

## **Outline of Changes to the Professional Practice Standards**

**From version approved January 15, 2014 (revised November 21, 2019)**

**To version approved December 7, 2023 (effective January 1, 2024)**

To review the full Professional Practice Standards, visit [www.crpo.ca/standards](http://www.crpo.ca/standards)

### **Standard 1.1: Responsibility toward the College**

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

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

- 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**

- 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**

- 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**

- 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**

- 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**

- 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**

- 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**

- 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**

- 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**

- 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

### **Standard 3.2: Consent**

- 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 the *Health Care Consent Act* included in the Commentary

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

- 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**

- Added reference 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**

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

### **Standard 3.6: Complaints Process**

- 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 about 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**

- 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**

- 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**

- 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 joint records, and adding information based on PHIPA Decision 158 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

#### **Standard 5.2: Requests for Reports**

- 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**

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

#### **Standard 5.4: Appointment Records**

- 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**

- 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**

- Organized record-keeping safeguards into list by category

### **Standard 6.1: Fees**

- Added protections for clients, including those on block fee payments
- Included reminder regarding sales tax, expectations regarding refunds, promotional rates, and receipts
- Commentary now includes expanded section on equity and forms of payment, , including a wider discussion of considerations when bartering

### **Standard 6.2: Advertising**

- Simplified title
- 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**

- 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**

- 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