for its presentation at Council. See agenda item 2.f.

Council Member self-audit

The Executive Committee was presented with the process for the Council member self-audit. See agenda item 2.e.

Diversity, Equity and Inclusion:

- **Equitable Compensation**

The Executive Committee began discussions regarding differential compensation for professional council and non-Council members from diverse backgrounds. See agenda item 2.c.

- **Equity Impact Assessment Tool**

The Executive Committee received an update regarding the next steps regarding the use of the EIA tool developed by the Health Profession Regulators of Ontario (HPRO).

Policy Discussion:

- **Social Media Policy**

The Executive Committee reviewed the draft Social Media policy for Council and Committee Members and provided feedback. See agenda item 2.d.

Integrated Risk Management policy

The Executive Committee reviewed the draft policy. The Committee approved the policy as presented with no suggested changes. See agenda item 3.d.

Question Period Policy

Based on the feedback received at the September Council meeting, the Executive Committee approved [the revised version of the policy](#).

Committee Appointments:

- **Approval of Council and Committee Composition 2024**

The Executive Committee reviewed the current Council and Committee composition, including non-Council members. No changes were proposed. See agenda item 3.c.

Non-Council Member Appointments to Nominations & Elections Committee

The Executive Committee approved the appointment of Ibukun Ogunsina, RP, and Carla Ribeiro, RP, to the Nominations and Elections Committee at the October meeting. I. Ogunsina and C. Ribeiro's expertise will be invaluable to the committee throughout the recruitment process and beyond.

Finance & HR:

- **Q2 Financials Update**

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

- **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.b.

- **Health Insurance Reciprocal of Canada (HIROC) Risk Assessment**

The Executive Committee was provided with an update regarding use of HIROC's risk assessment checklist. 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

December 7, 2023

Committee Members

- Abimbola (Abi) Ajibolade, RP (Non-Council Committee Member)
- Steven Boychyn
- David Bruce, RP (Non-Council Committee Member)
- Janet Cullen, RP (Non-Council Committee Member)
- Nicolas El-Kada, RP (Non-Council Committee Member)
- Sherine Fahmy
- Kathleen (Kali) Hewitt-Blackie, RP (Chair)
- David Keast
- Kenneth G. E. Lomp, RP
- Miranda Goode Monastero, RP
- Judy Mord, RP
- Ibukun Ogunsina, RP (Non-Council Committee Member)
- Henry Pateman
- Christopher Rudan, RP (Non-Council Committee Member)
- Kafui Sawyer, RP
- Keri Selkirk
- Kevin VanDerZwet Stafford, RP (Non-Council Committee Member)
- Leslie Vesely, RP (Non-Council Committee Member)
- Jeffrey Vincent, Vice-Chair

Plenary meetings:

- October 4, 2023

Panel meetings:

- September 28, 2023
- October 12, 2023
- October 20, 2023
- October 27, 2023
- November 1, 2023
- November 27, 2023

On October 4, 2023, the Committee attended a plenary meeting. The Committee discussed the benefits of possible changes to the formal complaints process, including removing the request for complainant reply step of the process. The Committee agreed to pilot this change over the next year. The Committee also discussed diversity, equity and inclusion initiatives to support decision-making.

The Barbra Schlifer Commemorative Clinic (BSCC) attended the plenary meeting to present the results of the trauma-informed review. This review was conducted to ensure CRPO's complaints and reports processes are responsive to those who report having experienced trauma, by being trauma-informed and procedurally fair. ICRC discussed the recommendations resulting from this review and will meet in the new year to develop a plan for implementation.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'KH', with a long horizontal flourish extending to the right.

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

Examination Committee Report to Council

December 7, 2023

Committee Members

- Heidi Ahonen, RP (Chair)
- Steven Boychyn
- Kali Hewitt-Blackie, RP
- Michael Machan, RP
- Miranda Monastero, RP
- Henry Pateman
- Keri Selkirk (Vice-Chair)
- Riffat Yusaf, RP (Non-Council Committee Appointment)

Committee meetings:

- n/a

Panel meetings:

- September 15, 2023
- October 5, 2023
- October 26, 2023

Panel Meetings

A half-day panel meeting took place on October 5 and two full-day panel meetings took place on September 15 and October 26, via videoconference. Below are the outcomes of those meetings:

Total files reviewed	76
Exam extension approved for first attempt	59
Exam extension approved for first and third attempt	1
Exam extension denied for first attempt	7
Exam extension approved for third attempt	1
Exam extension approved upon submission of satisfactory documentation	1
Eligible for third exam attempt for second failure candidates	4
Educational upgrading steps directed for second failure candidates	2
Recommendation to complete optional learning plan	1

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

Quality Assurance Committee Report to Council
December 7, 2023

Committee Members

- Heidi Ahonen, RP
- Felipe Cepeda, RP (Non-council Committee Member)
- Kayleen Edwards, RP (Non-Council Committee Member) (Vice-Chair)
- Sherine Fahmy
- Kali Hewitt-Blackie, RP
- Avni Jain, RP
- David Keast
- Kenneth Lomp, RP (Chair)
- Miranda Monastero, RP
- Jeffrey Vincent

Committee meetings:

- **October 25, 2023**

Panel meetings:

- **N/A**

Since the last Council meeting, the Quality Assurance Committee met on October 25, 2023 for a plenary meeting. At the October 25 plenary meeting, Committee members provided feedback on the revised Draft Professional Practice Standards and recommended that the revised Standards be presented to Council for final approval. The Committee confirmed the proposed QA workplan for fiscal year 2024/2025 and reviewed the HPRO Equity Impact Assessment Tool, both of which will inform staff and Committee work for the coming year.

The Committee also reviewed six situational judgement cases for use in the 2024 case-based assessment. The cases are based on concerns and inquiries raised through the Practice Advisory and Conduct departments and specifically address equity issues related to the Professional Practice Standards. These cases were initially presented to the DEI Working Group for their feedback and input.

Staff reports that three case development workshops were completed this Fall, and the six additional cases mentioned above were incorporated into the development process and added to the CBA case library. The final cases will be incorporated in the 2024 CBA.

The next QA Plenary meeting has been scheduled for December 12, 2023.

The Committee Recommends:

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

Respectfully submitted,

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

Registration Committee Report to Council

December 7, 2023

Committee Members

- Heidi Ahonen, RP
- Elda Almario, RP (Non-Council Committee Member)
- Jamie Consoli, RP (Non-Council Committee Member; IRTG Appointment – until December 6, 2023)
- 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 – until December 6, 2023)
- Radhika Sundar, RP
- Glenn Walsh, RP (Non-Council Committee Member; IRTG Appointment)

Committee meetings:

- November 3, 2023

Panel meetings:

- September 8, 2023
- October 13, 2023
- November 10, 2023

At the November 3, 2023 plenary meeting, the Registration Committee considered the following matters:

RC Terms of Reference and Work Plan

The Committee approved the revised [Terms of Reference](#) and workplan for 2024-25.

Policy Review

The Committee reviewed and approved the revised [Program Recognition policy](#) as part of the three-year policy review cycle.

2024 Program Recognition Renewal

The Committee finalized the 2024 application form for programs applying to renew recognition by CRPO.

Clinical Experience Recognition

The Committee granted clinical experience recognition to the Adler Graduate Professional School Inc. Master of Psychology program.

Program Recognition Renewals

The Committee approved the renewal of the following programs' recognition by CRPO for a period of five years:

- Centre for Training in Psychotherapy – Diploma of the Centre for Training in Psychotherapy (academic recognition)
- Saint Paul University – Master of Arts in Counselling and Spirituality (academic and clinical experience recognition)
- Martin Luther University College – Master of Arts in Theology – Spiritual Care and Psychotherapy (academic and clinical experience recognition)

Equity Impact Assessment Tool

The Committee reviewed and discussed the assessment tool. The assessment will be completed and reviewed at a subsequent meeting to inform registration-related work.

Key Performance Indicators

The Committee was updated on key performance indicators for Q2 2023-24 (July-September 2023).

Indigenous Registration Pathway

The Committee was updated on recruitment of Indigenous RPs to serve on Indigenous Registration Pathway panels and further develop the Pathway.

Panel Meetings

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

Total applications reviewed	26
Approved	2
Terms, Conditions & Limitations (TCL)	8
Conditional approval	2
Requests for more information	2
Refused	12

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 September 14, 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

WORKSHEET: Conflict of Interest

What is a conflict of interest?

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

Self-screening Questions

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



Financial interest

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

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

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



Personal or professional relationship

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

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

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



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

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

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



Emotional bias

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

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

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



Interests of Related Persons

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

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

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

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



Threshold analysis

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

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

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

Process for Considering & Declaring Conflicts of Interest

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



Staff pre-screening

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



Council, committee or panel member self-screening

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



Council, committee or panel discussion of possible conflicts of interest

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

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

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

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)

