

COUNCIL AGENDA

Date: Wednesday, March 20, 2024
Time: 9:30 a.m. to 3:30 p.m.
Location: 375 University Ave, Suite 800
Chair: Kenneth Lomp, President

	Time	Item	Materials	Pg#	Action	Presenter
1. WELCOME & INTRODUCTIONS						
1.a.	9:30	Land Acknowledgement			verbal	R. Sundar
1.b.	9:35	Welcome and Opening Remarks			Information	K. Lomp
1.c.	9:38	Approval of Agenda <i>Council is asked to indicate – before the meeting - if they wish for any consent agenda items to be moved to regular discussion items.</i>	1. Draft Agenda		Decision by motion	K. Lomp
1.d.	9:40	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		Information	K. Lomp
2. DISCUSSION & DECISION (or DIRECTION)						
2.a.	9:45	Equitable Remuneration <i>Council will be provided with a proposal and rationale for an increase to professional per diems for RPs from equity-deserving communities.</i>	1. Briefing note		Decision by motion	D. Adams
2.b.	10:10	2024-25 Expense and Revenue Budget	1. Briefing Note		Decision by motion	K. Lomp, D. Adams, J. Falkenburger

		<i>Council will be provided with a proposed budget and asked to approve it for the April 1, 2024 to March 31, 2025 fiscal year.</i>				
2.c.	10:30	Annual Work Plans <i>Council will be asked to approve the annual Council and committee work plans.</i>	1. 2024/25 Committee work plans		Information, discussion, decision by consensus	K. Lomp
BREAK 10:45-11:00						
2.d.	11:00	Council Effectiveness Evaluation Report <i>Council will receive a presentation on the 2023 Annual Council Effectiveness Survey results from Christy Pettit of Pollinate.</i>	1. 2023 Council Survey Evaluation report		Education, information, discussion	D. Adams C. Pettit - Pollinate
LUNCH 12:00-1:00						
2.e.	1:00	Discipline Tribunal Pilot Update and Renewal <i>Council will be provided with an update on the pilot project, asked to re-appoint the experienced adjudicators and to appoint a Vice-Chair.</i>	1. Briefing Note		Information, discussion and decision by motion.	K. Lomp, M. Pioro
3. INFORMATION, EDUCATION & UPDATES						
3.a.	1:15	Automatic Fee Increase <i>Council is being informed of increases to registration fees as per by-law 19.05.</i>	1. Briefing Note		Information	J. Falkenburger, M. Pioro
3.b.	1:30	Key Performance Indicator (KPI) Report update	1. KPI Q3 report		Information, discussion	K. Lomp, D. Adams

		<i>Council is being provided with a quarterly update regarding the key performance indicator results for the 3rd quarter of 2023-2024 fiscal year.</i>				
3.c.	1:40	HIROC Risk Assessment Checklist Report update <i>Council is being provided with an update on CRPO's completion of the Health Insurance Reciprocal of Canada (HIROC)'s Risk Assessment Checklist.</i>	1. Briefing Note		Information	D. Adams
3.d.	1:50	College Performance Measurement Framework (CPMF) Report <i>Council will be provided with a copy of the 2023 CPMF report for review and discussion.</i>	1. DRAFT 2023 CPMF report		Information	D. Adams
3.e.	2:05	Diversity, Equity and Inclusion (DEI) update <i>Council will be provided with a verbal update on issues being considered by the DEI Working Group.</i>		-	Information	D. Adams
BREAK 2:20 – 2:35						
3.f.	2:35	2024-2025 Town Hall Update <i>Council will be provided with a verbal update on plans to hold Town Halls in 2024.</i>	1. Briefing Note		information	K. Lomp, D. Adams
3.g.	2:45	By-law Updates	1. Briefing Note		Information	M. Pioro D. Adams

		<i>Council will be provided with an opportunity to discuss and provide initial guidance on a planned comprehensive by-law update.</i>				
3.h.	2:55	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		Information, discussion	D. Adams
3.i.	3:05	Mentoring Program <i>Council will be given an opportunity to have a general discussion to share strategies that have assisted their groups in establishing their mentoring groups.</i>		-	Education, information	K. Lomp

4. CONSENT AGENDA						
4.a	3:25	Consent Agenda <i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Council members seeking clarification or asking questions regarding consent agenda items are encouraged to direct them to the President prior to the meeting to allow for additional information to be included in the materials as required. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The consent agenda will be approved under one motion.</i>	Draft Minutes: 1. DRAFT 07DEC2023 minutes Committee Reports: 1. Discipline & FTP 2. Examination 3. Executive 4. Inquiries, Complaints and Reports Nominations & Elections 5. Quality Assurance 6. Registration		Motion	K. Lomp
5.	3:30	ADJOURNMENT			MOTION	K. Lomp
		2024 Council Meetings				

		<ul style="list-style-type: none">• March 21, 2024 (education)• June 13, 2024 (meeting + education)• September 25, 2024 (education)• September 26, 2023 (meeting)• December 12, 2024 (meeting)				
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Conflict of Interest Disclosure Form

Meeting Date: March 20, 2024
Council / Committee: Council
Meeting type: Plenary

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

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

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

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

WORKSHEET: Conflict of Interest

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.

APPENDIX B

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.
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Council, committee or panel member self-screening

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

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

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

Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #	2.a.
Issue:	Equitable Remuneration Proposal and Rationale
Attachment(s):	-
References:	*included on page 4 of the briefing note
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams, A. Fournier
Submitted by:	Diversity, Equity and Inclusion Working Group

Public Protection Rationale:

Remuneration of Council and committee members must create a balance amongst a range of requirements. Colleges must:

- 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

The manner of compensation must also be transparent, justifiable, and proportional to these requirements.

Background:

At its January meeting, the DEI WG undertook a review requested of them by Council, to consider what increase that they would recommend to the standard professional member per diem. The rationale for the increase would be intended to reduce barriers to participation for RPs who are from and who serve equity deserving communities, who often:

- provide services to a substantial number of clients who access care through a lower rate, sliding scale
- support fewer clients who have third-party insurance, resulting in limitations to the frequency of appointments and duration of therapy

- undertake pro bono work on advocacy and related causes for individual clients and for their communities

The WG reviewed resources that supported an increase in the per diem and financial modeling. Consensus was reached on a proposed 25% increase for meeting attendance and the standard per diem for preparation time.

The proposed rates are as follows:

Role	Meeting preparation time per diem rates	Meeting attendance per diem rate
chair	\$390.00	\$487.50
vice-chair or co-chair	\$342.00	\$427.50
member at large	\$294.00	\$367.50

This amount was taken to the Executive Committee at its March 7th meeting to review and consider, along with the rationale below. The Committee agreed with the proposed rate and rationale and is recommending that Council adopt the proposed change and direct staff to develop operational policies and procedures to allow Council and committee members to claim the equity rate in a way that protects their privacy but allows the College to budget and to account for spending appropriately

Proposed Rationale Statement:

The College of Registered Psychotherapists is committed to ensuring that Council and committees include representation of the diversity of lived-experience of registrants and the public they serve.

The College is aware that there is a current and historical wage gap in Canada that affects both racialized Canadians and immigrants. Indigenous people face severe wage gaps and barriers to securing employment. Members of the LGBTQ2S+ community also face inequities in the labour market and are more likely to live in poverty. People living with disabilities face accessibility barriers and a significant wage gap in comparison to people without disabilities.

The principles of diversity, equity, inclusion and belonging inform committee appointments and decisions that are made in the public’s interest. Taking steps to remove barriers to participation on Council and within committees is necessary to support RPs who are from and who serve equity deserving communities contributes to CRPO’s ability to fulfill this commitment.

Key Considerations:

Key considerations were discussed and evaluated by the DEI WG in arriving at their recommendation. These considerations included the following:

- Per diems paid to professionals who participate in College work, by design, are not intended to be income replacement. Rather, they are in place to recognize the contributions made by professional members to carry out the fiduciary duty of the self-regulation of psychotherapy.
- The proposed approach – to pay an increased amount for meeting attendance and the standard amount for time spent in preparation – acknowledges that professionals are asked to attend meetings during regular business hours. Preparation can take place at the member’s convenience and so does not necessarily equate to lost income from clinical or other paid work.
- 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 Black, Indigenous, racialized and other equity-deserving communities – and could deter these registrants from seeking election or appointment.
- CRPO is required to be a responsible steward of its resources. The College relies on registrant fees to run operations, including paying Council and committee per diems. Thus, the College will need to be transparent about any changes that are made in relation to these payments.

In reviewing the considerations and the resulting recommendation, the Executive Committee noted that - absent being able to locate any precedent of a specific, higher remuneration rate in other regulatory or similar bodies - the proposed increase needs to represent a reasonable amount. The Committee discussed whether a 25% increase strikes a balance between being significant enough to reduce barriers to participation in Council and committee work without creating the impression that the per diem is being suggested to replace income. The Committee determined that, as a first attempt to reduce barriers for RPs from equity-deserving communities, this amount was reasonable and could be reviewed in the future.

Proposed Motion:

That Council approve the increase to per diem amounts available to professional members from equity-deserving communities, effective April 1, 2024, as follows:

Role	Meeting preparation time per diem rates	Meeting attendance per diem rate
chair	\$390.00	\$487.50
vice-chair or co-chair	\$342.00	\$427.50
member at large	\$294.00	\$367.50

Next Steps:

Council is also asked to direct staff to develop operational policies and procedures to allow Council and committee members to claim the equity rate in a way that protects their privacy but allows the College to budget and to account for spending appropriately.

Resources:

- University of Western Ontario - [On Unequal Terms: The Indigenous Wage Gap In Canada](#)
- Statistics Canada – [Intersectional Perspective on the Gender Wage Gap](#)
- Social Research and Development Corporation - [Summary of evidence about economic, health, and social inequities faced by LGBTQ2S-Plus individuals in Canada](#)
- Statistics Canada – [What is the pay gap between persons with and without disabilities?](#)
- University of Toronto - [Canadians with disabilities face an uncertain financial future](#)
- 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](#)

Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #:	2.b.
Issue:	2024-2025 Expense & Revenue Budget
Attachment(s):	**will be provided at the in-person meeting DRAFT Expense Budget DRAFT Revenue Estimates
References:	Reserve Fund Policy
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	J. Falkenburger / D. Adams
Submitted by:	Staff, Executive Committee

Public Protection Rationale:

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

A College's strategic plan and budget must complement and support each other. To that end, budget allocation should depend on the activities or programs the College undertakes or identifies to achieve its goals. To do this, the College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

Background:

At its February 1, 2024 meeting, the Executive Committee was provided with a detailed review of the proposed budget in preparation from them to discuss and direct staff to bring it forward to Council with their recommendation.

An overview of changes or significant increases will be provided to Council and a full discussion of all items will take place during the meeting.

It should be noted that the budget being presented is balanced and that and is aligned with the requirements of the [Executive Limitations: Reserve Fund](#) policy.

Proposed Motion:

That the Council approve the fiscal 2024-2025 expense and revenue budget as presented.

DOMAIN	PRIORITY	GOAL	OBJECTIVES
Trusted authority	build CRPO's presence as a trusted authority for issues related to safe, ethical and competent psychotherapy care	<ul style="list-style-type: none"> - recognized as a leader - the first source for all issues related to Registered Psychotherapists among health professions, the public, government, the media and other system partners - an exemplar of fostering professional competency and standards of practice 	<ol style="list-style-type: none"> 1. continue to strengthen the practice of psychotherapy through clearly defined standards, continuing competence requirements and support for excellence in practice
			<ol style="list-style-type: none"> 2. Create public outreach to build understanding about psychotherapy and make CRPO more visible and accessible 3. Cooperate with other system partners to build knowledge about and access to psychotherapy as a regulated profession
Clear communications	further develop communications to support clear, transparent and dynamic interaction with system partners	<ul style="list-style-type: none"> -active communication with public, registrants, government and other system partners - focus on ensuring communications with public and registrants support their experience of CRPO as open, transparent and accessible - public will know where to locate information about RPs and how to access CRPO - 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 	<ol style="list-style-type: none"> 1. Develop effective communication initiatives based on assessment of public need for information 2. Strengthen communications with registrants to ensure clarity and transparency to build trust and a better understanding of regulatory requirements 3. Actively participate in efforts to create useful dialogue with system partners across Ontario's mental health sector

DOMAIN	PRIORITY	GOAL	OBJECTIVES
Effective infrastructure	strengthen operational and governance infrastructure	- governance practices, technology and information resources that will foster a culture of growth, continual improvement, adaptability and responsiveness to the public, registrants and other system partners, while meeting all legislative accountability requirements	<ol style="list-style-type: none"> 1. Continue to cultivate excellence, accountability and responsiveness among Council and committee members through professional development and policy guidance 2. Foster diversity and inclusion among staff, Council and registered psychotherapists 3. Implement effective governance and risk-management frameworks across all operational and regulatory functions 4. Measure progress through strategic planning, risk assessment and key performance indicators

DOMAIN	PRIORITY	GOAL	OBJECTIVES
<p>Strong system partnerships</p>		<p>collaborate with other system partners to contribute to better access to mental health services</p> <ul style="list-style-type: none"> - build collective best practices - advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services 	<ol style="list-style-type: none"> 1. Build on existing system partners relationships to: <ul style="list-style-type: none"> •define and foster leadership in regulatory excellence •create collective solutions to allow alignment in addressing concerns with mental health service provision 2. Engage with the Ministry of Health to provide useful and timely information and advice about Registered Psychotherapy and the mental health system 3. Formalize work of recognizing, reporting on and adapting to changes in the practice environment to support health system improvement

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 system partners

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 22/23 April 1, 2022 - March 31, 2023

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

Executive: Communications

Committee Mandate: To oversee communications to ensure the College's mandate is being met.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
4	annual	Q1	Participate in meeting with education and training program representatives	On Track
4	annual	Q1	Participate in information meeting with professional associations	
1,2	annual	Q1	Approve annual CPMF report published to report on progress toward meeting standards set by framework	
1,2	annual	Q2	Approve annual report published to report on strategic priorities and broader regulatory mandate	
1,2,4	annual	Q4	Oversee public outreach strategy, including website and other digital outreach, feedback loops and ongoing surveys	
1,2,4	23/24	ongoing	Represent Council at town halls in 8 locations	
1,2,4	23/24	ongoing	Oversee reports on public consultations/focus groups	At Risk

Executive: Communications

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
4	annual	Q1	Information meeting with education and training program representatives	On Track
4	annual	Q1	Information meeting with professional associations	
1,2	ongoing	Q3	Standing item on Council to report on engagement and web analytics.	
1,2	annual	Q1	Annual CPMF report published to report on progress toward meeting standards set by framework	
1,2	annual	Q2	Annual report published (working toward using Key Performance Indicator framework) to report on strategic priorities and broader regulatory mandate	
1,2,4	24/25		Town halls in 8 locations	
1,2,4	24/25		Create public outreach strategy, including website other digital outreach, feedback loops and ongoing surveys.	At Risk
1,2	24/25		Create easy-to-navigate channels for clients and families to ask questions about what to expect from psychotherapy and report concerns	
3,4	24/25		Develop user friendly and accessible interfaces on website for registrant knowledge of the role of the College and their own responsibilities	
1,2,4	24/25	Q4	Strengthen existing YouTube videos, podcasts, social media, webinars	

Executive: Operations

Committee mandate: To ensure CRPO maintains operational effectiveness to meet its mandate.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
1,2,3	annual	Q1, Q3 (and ongoing)	Approve revised policies as part of 3-year review cycle	On Track
2,3	annual	ongoing	Direct staff policy work	
3	24/25	Q3	Oversee implementation of new RMS	At Risk

Executive: Operations

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
3	annual	ongoing	Develop formal projections to ensure core functions are adequately staffed, with temporary staff as needed	On Track
3	annual	Q4	Articulate clear roles and expectations for staff members, including a full set of competencies, shared vision for the role and responsiveness of the College, and evaluate and develop staff accordingly	
3	annual	Q4	Review and revise all IT policies as needed	
3	24/25	Q3	Finalise implementaion and reporting on full set of ERM policies Build risk matrices and implement polices to identify, quantify and manage risks across the organization - operational focus - predictive analytics -risk monitoring	At Risk

Executive: Governance

Committee mandate: To ensure CRPO maintains governance excellence.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
1,3	annual	ongoing	Council and committee education plan Undertake ongoing leadership development of Council members, both ad hoc and formal mix of learning methods (self-study, one-on-one, video presentations, readings)	On Track
1,2	24/25	Q4	Review and address findings of Equity Impact Assessment Tool	
1,3	24/25	Q4	Review and respond to Risk Register Reports	

Executive: Governance

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
1,3	annual	ongoing	Council and committee education plan Develop ongoing leadership development of Council members, both ad hoc and formal mix of learning methods (self-study, one-on-one, video presentations, readings)	At Risk
1,3	24/25	Q4, Q1	Develop and implement key indicator framework including sharing more frequent monitoring reports aligned with core functions and measured against key indicators assessing and reporting on whether CRPO is meeting voluntary/established regulatory standards.	
1,3	24/25	Q4	Complete implementation and publishing of RRM framework, with appropriate tools in place for each committee	

Nominations and Elections Committee

Committee Mandate: To ensure Council and committees include needed skills and attributes.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
1,2	annual	ongoing submissions	Submit annual report on recruitment and election statistics to Council	On Track
1,4	annual	Q3 / 4	Use competency and composition matrices to recruit non-elected Council appointees Note focus on ensuring diversity of perspective and experience	
1,2,3	ongoing	Q4	Review and address findings of Equity Impact Assessment Tool	At Risk
1,2,4	ongoing	Q4	Participate in outreach	

Nominations and Elections Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
1,4	24/25	Q2 / 3	develop outreach plan to recruit more diverse representation (through elections and appointments)	At Risk

Examination Committee

Committee Mandate: To oversee the entry-to-practice examination to ensure fair access to the profession and suitability to

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
1,2	annual	ongoing submissions in Q 2 and 4	Submit bi-annual report on exam statistics to Council	Blue
1,2,3	annual	Q1, Q3 (and ongoing)	Review exam-related policies as part of 3-year review cycle	
2,3	annual	ongoing	Direct staff policy work	Yellow
1	24/25	Q2	Review pilot feedback, consider revisions and adopt Supervision Tool	
1,2	24/25	Q4	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

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
1,2	annual	Q1,2,3,4	Complete bi annual reports on exam statistics	Blue
1,2,3	annual	Q1, Q3 (and ongoing)	Review and draft revised exam policies as part of 3-year review cycle	
2,4	annual	Q4	Report annual exam results to education programs	Yellow
2,4	annual	Q2 (flexible)	Host annual education program system partner update meeting	
3	24/25	Q3	Launch new registrant management system	
1	24/25	Q4	Compile Supervision Tool pilot feedback	
3	24/25	Q3	Complete HIROC Risk Assessment	
1,2	24/25	Q4	Implement Equity Impact Assessment Tool	
1,3	24/25	Q2	Researching other regulatory colleges exam requirements	Green

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	Status
1,2,3,4	annual	Q4 (yearly)	Approve OFC report for submission	On Track
1,2	annual	Q1,2,3,4	Submit quarterly reports on registration statistics to Council	
1,2,3	annual	Q1, Q3 (and ongoing)	Approve revised RC policies as part of 3-year review cycle	
2,3	annual	ongoing	Direct staff policy work	
2,3	annual	Q1	Monitor registration related KPIs	
3,4	22/23	Q4	Approve revised clinical supervision policy	
1,4	24/25		Approve revised Indigenous Registration Pathway	
3	23/24	ongoing	Committee members participate in cross-Committee observerships	
3	23/24	ongoing	Committee members take on 'guest' chairing of panels	
1,2	23/24	Q4	Review and address findings of Equity Impact Assessment Tool	
4	24/25		Approve revised ETP competencies	
	25/26			

Registration Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
1,2,3,4	annual	Q4 (yearly)	Complete OFC report for submission	On Track
1,2	annual	Q1,2,3,4	Complete quarterly reports on registration statistics	
1,2	annual	Q1,2,3,4	Complete quarterly reports on registration related KPIs	
1,2,3	annual	Q1, Q3 (and ongoing)	Review, revise RC policies as part of 3-year review cycle	
2,4		ongoing	Education program outreach plan	
3,4	23/24	Q4	Complete clinical supervision policy revisions	
3,4	23/24	Q4	Complete clinical supervision review	
2,4	24/25	Q3	Support review and revision of Indigenous Pathway process and tools	
3	24/25	Q2	Complete migration or registration functions to MPower	
1,2	24/25	Q4	Implement Equity Impact Assessment Tool	
4	24/25	Q4	Participate in pan-Canadian working group initiatives (ETP competency review, revised information sharing, education program review and recognition).	
	25/26			

Quality Assurance Committee

Committee Mandate: To support excellence in practice.

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
1,2	annual	ongoing submissions in Q 2 and 4	Submit bi-annual reports on QA program statistics to Council	
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	ongoing	Review and address findings of Equity Impact Assessment Tool	

Quality Assurance Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
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	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	
	annual	Q4	Undertake committee directed policy work	
1	23/24	Q4	Conduct full review of Professional Practice Standards	
3	24/25	Q2	Develop proposed plan for revised use of PPR tools	
1,3,4	24/25	Q3	Recruit & train Peer Circle facilitators in partnership with professional association	
1,3	24/25	Q4	Develop 10 cases for Peer Circles	
3	24/25	Q3	Develop QA platform within new RMS	

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	Status
1,2	annual	ongoing submissions in Q2 and Q4	Submit bi-annual report of ICRC themes, timelines and depositions to Council	On Track
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	24/25	Q3, Q4,	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).	
1	24/25	Q2, Q3, Q4	Improve clarity and transparency when communicating information about complaint and report processes. Provide registrants with case studies regarding complaints and discipline. Phase 1: Two case studies per low, medium & high risk	
1	24/25		Improve clarity and transparency when communicating information about complaint and report processes. Provide registrants with case studies regarding complaints and discipline. Phase 2: Communicate case studies through media (e.g. podcast)	
3	24/25	Q2,3	Develop and share an inventory of ICRC/discipline outcomes.	
1,2	24/25	Q2	Ensure conduct related information and forms revised for accessibility and available online.	
2,3	annual	ongoing	Continue tracking CPMF KPIs.	
1,3	24/25	Q2,Q3, Q4 f24/25	Approve and review results of disclosure pilot. End goal to develop disclosure policy.	
1,2,4	24/25	Q1-4	Develop response to trauma review report and direct staff to undertake work to adopt any recommendations	
1,2	24/25	ongoing	Review and address findings of Equity Impact Assessment Tool	
3		ongoing	Committee members participate in cross-Committee observerships	
3		ongoing	Committee members take on 'guest' chairing of panels	

Inquiries, Complaints and Reports Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	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	24/25	Q3, Q4,	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)	
2	24/25	Q3,Q4,	Conduct related information and forms revised for accessibility and available online. Ensure resources for complaints, reports, responses, appeals, etc. are available and accessible	
2,3	24/25	Q1	Develop complaints platform within new RMS, including ability to make file complaints on-line	
1,3	24/25	Q2, Q3,Q4,	Conduct disclosure pilot and report to Committee. End goal to develop disclosure policy.	
1,2	24/25	Q3	Implement Equity Impact Assessment Tool	
1,2,4	24/25	ongoing to Q4	Work to complete consultant-led trauma informed review	

Discipline and Fitness to Practise Committees

Committee Mandate: To address competence and conduct and to ensure registrant fitness to practice through mandated

Domain	Fiscal Year	Q if current fiscal	Committee Deliverables	Status
1,2	annual	ongoing	Submit annual report on themes and disposition to Council	[Blue]
1,3	annual	Q4	All members to participate in discipline training	
1,2,3	24/25	Q4	Adopt required evaluation and accountability measures (specifically equity impact assessment)	[Yellow]
3	24/25		Adopt revised Discipline Committee manuals, forms, and rules	
1,3,4	24/25		Review and act on pilot evaluation	

Discipline Committee

Domain	Fiscal Year	Q if current fiscal	Staff Deliverables	Status
3	24/25	Q4	Revise CRPO internal staff Discipline Committee manual	[Yellow]
1,3,4	24/25		Complete pilot evaluation; facilitate re-appointment of committee members as appropriate by December 31, 2024	

DOMAIN	PRIORITY	GOAL	OBJECTIVE	DELIVERABLES IN-FLIGHT/IN PLANNING STAGE/REQUIRED BY CPMF	BACKGROUND (for Council)
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.	<ol style="list-style-type: none"> Continue to strengthen the practice of psychotherapy through clearly defined standards, continuing competence requirements and support for excellence in practice. Create public outreach to build understanding about psychotherapy and make CRPO more visible and accessible. Cooperate with other system partners to build knowledge about and access to psychotherapy as a regulated profession. 	<ul style="list-style-type: none"> DEI-specific standards developed and in force webinars and other resources available to RPs to support uptake of new/revised standards Peer Circles program sessions offered using cases related to new or revised Standards develop education plan resource library launch ETP competency review project release guidance on MAiD and psychedelic assisted psychotherapy Indigenous community consultations through listening Circles implement recommendations from trauma informed review complete overhaul of CRPO.ca work with government Strategy branch to survey RPs regarding MAiD focus on: <ul style="list-style-type: none"> Ontario controlled act regulators pan Canadian partners (through ETP competency review) equity-deserving communities 	<p>The review of Professional Practice Standards was completed and new the revised standards were in force as of January 1, 2024. DEI-related standards will follow. Registrants will need access to educational/orientation offerings to support uptake. Peer circles program has been running for 2 years with OAMHP facilitators. A plan has been developed to develop new cases and re-boot the program for the coming year.</p> <p>Planned public consultations were not held due to pandemic and shift in focus of work. In place of this, the Citizen Advisory Group used to consult on Standards and public consultations (with limited public response rate) were posted to website to consult on the emergency class or registration, proposed changes to the Registration Regulation and the clinic supervisor definition. Given the work on the Indigenous Pathway, specific consultations with Indigenous communities will be needed in 2024.</p> <p>Previous background is still relevant: Ongoing dialogue with mental health provider associations and education programs about areas of shared interest; continuing the ongoing dialogue with the psychotherapy regulators in other Canadian provinces. CRPO needs to consider strategy related to growth of the profession and role of the regulator.</p>
Clear communications	Further develop communications to support clear, transparent and dynamic interaction with system partners.	CRPO will be in active dialogue and communication with the public, registrants, government and other system partners. 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.	<ol style="list-style-type: none"> Develop effective communication initiatives based on assessment of public need for information Strengthen communications with registrants to ensure clarity and transparency to build trust and a better understanding of regulatory requirements Actively participate in efforts to create useful dialogue with system partners across Ontario's mental health sector 	<ul style="list-style-type: none"> CRPO.ca overhaul (form and function) to be more user-friendly and universally accessible Complaints form revised to enhance accessibility for public trauma-review recommendations related to complainant and witness communications implemented across conduct-related work CRPO.ca overhaul (form and function) to be more user-friendly and universally accessible 8 Town Hall meetings held over the year trauma-review recommendations related to respondent communications implemented across conduct-related work Annual meetings hosted: <ul style="list-style-type: none"> Education and training programs Professional associations Active member of HPRO mental health college collaborations host listening Circles for Indigenous providers develop shared messaging with controlled act colleges (e.g., on ABA) 	<p>Website will be overhauled using best practices in accessibility and a trauma-informed approach. The government focus on identifying and addressing information needs of the public (included as a measure in the first iteration of the CPMF) has been removed.</p> <p>Holding 8 remote town halls will allow the College to connect with registrants and provide updates on the latest in policy developments and workplan. Sessions will be offered at various times to maximize opportunities for registrants to attend and will be recorded and posted online to maximize transparency.</p> <p>Relationship built with system partners (e.g., CMHA, AMHO, CMHO, CHLIA) with presentations to CRPO Council about the current state of the mental health sector in Ontario and to system partners (education and training programs, professional associations) on the regulatory landscape for RPs; reaching out to mental health organizations to find participants in our Indigenous listening Circles.</p>

DOMAIN	PRIORITY	GOAL	OBJECTIVE	DELIVERABLES IN-FLIGHT/IN PLANNING STAGE/REQUIRED BY CPMF	BACKGROUND (for Council)
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.	<ol style="list-style-type: none"> Continue to cultivate excellence, accountability and responsiveness among Council and committee members through professional development and policy guidance Foster diversity and inclusion among staff, Council and registered psychotherapists Implement effective governance and risk-management frameworks across all operational and regulatory functions Measure progress through strategic planning, risk assessment and key performance indicators 	<ul style="list-style-type: none"> - Comprehensive evaluation framework in place and informing <ul style="list-style-type: none"> - Council and committee education offerings - individual members professional development - committee appointments - succession planning - Mentoring program evaluated and improved on - Individual competence (self-reflection + Chair / staff evaluation) piloted with select number of non-elected appointees - evaluate and improve Discipline Tribunal model - DEI specific Standards of Practice developed and in force - staff DEI Committee established and providing advice to senior management team - equity impact assessment tool in use - self-identification data collection initiative underway - Risk Register in use in accordance with IRM Policy - KPI's used for year and evaluated to determine usefulness of chosen measures and progress toward achieving goals - deliver regular Equity Impact Assessment reports across committees and Council - Annual report published using: <ul style="list-style-type: none"> - Key Performance Indicator framework - Risk Register - Annual Council effectiveness survey results 	<p>We are now 3 years into work on the comprehensive evaluation framework, with the final stage (individual assessment) being piloted for all non-elected members. Council may wish to consider evaluating the impact and making any changes in response to findings in order to maximize Council and committee's members understanding of how to fulfil their role in a regulatory environment.</p> <p>CRPO has realized the goal of a DEI WG. Recruitment of non-elected appointees is now informed by the Committee Composition and Competence matrices.</p> <p>The Equity Impact Assessment tool, when fully implemented across regulatory and operational functions will provide a useful set of metrics to address opportunities for improvement and to evaluate progress.</p> <p>The HIROC Risk Register provides a mechanism for comprehensive operating and regulatory risk management across the College. Integrating this with the KPIs will allow Council to identify risk areas, mitigation strategies and progress toward reducing risk.</p> <p>Key performance indicators identified and incorporated into reporting to system partners on operational and regulatory progress. Council and committee evaluation framework developed and in place to support improvement of regulatory outcomes and ensure transparency in reporting to public and system partners.</p>
Strong 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.	<ol style="list-style-type: none"> Build on existing system partner relationships to: <ul style="list-style-type: none"> •define and foster leadership in regulatory excellence •create collective solutions to allow alignment in addressing concerns with mental health service provision Engage with the Ministry of Health to provide useful and timely information and advice about Registered Psychotherapy and the mental health system Formalize work of recognizing, reporting on and adapting to changes in the practice environment to support health system improvement 	<ul style="list-style-type: none"> - Continued collaboration with the Colleges whose members have the authority to perform the controlled act of psychotherapy - Active participation with Health Professions Regulators of Ontario network - Support for development of Pan Canadian Psychotherapy Regulator group - Annual completion of Health Professions Database Submission - Updates shared on emerging clinical practice issues (e.g., MAID, psychedelic assisted psychotherapy) - Initial self-identification data shared with Ministry and education programs - Regulatory risk framework results used to identify and report potential harm to RP clients and the wider public. 	<p>Ongoing work to clarify requirements and restrictions to clinical supervision of the controlled act with relevant controlled act colleges, leading to effective communication with registrants, clinical supervisors and education and training programs.</p> <p>Work with HPRO on shared issues of public appointee competency, the Ministry's College Performance Management Framework and RHPA modernization.</p> <p>Support for other regulated provinces and provinces seeking to regulate through information sharing and meeting coordination, with a particular focus on education and training program recognition.</p> <p>Completion of the HPDB allows CRPO to report on the RP workforce. Sharing information on emerging areas of practice will assist in informing Ministry strategy and planning decisions. Providing information related to diversity of practitioners could support system change (e.g., reduction of barriers to entry to practice).</p> <p>Recognizing this is a period of heightened response to sexual abuse, adapting to this by working with HPRO and other health colleges around building excellent Council, committee and staff training into receiving, investigating and holding trauma-informed hearings into sexual abuse that minimize the risk of re-traumatizing members of the public.</p>



College of Registered Psychotherapists of Ontario

Annual Council Effectiveness Evaluation Report



January 2024



Summary

In December 2023 and January 2024, 100% of the CRPO Council responded to the Council Effectiveness Survey.

Ratings continue to show positive outcomes for the CRPO Council:

- Effectiveness – 96%
- Environment – 83%
- Governance – 95%
- Performance – 95%
- Executive Committee – 91%



Invites Sent	Responses Received
15	15

Areas of focus for improvement:

- As in previous years, there is some concern about participation in meetings and important Council decisions. This is reflected in the comments throughout the survey as well as in the ratings. Comments reflect that people are not always speaking up. There may be a need for facilitation tactics that spread the engagement more evenly.
- Familiarity with RHPA and CRPO by-laws is rated lower than most other questions.

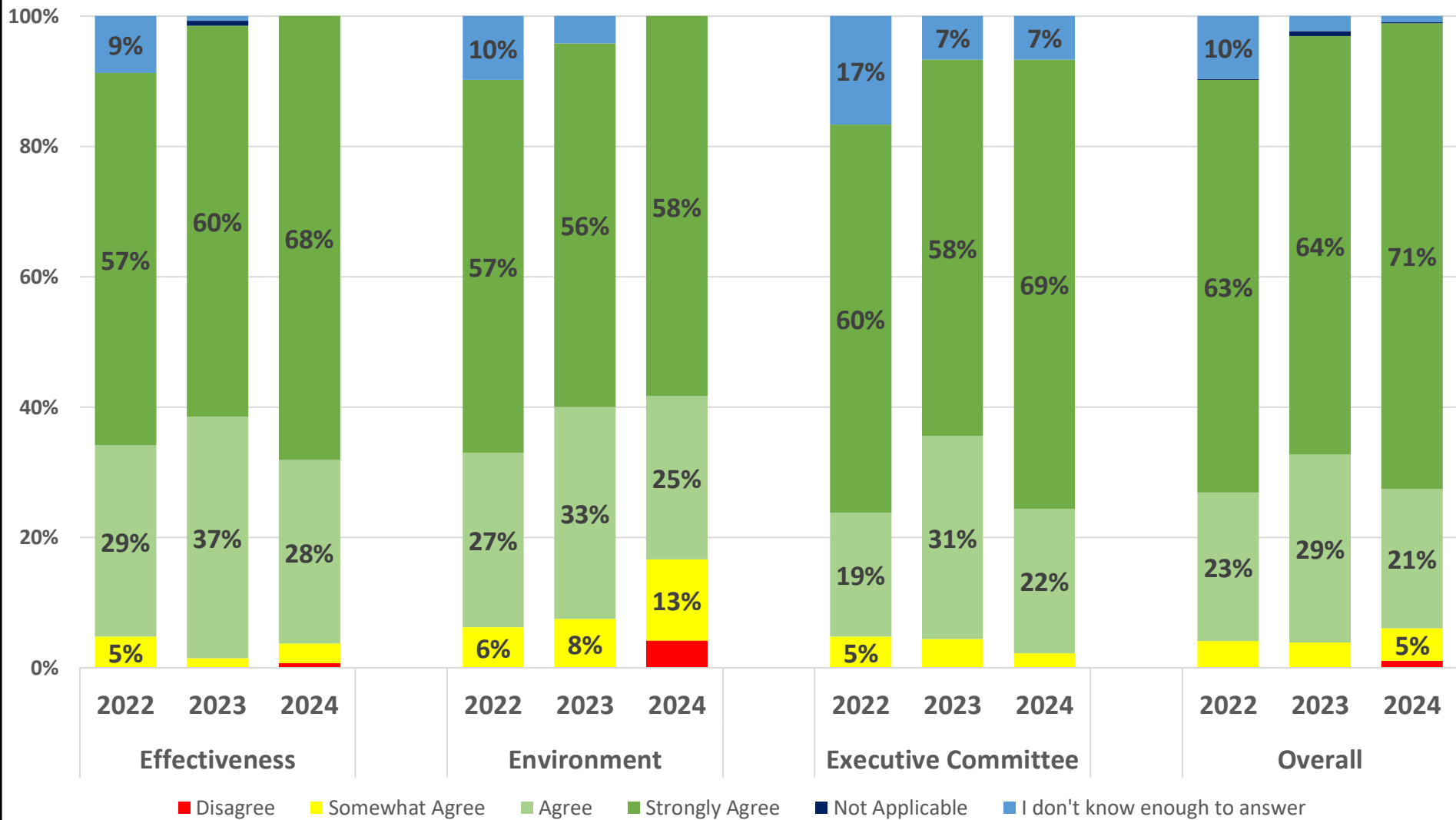
Positive signs:

- Council members are confident that they are employing the “risk of harm” lens when setting policies and reviewing regulatory activities.

For quick reference, percentages by number of respondents is below.

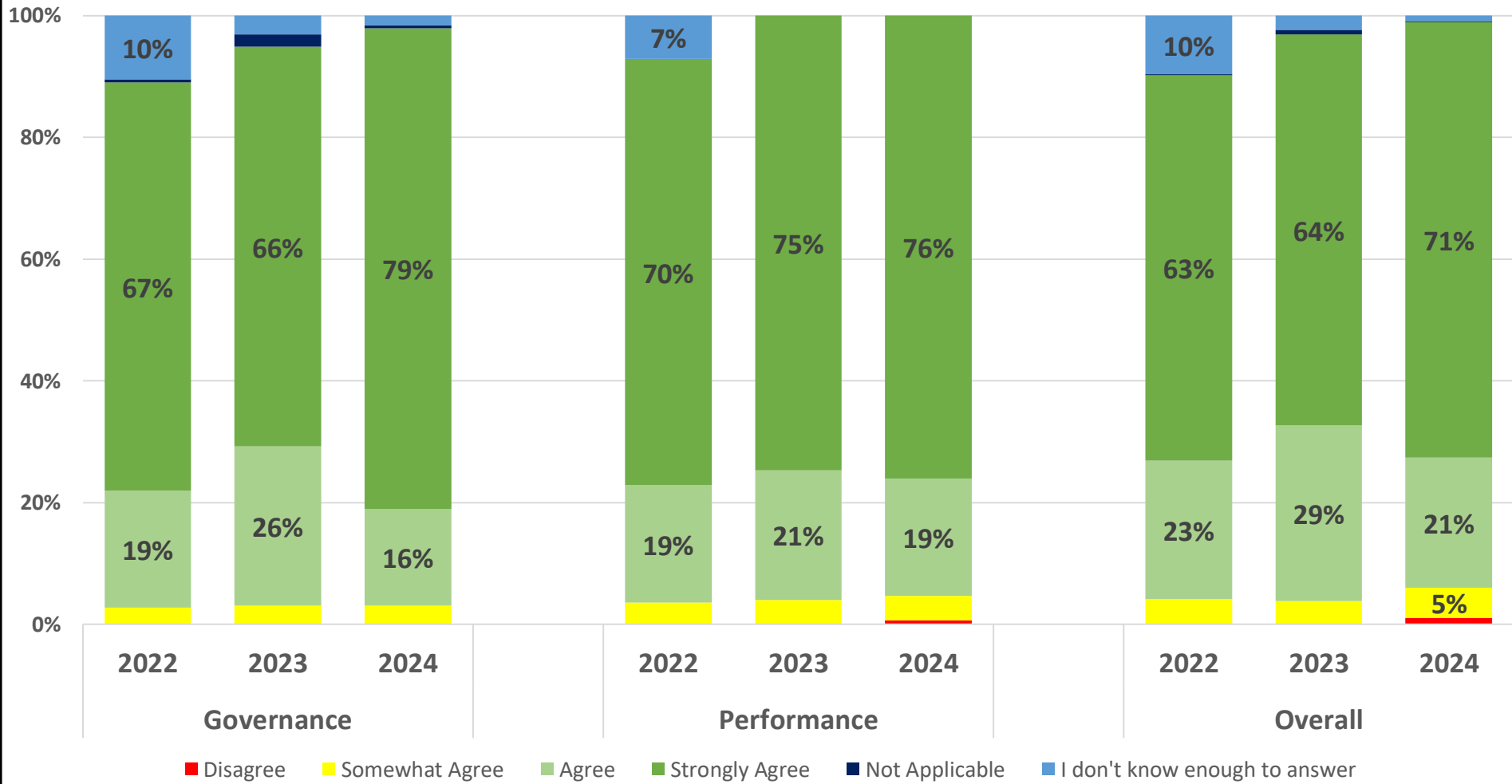
# responses	Percentage
1	7%
2	13%
3	20%
4	27%
5	33%
6	40%
7	47%
8	53%
9	60%
10	67%
11	73%
12	80%
13	87%
14	93%
15	100%

Overall Category Ratings

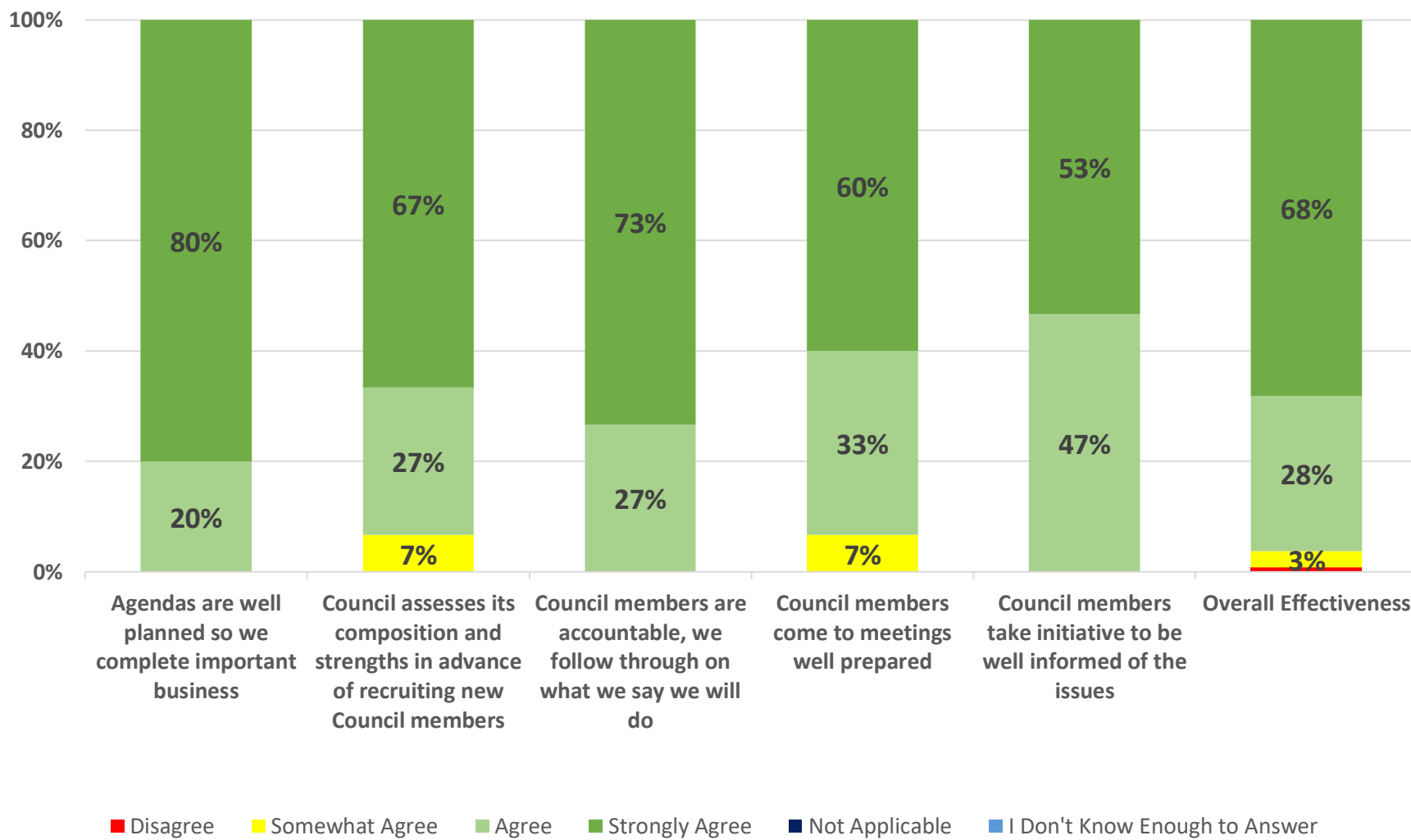


* For clarity, values below 5% are omitted

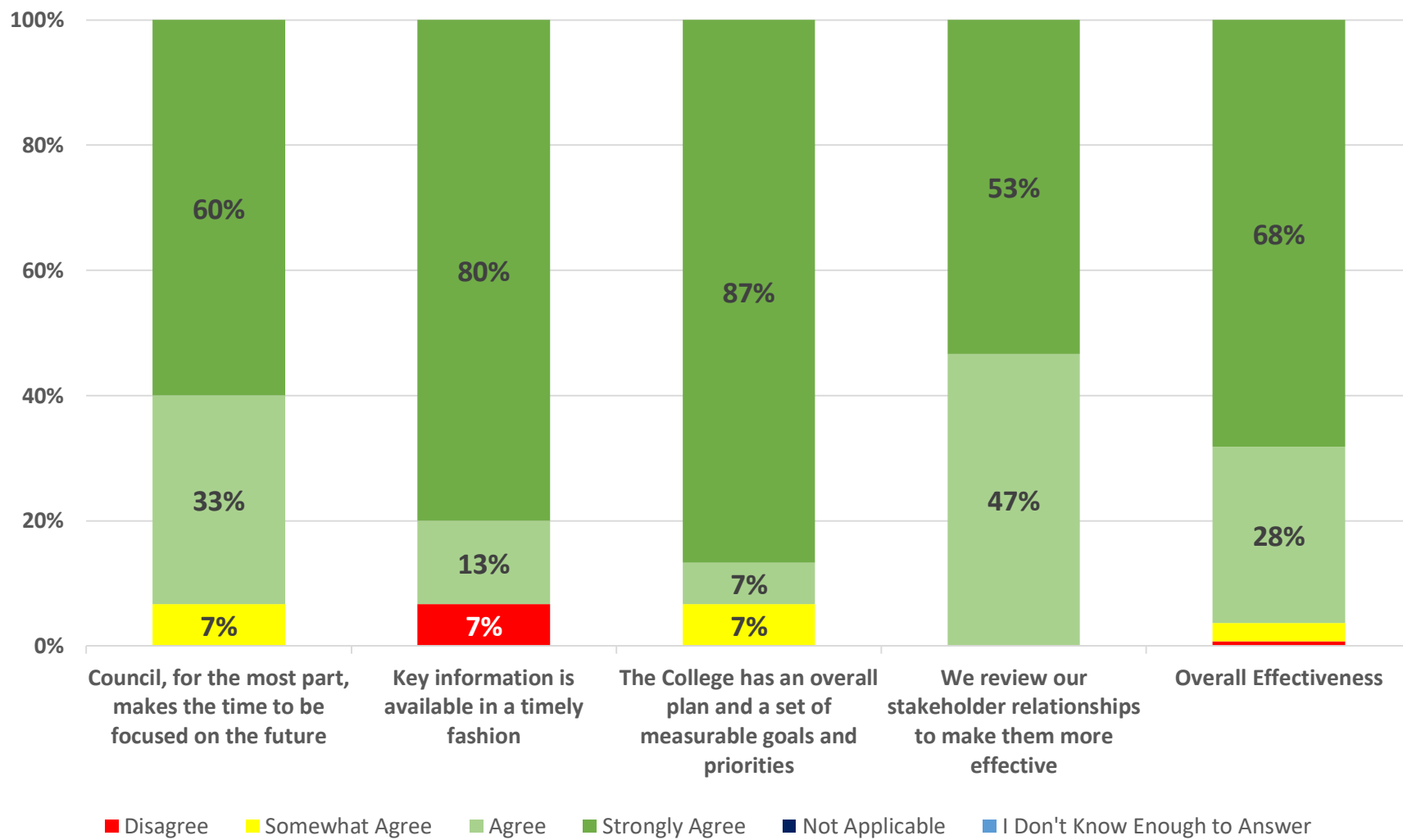
Overall Category Ratings



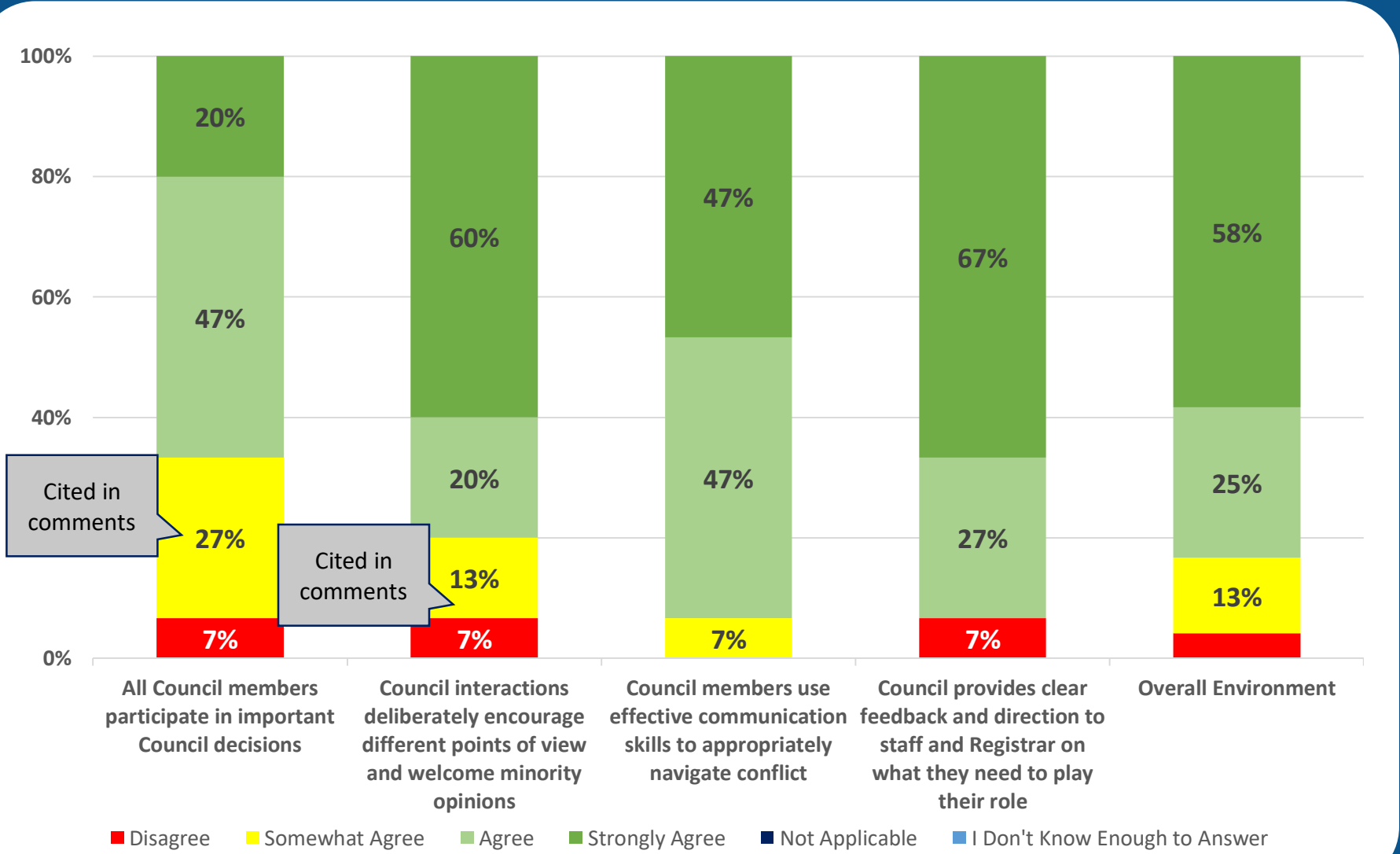
Effectiveness



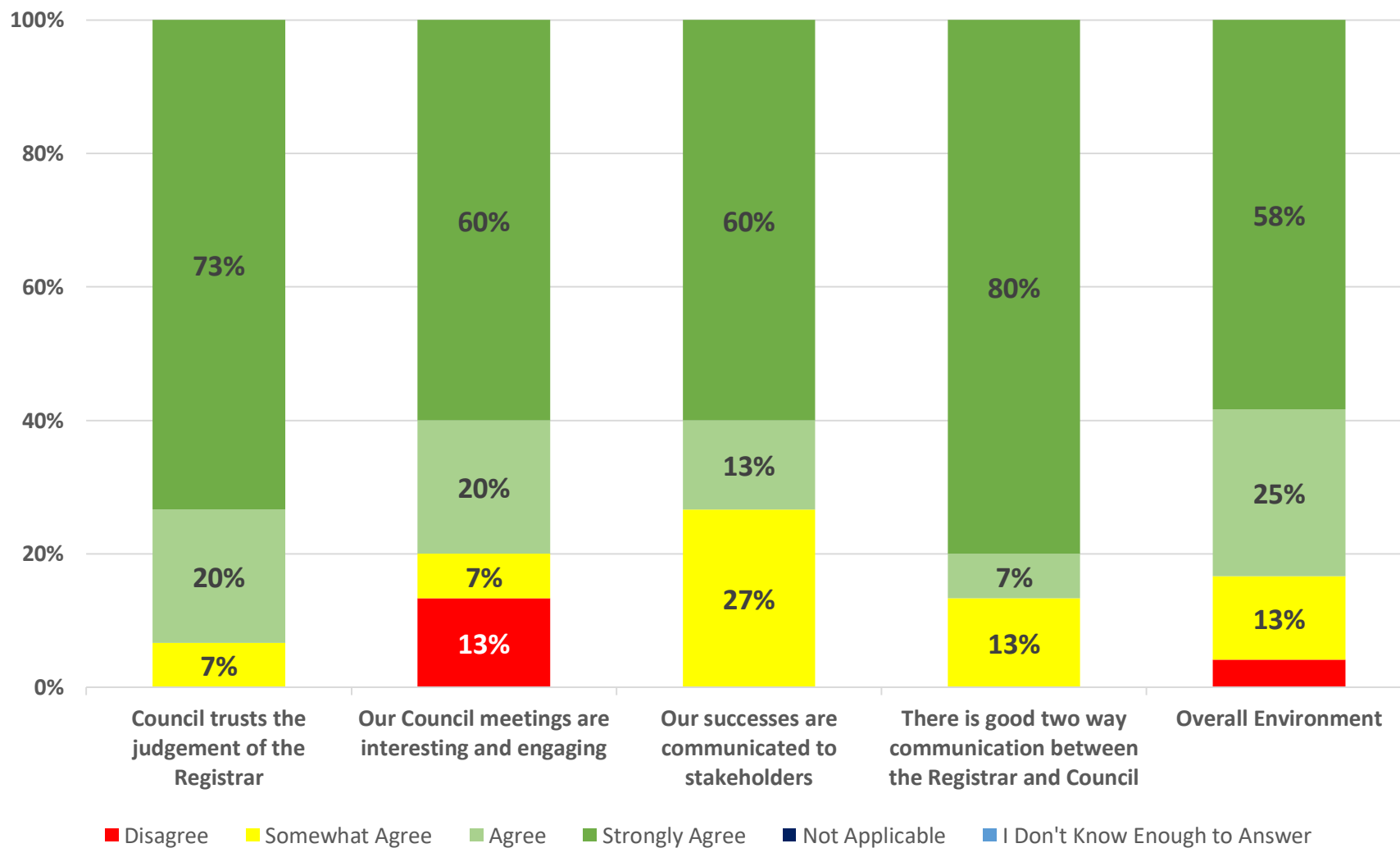
Effectiveness – Continued



- I would say that not only at the level of "getting the work done", but also creating an atmosphere of openness, support and respect -- council is excelling.
- I believe that we could spend some more time in Council to review and discuss our relationships with the various stakeholders, especially the professional associations.
- There seems to be a trend of the same people providing feedback and other remaining quiet. It may be important for the Chair to solicit feedback from the non-talkers.

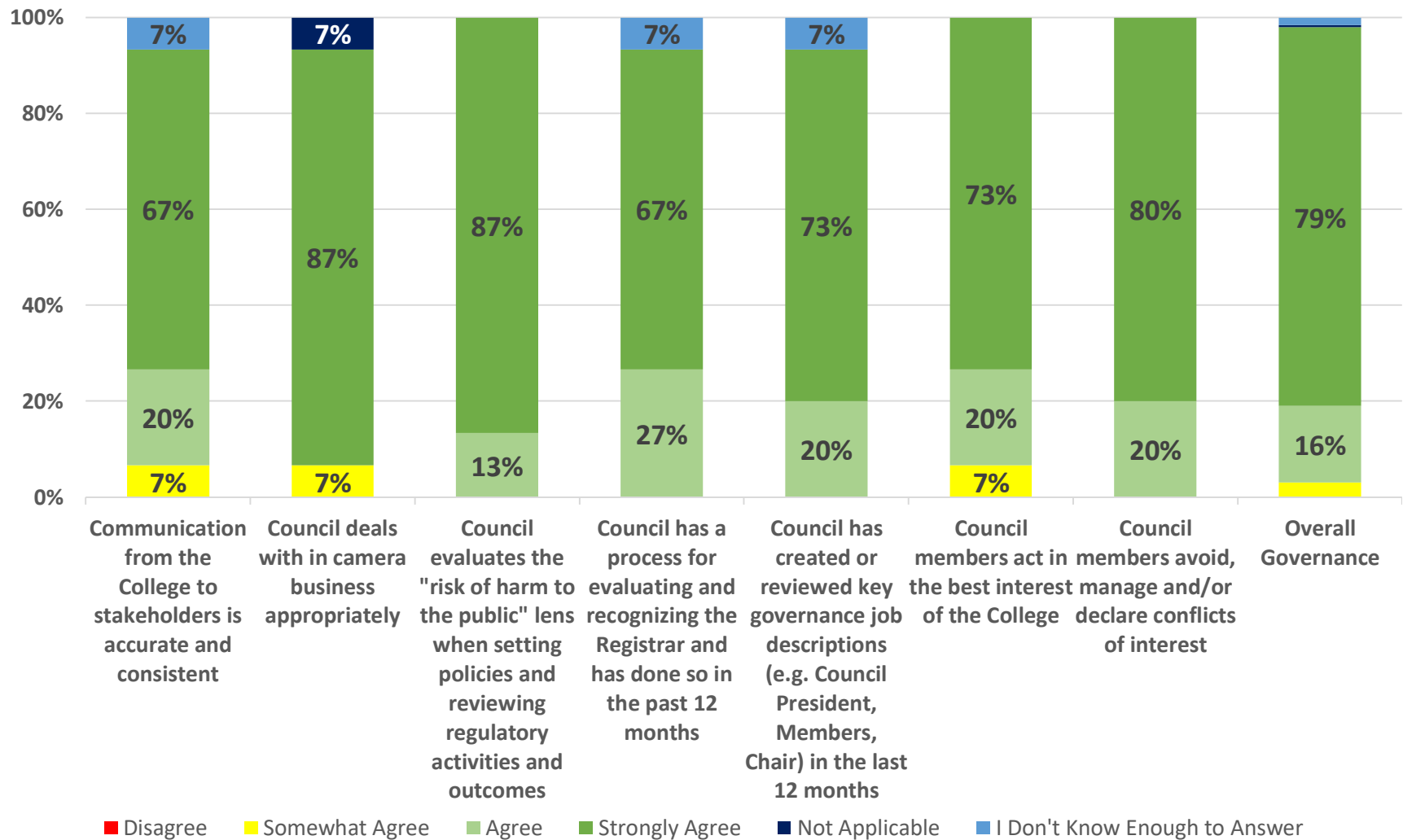


Environment – Continued

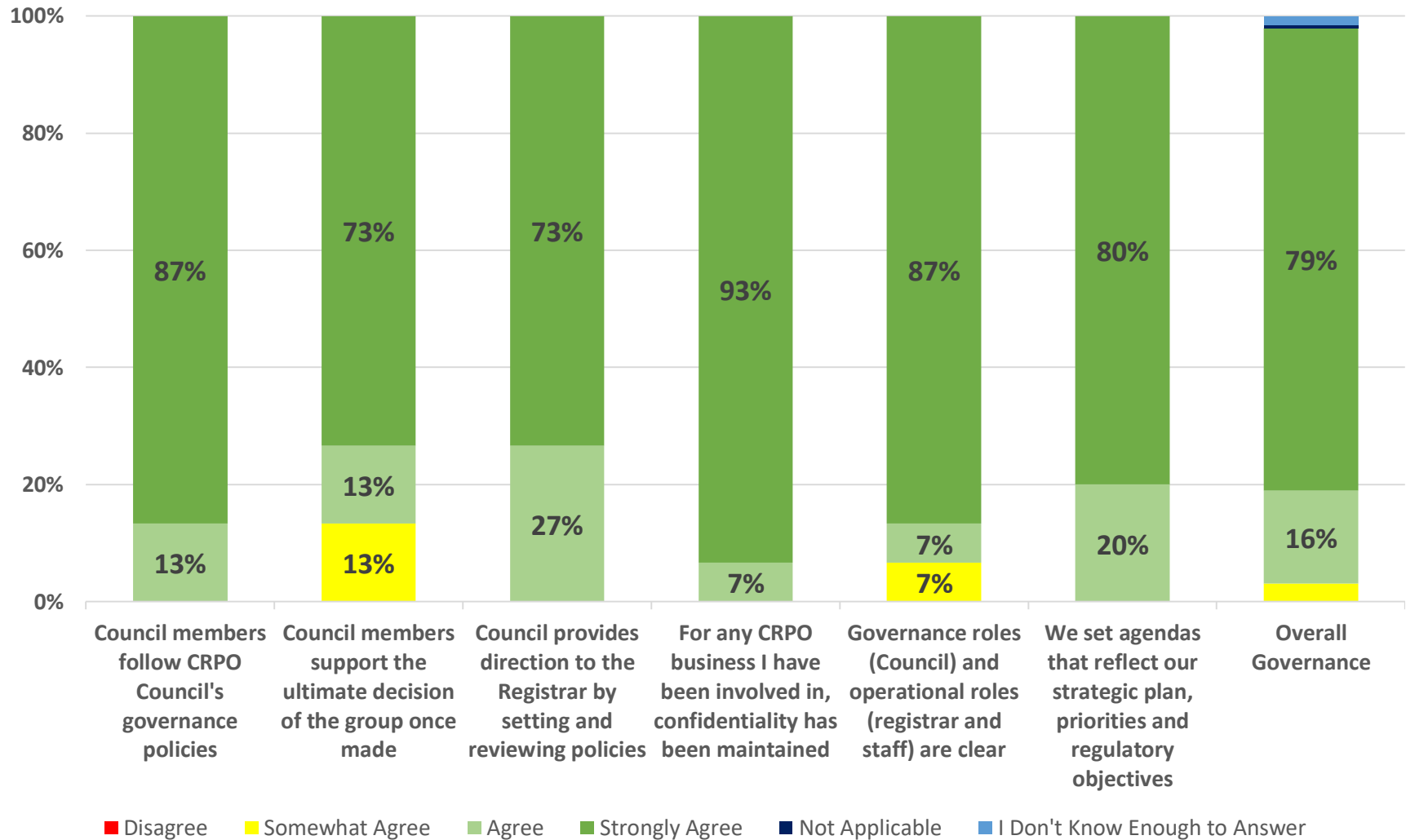


- I would encourage more 360 participation of ALL council members. Often we have a few members who will not participate for an entire day-long meeting; or very nominally.
- As Council members we are all required to speak up and to debate specific items that we either do not understand completely, or, in some cases, disagree with. Over the last year, it has become obvious that many members of council are reluctant to speak up on matters that are extremely important. As a council, we need to encourage input, positive or negative, and a that a fulsome engagement from ALL members is imperative to our success as a College. It is typical that there are only a few voices in a room that speak up even though there is significant disagreement or concern about a matter.
- Note re. the question about "clear feedback and direction to staff and Registrar". It is, of course, reasonable to provide feedback when a staff member is presenting at council. I would however want to be careful that we remember that staff report to the Registrar and it is not our to "direct" staff other than the Registrar.

Governance

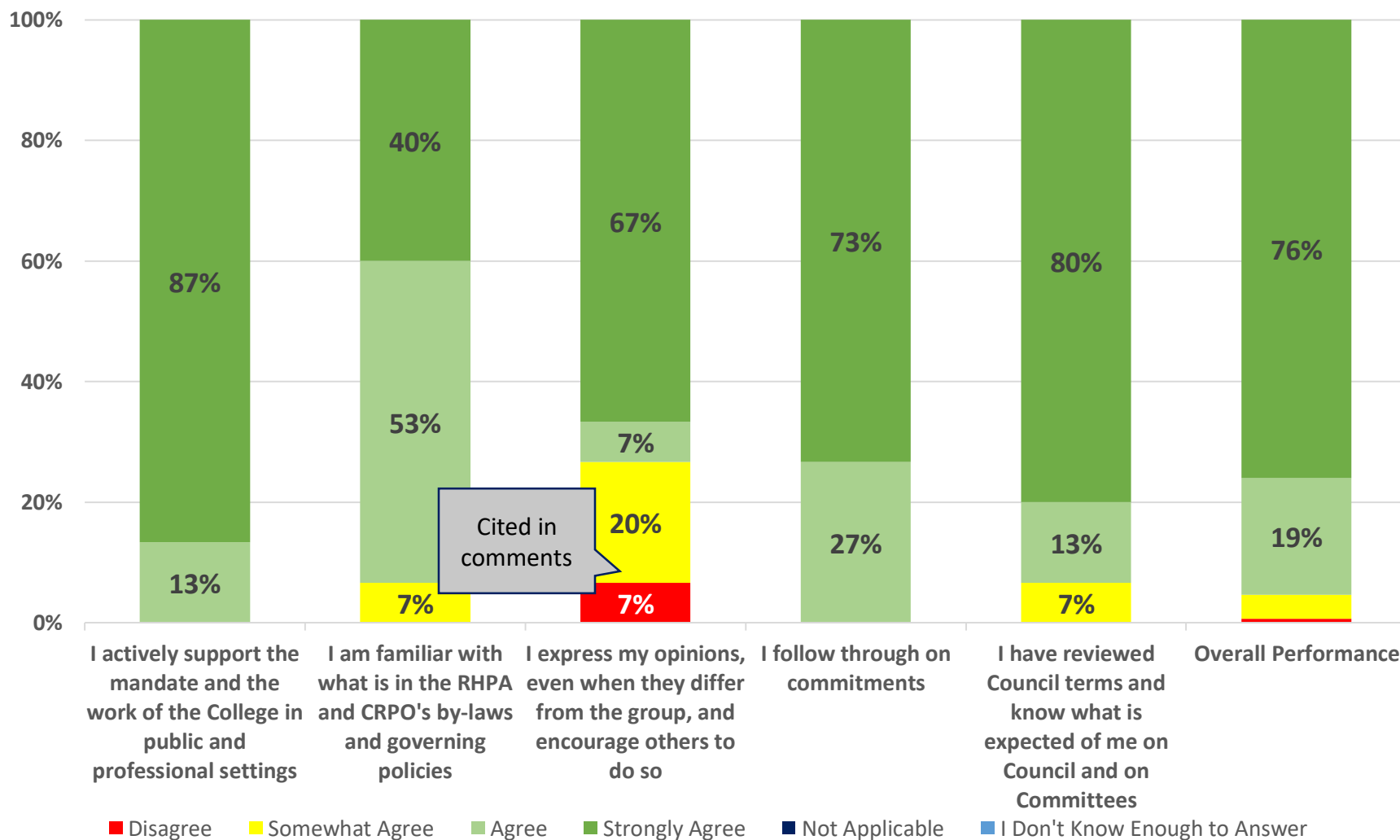


Governance – Continued

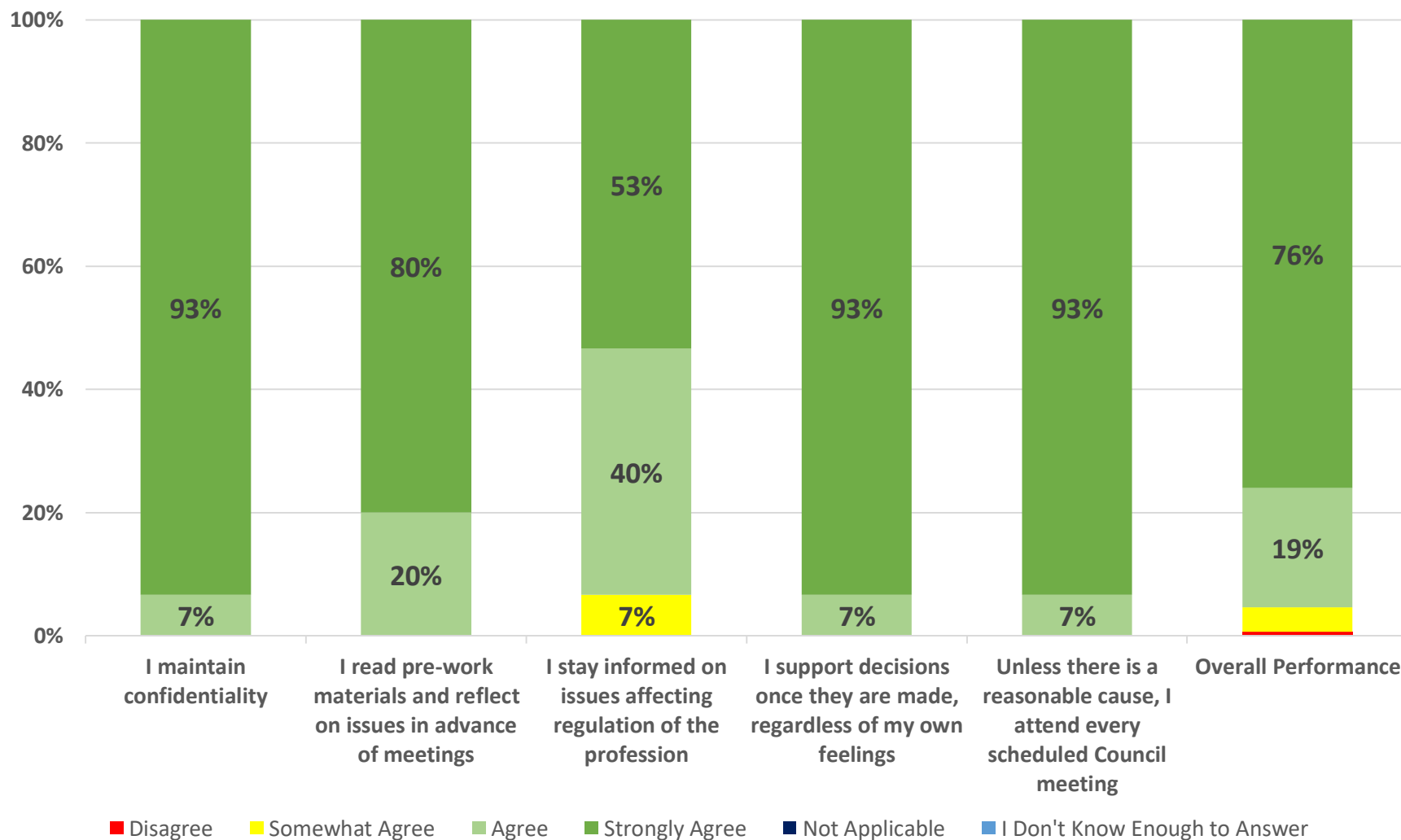


- I'm not sure if there has been a review of key governance job descriptions in the past 12 months. I don't believe so.
- Again, All council members need to be fully engaged , ask questions, and have the critical conversations in order for us to be able to put the issue of public safety at the forefront.
- I would just like to underscore that the working relationship between Council and the Registrar and between Council members and staff are outstanding!

Performance

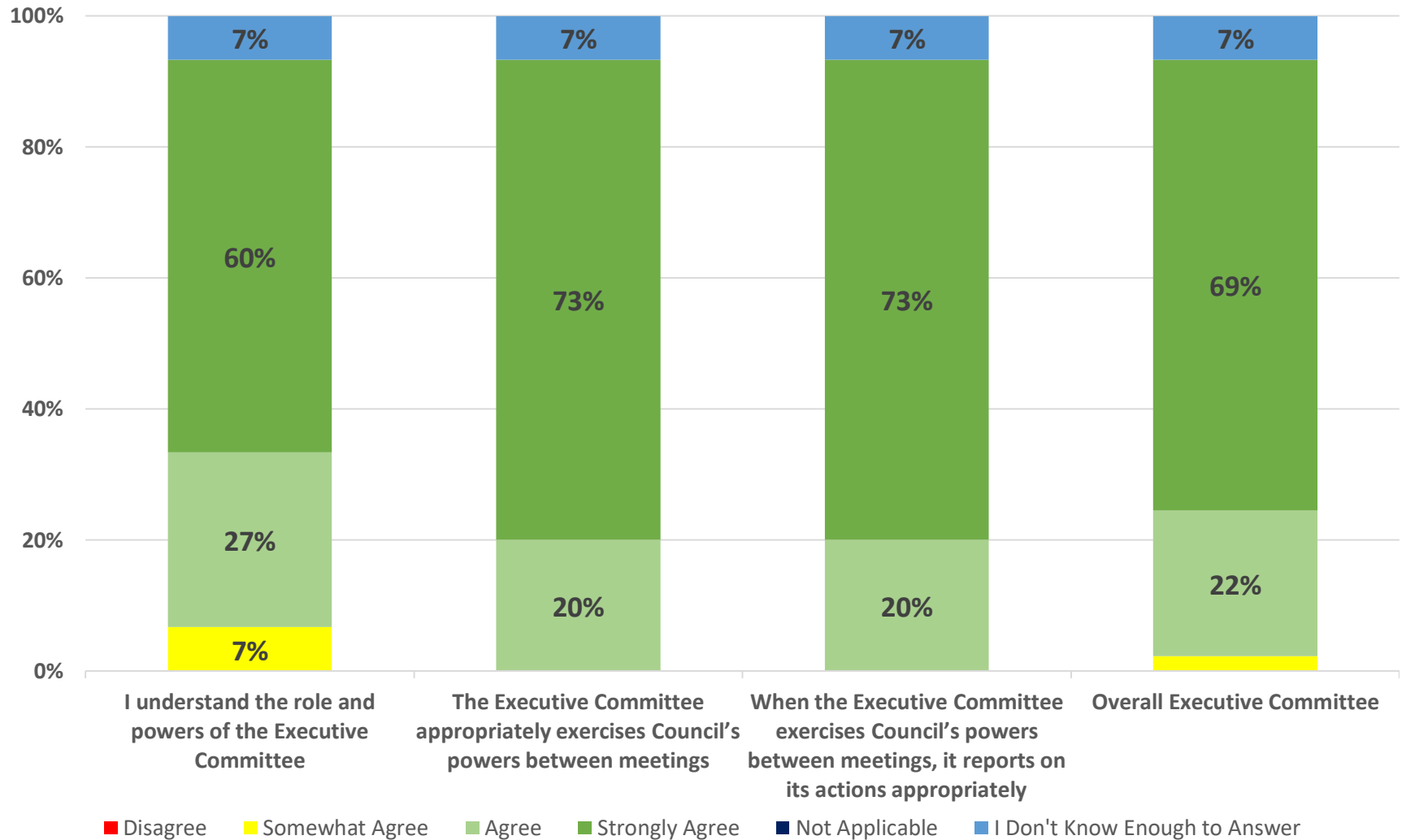


Performance – Continued



- I am always amazed at how much I continue to learn in the process of sitting on Council.
- Note that I don't often have opportunities to support the mandate and work of the College in public and professional settings, but certainly do when the opportunity arises.

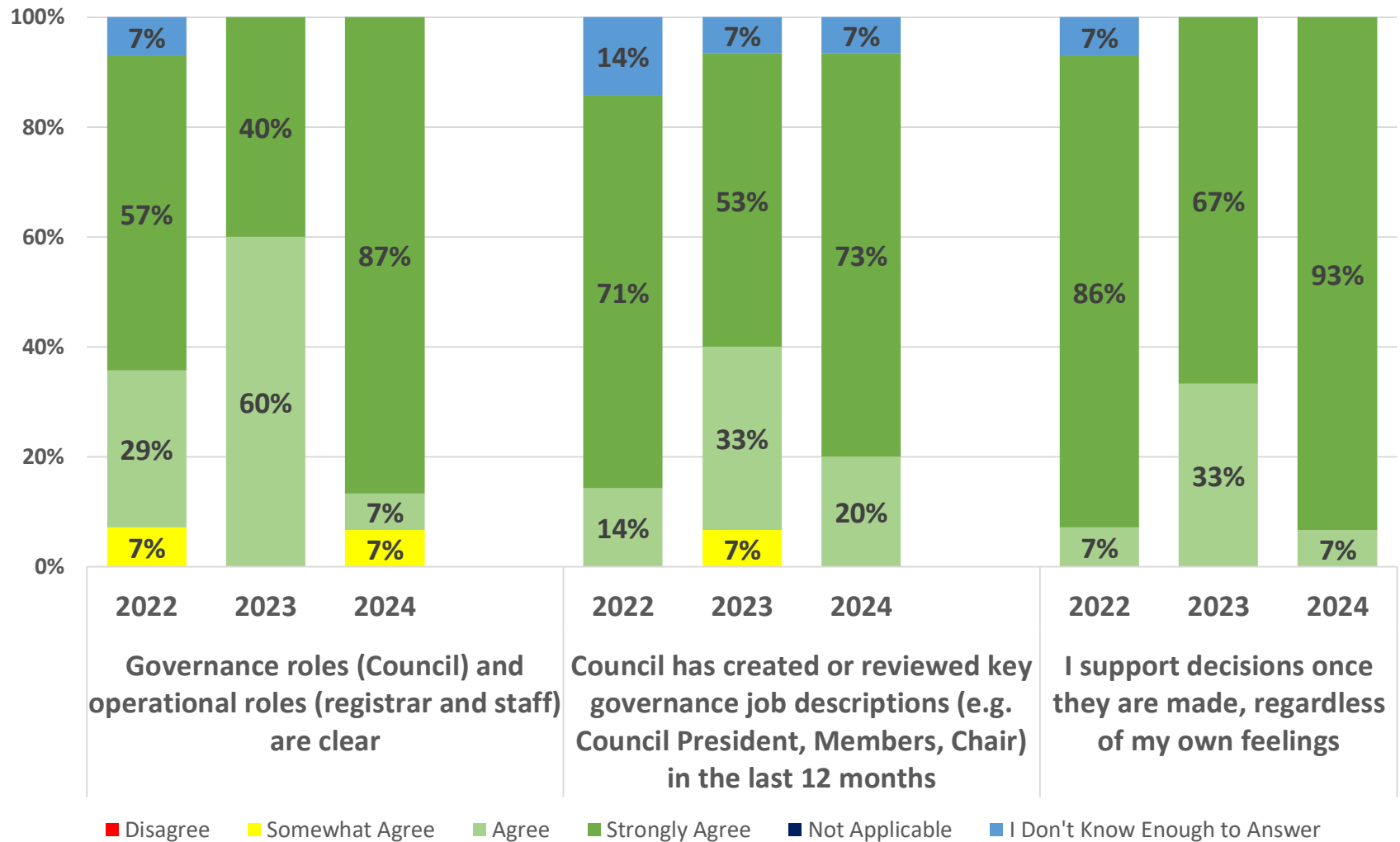
Executive Committee



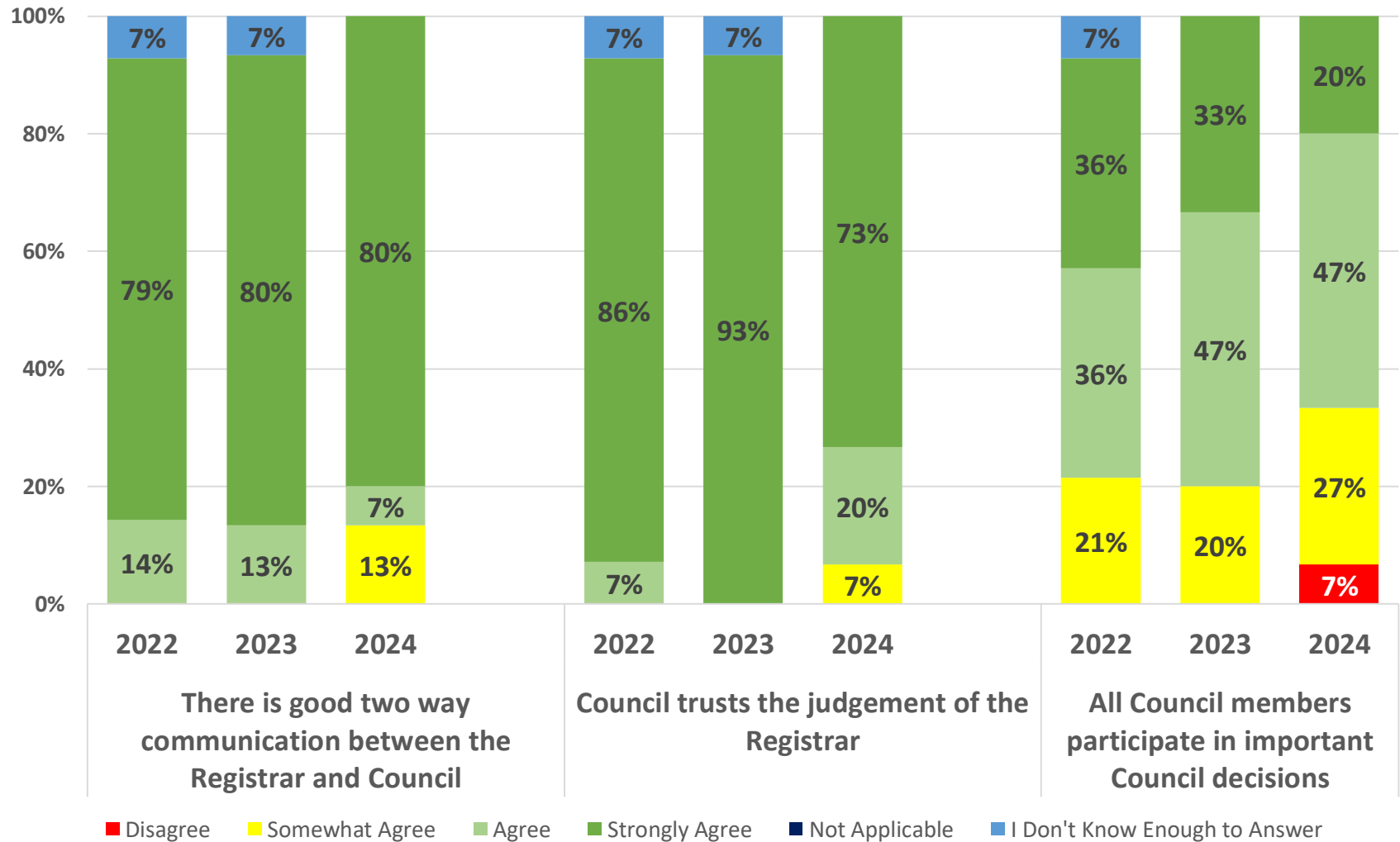
- As I sit on Exec, I know this to be a fact.

Statements With Greatest Change From 2023

Statements With Greatest Improvement



Statements With Greatest Decrease



Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #	2.e.
Issue:	Discipline Tribunal Pilot Update and Renewal
Attachment(s):	-
References:	-
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	D. Adams, M. Piro
Submitted by:	Staff

Purpose & Public Interest Rationale:

The discipline process is a key component of CRPO’s public protection mandate. The process must be, in fact and in perception, transparent, fair and efficient. Equivalent considerations apply to the Fitness to Practise Committee, with a major difference being that fitness to practise hearings are held privately unless the registrant requests otherwise.

Background:

On April 3, 2023, CRPO began participating in the Health Professions Discipline Tribunal Pilot (HPDTP). The HPDTP consists of appointing experienced lawyer-adjudicators as members of CRPO’s Discipline Committee (and the Fitness to Practise Committee, though for ease of reference and to focus on the more active committee, this note refers mainly to the Discipline Committee). The lawyer-adjudicators chair hearing panels alongside the statutorily required professional and public members of Council. They lead the decision writing process. They also chair case management conferences and, in the case of David Wright, chair the committee as a whole. Other colleges participating in the HPDTP include the College of Massage Therapists of Ontario (CMTO), College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), and the College of Physicians and Surgeons of Ontario (CPSO).

The HPDTP is housed administratively within CPSO, as they are the first Ontario health regulatory college to adopt an independent tribunal model for the Discipline Committee (known as the Ontario Physicians and Surgeons Discipline Tribunal, or OPSDT). Accordingly, CRPO entered into an agreement with CPSO to clarify roles and responsibilities within the HPDTP, and to allocate costs for the adjudicators’ time. Fees also cover the administrative support provided by OPSDT employees on behalf of CRPO’s participation in the HPDTP.

The agreement provides for renegotiation and renewal of the Pilot before the end of its year one term. Following learning experiences from the first term and given the need to transition to a possible longer-term arrangement, there are changes proposed to the HPDTP’s second year. Staff will describe these proposed changes and the rationale for continuing the pilot. Staff are recommending to Executive Committee to support a second term, until December 31, 2024 with the possibility of further renewal to be discussed subsequently.

Key Considerations:

Cost

Staff believe the cost of the second year of the pilot is worth the benefits and comparable to the alternative.

The main cost of the first year of the pilot was the adjudicators' time in preparation, hearings and decision and reason writing. During the initial year, CRPO staff continued to coordinate most of the hearing preparation work (e.g., sending letters, canvassing participants for dates).

There will be an increase in costs for the second year, which reflects a change in responsibilities wherein CRPO staff will no longer be responsible for the hearing preparation work mentioned above, though CRPO staff still has responsibility for conflict checks, day-of hearing setup, updating CRPO's website, and record retention. As a practical consequence, CRPO now has one staff-person largely freed up from discipline responsibilities to deploy to another CRPO department. CPSO is also introducing a monthly charge to recognize their fixed investment in the participant colleges.

The HPDTP has and will continue to offset the cost of engaging independent legal counsel (ILC), who is a lawyer that sits alongside panels during hearings and advises them regarding procedure and decision-writing.

Considering the hourly and monthly rates to participate in the pilot, the cost of participating is similar to the cost of retaining ILC. The intangible and tangible benefits of the pilot (to be discussed), make any cost difference worthwhile.

Efficiency

The pilot model appears to be more efficient than the traditional model. Initial staff research indicated, for example, that it took less time for pilot panels to release reasons after complex, contested hearings than it did for panels to release reasons for relatively straightforward, uncontested hearings.

Efficiency also translates into cost savings. While the per-day hearing cost may be slightly higher under the pilot than the traditional model, these costs are made up for if hearings take less time to complete than otherwise.

Fairness

There are various measures in the pilot to promote actual and perceived fairness:

- The committee and panel chairs are appointed by, but do not serve on, CRPO Council
- The lawyer-adjudicators are not members of the profession being regulated
- The lawyer-adjudicators have advanced competence in holding fair, impartial hearings
- The committee Chair engages in case management and scheduling, meaning it is not the College driving matters forward
- The Committee is administered as a tribunal, with OPSDT staff being removed from CRPO's other regulatory work
- Reasons are written in accessible language

Intangible Benefits

Anecdotally, CRPO professional and public members have reported satisfaction with the pilot. They do not need to focus as much on day-of hearing procedure, and can devote more attention to the merits of the case. Satisfaction with serving on the committee and with the process can promote continuity and effectiveness.

Risks

There are some potential risks to continuing with the pilot, which staff believe can be sufficiently mitigated:

- Individuals might wrongly perceive CRPO is delegating its discipline functions to another college and profession, CPSO. This can be mitigated by careful, timely communication.
- If the cost unduly increases, timelines slow down dramatically, or for any other reason the project is discontinued, CRPO might need to switch back to the traditional Discipline Committee model. Professional and public members would not have had recent experience chairing hearings. This is being mitigated through ongoing communication with OPSDT and a clear written agreement, which will be reviewed again near the end of the second term. Given the educational components of the pilot, CRPO professional and public members are benefiting from the experience, making them more competent over the years to serve on the committee, whichever model is being used. It is also proposed (see below) to have a Vice Chair role filled by a professional or public member, which will promote Discipline Committee leadership knowledge within CRPO.
- Some concern has been raised about the absence of ILC, that is, whether it is permitted to hold a hearing without them. This legal concern has been carefully looked at. The OPSDT has not had any major issues with it, despite having many cases appealed to court.
- Professional and public members could perceive they are losing control over hearings to the lawyer-adjudicator. However, the adjudicators are carefully trained to ensure all panel members participate in decision-making.

Next Steps:

Appointment of Committee Members

CRPO has already signed the renewal agreement, but it is conditional on the extended appointment of the adjudicators. As presented in 2023, the adjudicators were vetted by CPSO and subsequently appointed by CRPO Council. Staff is unaware of any concerns about the performance of any of the appointed adjudicators. Staff therefore recommend supporting their reappointment to the Discipline Committee.

Proposed Motion #1:

That Council reappoint:

- Raj Anand
- Shayne Kert
- Sherry Liang
- Sophie Martel
- Jennifer Scott
- David Wright

As members of the Discipline and Fitness to Practise Committees, and David Wright as Chair of those committees, with a term ending December 31, 2024.

The second-term agreement also requires CRPO to ask Council to appoint a Vice Chair to the committees. As stated above, this will help with leadership learning and continuity. S. Briscoe-Dimock RP, former Council member, has agreed to serve in this role if appointed. Her experience chairing and serving on several discipline panels would be an asset to the committee. Her position as a non-Council member further promotes continuity and independence of the committees.

Proposed Motion #2:

That Council appoint Shelley Briscoe-Dimock, RP, as Vice-Chair of the Discipline and Fitness to Practise Committees, with a term ending December 31, 2014.

In further building independence, capacity and continuity by appointing non-Council members to committees, staff recommends reappointment Carol Cowan-Levine as a member of the committees as well. She has agreed to serve another term if appointed.

Committee Name

It is proposed as part of the pilot to use the terminology of a tribunal to reinforce the independence of the Discipline Committee. Accordingly, staff is recommending Executive Committee to support the following by-law amendment, which does not require a public consultation:

Proposed Motion #3:

That Council enact, effective May 15, 2024, the following by-law article:

1.01.1 The Discipline Committee shall be known as the Ontario Registered Psychotherapists Discipline Tribunal (ORPDT) in English and Tribunal de discipline des psychothérapeutes autorisés de l'Ontario (TDPAO) in French, and each reference to the Ontario Registered Psychotherapists Discipline Tribunal or the Tribunal de discipline des psychothérapeutes autorisés de l'Ontario, whether orally or in writing, shall be deemed to be a reference to the Discipline Committee of the College as specified in the Code and the Psychotherapy Act, and any other legislation or policy where the context requires.

Evaluation

The second term will be evaluated by participants, the results of which will be presented to Executive Committee before a third term is approved.

Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #	3.a.
Issue:	Automatic Fee Increase
Attachment(s):	-
References:	By-laws (crpo.ca)
Action:	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams, J. Falkenburger, M. Piro
Submitted by:	Staff, Executive Committee

Purpose & Public Interest Rationale:

The College is dependent on fees from applicants and registrants to carry out its mandate of public protection. Fee levels must be appropriate to meet the demands of regulating a growing profession among financial pressures.

Background:

At its January meeting, the Executive Committee approved the revenue budget for fiscal 2024-2025 to be recommended to Council for approval in March. The revenue estimates included an increase to registrant fees, except for those fees that are levied as penalties fees (i.e., the fee for late renewal and the fee to reinstate registration or lift a suspension).

The Executive Committee discussed the rationale behind this, specifically that these fees are not set based on cost recovery for the extra work involved in late renewals and reinstatements but are intended to serve as an incentive to maintain registration in good standing. Staff noted that late renewals have fallen in recent years due to a simplified registration system. When these factors are insufficient to prevent late renewal, it is often due to financial hardship. The Executive Committee agreed that, to prevent additional hardship while maintaining appropriate incentives, it was appropriate that the penalty not be increased.

The last by-law amendment regarding fees occurred in June 2018. Article 19.05 states, to paraphrase, that the fees automatically increase at the rate of inflation every two years. The next scheduled increase will take place in June 2024.

Based on the extenuating circumstances of the pandemic, CRPO decided not to implement the automatic fee increases for 2020 and 2022. For fairness and the benefit of registrants, the June 2024 inflation-based increase has been calculated using 2023 cost of living, not using COL since the last increase in June 2018.

Accordingly, the new fee amounts will be:

...

JRP	\$145	\$152
Application	\$160	\$168
Assessment fee -Mapping	\$100	\$105
Category transfer	\$80	\$84
Late Fee	\$150	\$150
Suspension Lifting	\$350	\$350
Reminder admin fee	\$54	\$57
RP	\$589	\$620
RP-Q	\$321	\$338
Inactive	\$295	\$310
Letter of good standing	\$32	\$34
Election Recount	\$214	\$225
Corporations - New	\$624	\$657
Corporations - Renew	\$416	\$438

Key Considerations:

This automatic increase is sufficient to meet the College's financial needs this year while avoiding falling behind due to inflation-related cost increases.

Next Steps:

The fee increase will be in effect as of June 22, 2024.

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 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%	100%	
Mapping tool	80%	28%	21%	24%	
Labour mobility	100%	100%	100%	100%	
Temporary	100%	None submitted	None submitted	None submitted	
within second 15 days					
Recognised program	90%	85%	99%	87%	
Mapping tool	90%	57%	75%	59%	
Labour mobility	100%	100%	100%	N/A	
Temporary	100%	None submitted	None submitted	None submitted	

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 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%	93%	
Labour mobility	100%	100%	100%	100%	
Temporary	100%	None submitted	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 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%	83%	applications completed October to December

• 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%	86%	applications completed October to December

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 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%	+2%	
at staff level	% +/- from standard set by approval rates in mapping tool	+25%	+8%	+2%	
at panel level	% +/- from standard set by approval rates in mapping tool	0%	-2%	0%	
# conditional approvals	% +/- from standard set by approval rates in mapping tool	+8%	+3%	-5%	
# required TLC	% +/- from standard set by approval rates in mapping tool	0%	+6%	+4%	
# refusals	% +/- from standard set by approval rates in mapping tool	-3%	-15%	-1%	

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 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>						
'- percent of confirmed decisions by the Health Professions Appeal and Review Board (HPARB).						
% confirmed decisions	100%	100%	100%	100%	100%	

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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%	84%		
- time to provide a substantive response to non-urgent email and telephone inquiries						
within 5 days of assignment	85%	93%	75%	62%		
- time to provide a substantive response to urgent email and telephone inquiries						
within 3 business days	85%	93%	92%	95%		
<ul style="list-style-type: none"> 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%	80%		
% of questions that are in scope	85%	99%	96%	90%		

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 Fiscal 2023-24 PERFORMANCE	Anomaly explanation / Notes
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.						*note this is based on 2023 annual review
CPMF Governance Measure:						
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.						
<ul style="list-style-type: none"> This will monitor engagement with the evaluation framework. 						
- percent Council members completing Annual Council Effectiveness evaluation	100%	100%	n/a		100%	
- percent Council members completing Annual competence self-reflection	100%	100%	n/a	n/a		
- percent Council and committee members completing Meeting Pulse Evaluations	95%	90%			74%	
plenaries				95%	73%	
panels				90%	75%	
working groups				52%	39%	
<ul style="list-style-type: none"> This will monitor changes in effectiveness in each of the evaluation categories. 						
- Council Effectiveness evaluation category with 'disagree' responses	<10%	<10%	<10%	<10%	<10%	

REQUIREMENT	KPI	TARGET	Q1 Fiscal 2023-24 PERFORMANCE	Q2 Fiscal 2023-24 PERFORMANCE	Q3 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						this will be available after the web overhaul is complete	
CPMF Governance Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate. •This will monitor the College's management of restricted reserve funds to ensure adequate budget to appropriately dispose of all complaints and reports.							
	- accuracy of annual complaints and reports budget allocation	< 20% variance			17%		
	•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				

Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #	3.c.
Issue:	HIROC Risk Assessment Checklist Report update
Attachment(s):	-
Reference(s):	Healthcare Insurance Reciprocal of Canada (HIROC) home page Integrated Risk Management policy
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams, K. Roberts
Submitted by:	Staff, Executive Committee

Public Protection Rationale:

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

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

Background:

CRPO is required by the College Performance Measurement Framework (CPMF) to have a formal approach to risk and has started this work by developing a basic risk register that staff has continued to review. To further this work, Council approved a staff proposal to participate in the [Healthcare Insurance Reciprocal of Canada](#) (HIROC) Risk Assessment Checklist program, part of the management assessment and response resources that HIROC offers to subscribers.

The Risk Assessment Checklists program is:

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

Over the course of the last quarter, staff completed the assessment across governance, core mandate areas (except for facility accreditation since CRPO has no authority over facilities) and operations. The senior management team reviewed the assessment prior to its submission (ahead of schedule since the official reporting year deadline was July 2024).

Staff completed the Risk Checklist submission and received an initial risk score report (below).

Cycle year	Assessment year	HIROC risk rank	Category	Title	Average implementation score	Is this one of your top three areas of focus?	Submission status
Year 1 of 3	2023	10	Operations	Records Management, Privacy & Information Technology (Regulatory Authority)	80	Yes	Submitted
Year 1 of 3	2023	7	Operations	Integrated Risk Management (Regulatory Authority)	93		Submitted
Year 1 of 3	2023	2	Overarching	Leadership (Regulatory Authority)	94		Submitted
Year 1 of 3	2023	3	Core Mandate	Registration & Licensure (Regulatory Authority)	83		Submitted
Year 1 of 3	2023	11	Operations	Security & Premises (Regulatory Authority)	100		Submitted
Year 1 of 3	2023	8	Operations	Human Resources (Regulatory Authority)	90		Submitted
Year 1 of 3	2023	4	Core Mandate	Complaints & Resolution (Regulatory Authority)	100		Submitted
Year 1 of 3	2023	5	Core Mandate	Quality Assurance of Medical Practice (Regulatory Authority)	75	Yes	Submitted
Year 1 of 3	2023	9	Operations	Finance (Regulatory Authority)	86		Submitted
Year 1 of 3	2023	1	Overarching	Governance (Regulatory Authority)	95		Submitted
Year 1 of 3	2023		Administration	Cyber Loss	81	Yes	Submitted

Note that we have a status of “Implementation in progress” for most areas of deficiency, meaning that we have already identified the risk and developed a mitigation strategy, and that work is underway implement needed fixes.

Next steps:

Using the checklist results, staff will work with the HIROC team to develop and populate a Risk Register to report to the Executive quarterly.

The Risk Register:

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

On preliminary review of the focus areas for coming year will be:

- Quality Assurance program development
- Cyber Loss
- Records Management, Privacy, and IT

Work on focus areas will be self-directed but supported by HIROC.

As per the Integrated Risk Management Policy that Council passed in December 2023:

- The risk register will be reviewed at least quarterly by management staff and Executive Committee
- Executive Committee will provide reports to Council following each Executive Committee meeting
- Council will receive a detailed report about risk status at least annually and will assess the effectiveness of the College’s risk management efforts
- Committees will have a standing agenda item to address, at least annually, the risk status as it applies to their work

Timing that the Council may wish to note as follows:

- Draft Risk Register report to be provided at April 4 meeting for review and analysis
- Draft summary report to be provided at May 16 meeting for approval prior to presentation to Council at June 13 meeting

- HIROC report provided at year end with a comparison to relevant peer organizations (2-3 regulatory colleges), where applicable.

College Performance Measurement Framework (CPMF) Reporting Tool



Reporting Year: January 2023 – December 2023

DRAFT for COUNCIL REVIEW

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

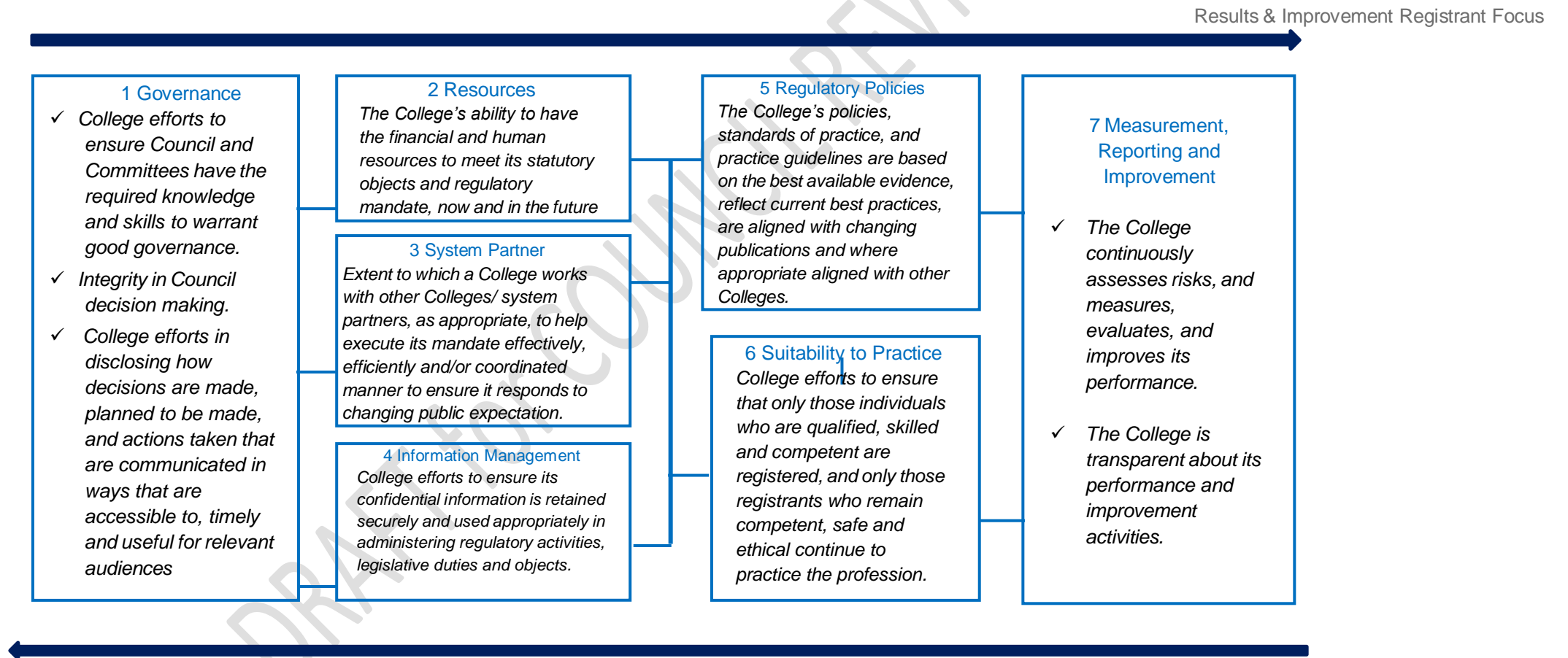


Figure 2: CPMF Domains and Standards

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

DRAFT

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

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

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

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

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). The orientation training is comprised of a one-hour webinar (also available in other formats – see below) and self-study at the candidate’s own pace to prepare for the competency questionnaire (knowledge test) prior to submitting their nomination. CRPO is committed to removing barriers for RPs who wish to contribute to the work of Council while ensuring that anyone standing for election meets competence and suitability criteria. Accordingly, the College developed multiple ways for interested RPs to complete the required orientation training. These include a live webinar presented by staff and two current Council members (presented in March 2023) as well as materials in audio, video and print format. After accessing the information from one of these sources, any RP who wishes to stand for election must complete and submit a questionnaire that tests their knowledge of the concepts presented. • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. • written materials in accessible format • narrated video • CRPO Pre-candidacy Questionnaire • Council Orientation: CRPO 101 • Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation • Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures 				
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>				Choose an item.
<i>Additional comments for clarification (optional):</i>				
	b. Statutory Committee		The College fulfills this requirement:	Yes

		<p>candidates have:</p> <p>i. met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none">• The competency and suitability criteria are public: Yes• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i>• CRPO Committee Competency Matrix (required for non-Council committee appointees)• CRPO Committee Composition Matrix• CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix
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		<p>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</p>				
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="782 418 2198 472">The College fulfills this requirement:</td> <td data-bbox="2198 418 2612 472" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="782 472 2612 1442"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>In addition to the committee-specific orientation for Council members being appointed to statutory and standing committees and working groups, CRPO provides a pre-appointment orientation for professional members who are interested in a non-elected committee appointment. This was done as part of appointment screening interviews (conducted by members of the Nominations and Elections Committee and the Diversity, Equity and Inclusion Working Group) and through two webinars. Registrants from equity-deserving communities – in particular registrants who identify as members of the Black community – were encouraged to attend these webinars to hear presentations from staff and two Black RPs.</p> <p>Once appointed, new Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive a two-hour initial orientation to the committee as well as participating in a 6-month long series of ‘touchpoints’ to ensure they are functioning effectively as committee members.</p> <p>Please see the New Council / committee member training schedule for details of this process.</p> <p>Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant.</p> <ul style="list-style-type: none"> • Examination Committee Orientation • Quality Assurance Committee Orientation • Registration Committee Orientation • Inquiries Complaints and Reports Orientation </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>In addition to the committee-specific orientation for Council members being appointed to statutory and standing committees and working groups, CRPO provides a pre-appointment orientation for professional members who are interested in a non-elected committee appointment. This was done as part of appointment screening interviews (conducted by members of the Nominations and Elections Committee and the Diversity, Equity and Inclusion Working Group) and through two webinars. Registrants from equity-deserving communities – in particular registrants who identify as members of the Black community – were encouraged to attend these webinars to hear presentations from staff and two Black RPs.</p> <p>Once appointed, new Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive a two-hour initial orientation to the committee as well as participating in a 6-month long series of ‘touchpoints’ to ensure they are functioning effectively as committee members.</p> <p>Please see the New Council / committee member training schedule for details of this process.</p> <p>Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant.</p> <ul style="list-style-type: none"> • Examination Committee Orientation • Quality Assurance Committee Orientation • Registration Committee Orientation • Inquiries Complaints and Reports Orientation 	
The College fulfills this requirement:	Yes					
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>In addition to the committee-specific orientation for Council members being appointed to statutory and standing committees and working groups, CRPO provides a pre-appointment orientation for professional members who are interested in a non-elected committee appointment. This was done as part of appointment screening interviews (conducted by members of the Nominations and Elections Committee and the Diversity, Equity and Inclusion Working Group) and through two webinars. Registrants from equity-deserving communities – in particular registrants who identify as members of the Black community – were encouraged to attend these webinars to hear presentations from staff and two Black RPs.</p> <p>Once appointed, new Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive a two-hour initial orientation to the committee as well as participating in a 6-month long series of ‘touchpoints’ to ensure they are functioning effectively as committee members.</p> <p>Please see the New Council / committee member training schedule for details of this process.</p> <p>Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the ‘technical’ work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant.</p> <ul style="list-style-type: none"> • Examination Committee Orientation • Quality Assurance Committee Orientation • Registration Committee Orientation • Inquiries Complaints and Reports Orientation 						

Discipline Committee training is done through sessions provided by experienced adjudicators from the [Ontario Physicians and Surgeons Discipline Tribunal](#), independent legal counsel and the Health Professions Regulators of Ontario.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional):

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	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. Initial orientation is typically 3-hours of meeting time plus self-study at the member's own pace. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). The format of the orientation is a mix of: <ul style="list-style-type: none"> • self-study of materials prior to general Council onboarding • 3 staff and Chair-led remote orientation sessions, culminating with completion of worksheets to assess knowledge • Council orientation modules worksheet <p>In addition to the above orientation to Council duties, public appointments also receive support in preparing for their work on the ICRC committee. This involves a remote meeting with senior staff and a learning module that provides an introduction to the profession.</p> <ul style="list-style-type: none"> • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. • Council Orientation: CRPO 101 • Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation • Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures • Professional Practice Standards • Psychotherapy Act, 2007 • RHPA – Schedule 2, Health Professions Procedural Code • Controlled Act Task Group Documents • Summary article Bill 87: Protecting Patients Act 	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	

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			<p><i>Additional comments for clarification (optional):</i></p>
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. Since 2020, CRPO’s Council has been using a framework that includes: <ul style="list-style-type: none"> • meeting evaluation tools (for every Council, committee plenary and panel meeting) Survey Participation (pollinate.net) • a Council effectiveness survey 2022-03-31-Council-Meeting-package-for-website.pdf (crpo.ca) • an annual committee ‘renewal’ assessment (through the review of the terms of reference and work plan). In 2022, Council implemented the final components of the framework: <ul style="list-style-type: none"> • an annual competence self-reflection to be completed by every Council member • an annual competence evaluation to be completed by a committee chair and senior staff member for every Council member The combined results of the three (one self-reflection, two evaluations) are used to develop a plan to support each Council member in competence development, as well as to inform ongoing training that is provided to Council and committee members. <ul style="list-style-type: none"> • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> March 29, 2023 Council Meeting Materials Item 2a i. Evaluation Framework: Governance Report Item 2a ii. Evaluation Framework: Annual Council Effectiveness Survey Report Item 2a iv. Evaluation Framework: Self-reflection / Competence Evaluation Results Report 	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

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

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	<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Council Evaluation Components • CRPO Competency Evaluation Report (sample) • Please insert a link to Council meeting materials and indicate the page number where this information is found OR A comprehensive list of education resources (including presentations made at Council meetings) can be seen here. • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Council receives a quarterly report on the themes identified through the aggregate results of the 5-Minute Meeting Pulse evaluations that is completed after every Council, committee plenary and panel meeting. They also receive a report and education session to support understanding and making best use of the Annual Council Effectiveness Survey Results. These reports identify opportunities to support Council and committee members in developing competence. Training that was provided to the full Council in 2023 as a result of opportunities identified through the evaluation framework included: <ul style="list-style-type: none"> • Using an Evaluation Framework in KPI development • Governance Concepts: <ul style="list-style-type: none"> • Critical friendship • RHPA & the Psychotherapy Act • Jurisprudence • Best practices in trauma-informed approaches to regulation • Best practices in Fair Registration • Mentorship in Board Development • Reading Financial Statements • Clinical Practise (various topics) <p>Training that was provided to specific committees was informed by the 5-Minute Meeting Pulse evaluations, Staff and Chair Evaluation, Annual Self Reflection results and committee workplan needs.</p>	<p>Yes</p>
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			<p>Training that was provided to committees in 2023 included:</p> <ul style="list-style-type: none"> • Health Professions Discipline Tribunal: Innovating Together <ul style="list-style-type: none"> • Evidence Law: Prior Statements • Equity in Adjudication • Freedom of Expression and Professional Discipline • Mandatory Revocation and Professional Discipline • Suitability to Practice: Discipline Orientation Workshops <ul style="list-style-type: none"> • Basic • Advanced • Certificate Expiry • Peer and Practice Review Tools • Risk-informed Assessment Blueprint • Current practices in Entry-to-Practice Examinations • Clinical Supervision Reflection Tool as an Exam Preparation Resource <p>Additional training and professional development supports were provided to individual members as informed by the Annual Self Reflection and the Staff and Chair Evaluation process.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>			

	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Professional Practice Working Group Terms of Reference • Diversity, Equity and Inclusion Working Group Terms of Reference • Canadian Centre for Diversity and Inclusion Employer Partner • HIROC Risk Assessments Checklist Program • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. CRPO’s Council and committees continue to engage in ongoing education and professional development with a focus on areas related to risk-assessment and mitigation and to diversity, equity and inclusion in regulation. <p>In keeping with this, Council received:</p> <ul style="list-style-type: none"> • two education presentation on HIROC’s Risk Assessment Checklists program • a presentation on trauma-informed practices, including elements of trauma related to racialized and intersectional identities from the staff of the Barbra Schlifer Commemorative Clinic • training resources on Developing a Land Acknowledgment <p>Additionally, specific committee training was provided related to the ICRC on anti-Black racism and its impact on complaints and reports processes and to the QA Committee on the use of risk assessment in professional quality assurance programs.</p> <p>Staff is also charged with monitoring issues within the profession (e.g., through engagement with education programs and professional associations) and in regulation (e.g., through HPRO initiatives and relevant conferences) and providing education to committees. In 2023, this included presentations on <i>Social Media, Politics and Complaints</i> and updates on current cases related to this issue.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

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			<p><i>Additional comments for clarification (optional):</i></p>
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DOMAIN 1:	STANDARD 2	Measure: 2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
GOVERNANCE		<p>a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:</p> <ul style="list-style-type: none"> i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. The Code of Conduct was reviewed as part of an overall by-law review in September 2021. No changes resulted from this. The approach to Conflict of Interest was reviewed and revised in January 2021. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. Revisions to the Conflict of Interest Policy for Council included the: <ul style="list-style-type: none"> • addition of a guidance worksheet • development of a process for considering and declaring conflicts of interest
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>The next review of the Code of Conduct, scheduled for 2024, will be informed by the College's standing Diversity, Equity and Inclusion Working Group.</p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <ul style="list-style-type: none"> Code of Conduct Conflict of Interest <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in</p> <p>Choose an item.</p>
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. 2021 Please provide the length of the cooling off period. The 'cooling off' period is one year. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; <p>The requirement for a 'cooling off' period is established through by-laws by defining holding certain positions with a professional association as a conflict of interest.</p> <p>16.03 – Conflicts Relating to Involvement with a Professional Association</p> <p>A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy.</p>	<p>Met in 2022, continues to meet in 2023</p>

			<p>The 'cooling off' period is enforced through the eligibility for election criteria.</p> <p>10.04 – Eligibility for Election</p> <p>(viii) the Member has resigned, no less than one year before the date of the election, any responsible position such as director, board member, officer or employee that the Member holds with a Professional Association relating to psychotherapy</p> <p>Any RP proposing to stand for election to Council must attest that they do not have a conflict of interest in relation to a position or employment with a professional association.</p> <p>Eligibility to Stand for Election – Candidate Attestation</p> <ul style="list-style-type: none">– Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR– Where not publicly available, please briefly describe the cooling off policy. <p>CRPO Council Meeting Materials September 21, 2021: By-Law Amendments</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. 2021 • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>Council members are expected to complete a conflict of interest worksheet and make a declaration prior to the meeting through the Council’s board portal. The Chair reviews conflicts of interest and asks Council members to make a declaration related to the agenda items at the beginning of every Council meeting.</p> <ul style="list-style-type: none"> • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. • December 7, 2023 Council Meeting Materials - - Conflict of Interest Disclosure Form and Worksheet 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

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		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. <p>In 2022, CRPO revised and reaffirmed formal Regulatory Objectives that had been adopted in 2019.</p> <p>Regulatory objectives are specific and measurable efforts needed to achieve the goal of public protection dictated by the RHPA. Establishing and communicating regulatory objectives allows a regulator to demonstrate how the work they do is in the public interest. Stated objectives also support accountability within a right-touch approach: if an initiative cannot be measured against one of the objectives, it likely should not be undertaken.</p> <p>These objectives are used as the basis for ensuring that decisions are made in the public interest. In addition, Council uses a briefing note template that includes an opening statement as to the public interest rationale of every item and decision being contemplated. This template is used for all Council meeting agenda items and is included in publicly posted material.</p> • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>Every issue brought to Council meetings is introduced by a briefing note that explicitly outlines the public interest rationale. See December 7, 2023 Council Meeting Materials Briefing Note for Council for an example.</p> 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

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	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. 2023 • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In 2023, the College enrolled in the Hospital Insurance Reciprocal of Canada subscriber Risk Assessment Checklists program.</p> <p>Part of the work done in relation to this was to adopt an Integrated Risk Management Policy as the formal approach to identifying, assessing and managing operational and regulatory risks.</p> <p>Risks were discussed as part of the December 7, 2023 Executive Report to Council and included summary of areas for risk-focused efforts:</p> <ul style="list-style-type: none"> ○ Quality Assurance program revision rollout, tied to the College’s strategic objective of building its presence as a trusted authority ○ cyber-risk processes, tied to the College’s strategic objective of strengthening operational infrastructure ○ codifying operational policies related to finances, tied to the College’s strategic objective of strengthening operational infrastructure 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<p><i>Additional comments for clarification (if needed)</i></p> <p>In 2024, the College the College will begin using the HIROC Risk Register – replacing the report format that was developed prior to this. This register will be used as a means to provide Executive with a quarterly update on risk mitigation. Committees will have a standing agenda item to address, at least annually, internal and regulatory risks as they apply to their mandate. Council will be updated through the Executive Committee’s regular reporting. A full risk report will be used to inform the basis of strategic planning, the development of any future key performance indicators, and any changes to regulatory programs.</p>	

Measure: 3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Council Meetings • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. • Updates on the implementation of Council decisions are included in meeting materials. Interested individuals can also request specific updates by email, as noted on the Council Meetings Policies and Guidelines page of the website.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>

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		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; 	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. • Council Meeting Materials – Executive Committee Report to Council • January 25, 2023 • March 29, 2023 • June 22, 2023 • September 14, 2023 • December 7, 2023 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

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- iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
- iv. if decisions will be ratified by Council.

Additional comments for clarification (optional)

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Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. • Council Agenda Packages, Highlights and Meeting Minutes Council meeting dates are posted in the fall for the following full calendar year. Meeting agendas are posted two weeks in advance and full meeting material packages one week in advance of meetings. Materials from February 2016 forward are currently available.	Met in 2022, continues to meet in 2023
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. • Current Discipline Hearings 	Met in 2022, continues to meet in 2023

		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.			
Required Evidence	College Response		
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:		Partially
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. <p>The Diversity, Equity and Inclusion working group spent 2023 becoming orientated to the College’s regulatory mandate and undertaking tasks at the request of the Executive Committee. The DEI WG has an operational work plan that is used to direct their efforts; this plan includes the need to make recommendations on the development of a formal DEI plan.</p> <ul style="list-style-type: none"> • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <ul style="list-style-type: none"> • January 25, 2023 Council meeting materials – verbal update and allocation of funds • Council received a verbal update on the workplan development being done by the Diversity, Equity and Inclusion working group. Additionally, the fiscal 2023-2024 budget was submitted for approval and included funding to establish the working group as standing, to assign staff to permanently support the group and to provide for consulting dollars where outside expertise was required. • March 29, 2023 Council meeting materials • Council was asked to approve the DEI WG’s recommendation for the appointment of Co-Chairs, who were selected by the group from among its members considering the principles of inclusion and balance along elements of identity including but not limited gender, race, ability, sexuality, age. • September 14, 2023 Council meeting materials – Self-identification data collection and management and formal adoption of the HPRO-developed Equity Impact Assessment Tool 		

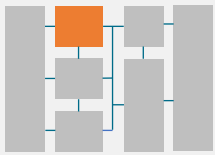
			<ul style="list-style-type: none"> • Council received advice and recommendations from the DEI WG on the implementation of a comprehensive self-identification data set for applicants, registrants, complainants and reporters as well as RPs who are the subjects of complaints or reports. This will provide CRPO the ability to conduct equity impact assessments to support decision-making that is fair and ensures that policies, programs, or processes are not discriminatory. Having access to data that identifies people based on race, disability, sexual orientation and other Ontario Human Rights Code grounds will support the College in being able to conduct meaningful equity impact assessments. • December 7, 2023 Council meeting materials – Equitable remuneration • Council approved tasking the DEI working group with considering 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. • December 7, 2023 Council meeting material reference - CRPO Committee Appointments – College of Registered Psychotherapists of Ontario • CRPO has developed a Committee Composition Matrix to describe the needed mix of experience and skills each committee and working group needs to fulfill its mandate. The rationale for establishing a varied membership of practice area experience is to enhance the opportunity for a greater input from the diverse experiences of RPs that flow with these practice areas. This diversity also includes training and education experience outside of Ontario and Canada. The recruitment process will also closely consider intersectional identities. <p>Council approved non-elected appointments for RPs who bring the needed diversity of lived-experience to committee deliberations and decision-making in the public interest. The recruitment of these RPs considered the principles of DEI and focused on ensuring that:</p> <ul style="list-style-type: none"> - the DEI Working Group includes RPs who identify as members of First Nations, Inuit, and Métis communities, people with disabilities and 2SLGBTQIA+ community members. - the Inquiries, Complaints, and Reports Committee has representation from the Black community in the review of matters that relate to issues of anti-Black racism and discriminative complaints that involve Black people in general - the Registration Committee's Indigenous Registration Pathway panel is comprised of RPs who have training, experience or expertise in Indigenous Traditional healing practices to lead this work.
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>

			<p><i>Additional comments for clarification (optional)</i></p> <p>Council has asked the DEI WG to contribute to the development of a formal DEI Plan in 2024.</p>
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	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>At its September 14, 2023 Council meeting, Council approved the formal adoption of the HPRO-developed Equity Impact Assessment Tool for use going forward. At this same meeting, a plan to collect, manage and use a comprehensive set of self-identification was also approved. The Council’s has determined that this data set is needed to conduct meaningful equity impact assessments.</p> <p>After the adoption of the tool, staff were directed to the tool to each statutory and standing committee to consider as part of risk identification and work plan development. Operations staff are also using the tool in human resource and staff development planning.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes	
<p><i>Additional comments for clarification (optional)</i></p> <p>The equity impact assessment tool will be used by committees and results will be shared with Council in 2024.</p>			

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Measure:

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

DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response		
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. January 25, 2023 Fiscal 2023-2024 expense and revenue budget approval March 29, 2023 establishing budget related KPIs March 29, 2023 reviewing Council and committee professional member per diem December 7, 2023 directing the development of a plan to provide equitable remuneration to lessen barriers to participation by RPs from and serving equity-deserving communities Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Based on CRPO’s 2023-2026 Strategic Plan strategic planning session, Council approved a budget that ensured appropriate committee, staff, consultant and budget were allocated to key areas including:</p> <ul style="list-style-type: none"> ongoing use of all elements of the Council Evaluation Framework work to complete the support the Professional Practice Standards review standing funding for the Diversity, Equity and Inclusion working group completion of the Regulatory Risk Register finalization of the Registrant Management System implementation work related to the trauma-informed review of core regulatory processes 		<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>		

			<i>Additional comments for clarification (optional)</i>
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	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Executive Limitations Policy: Reserve Fund • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. March 2021 • Has the financial reserve policy been validated by a financial auditor? Yes 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>			

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

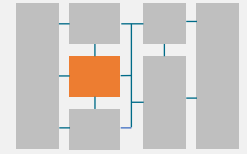
		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. CRPO has policies and approaches that comprise a cyber-security risk management plan. This approach considers the necessary creation, sharing and storage of information for the purposes of administering the RHPA, the Psychotherapy Act and related regulations. Elements covered by this plan include: <ul style="list-style-type: none"> policies to address security, incident response, audit and review cycle, and insurance staff training remote access set up and management email communications work from home workspaces hiring policies Council, committee and assessor technology access and support <p>In 2023, CRPO undertook a number of steps to improve College processes. These included:</p> <ul style="list-style-type: none"> retaining a part-time Data Analyst to collaborate with staff on a broad exploratory analysis of CRPO complaint and investigation data <ul style="list-style-type: none"> The results will be used as evidence to inform the creation and modification of regulatory programs, e.g., the QA Program, resource development, education program recognition, communications, in response to identified areas of concern. implementing a staff-wide on-line program to provide training and education on cyber-risks and to conduct monthly, mandatory testing on key concepts launching an updated Professional Practice and Jurisprudence for Registered Psychotherapists e-learning module and test (in English and French) on a more user-friendly and accessible platform launching a risk-focused Case Based Assessment as a mandatory QA program requirements using an on-line, proctored assessment platform to mitigate the burden of this requirement on registrants continuing to build out the registrant management system to allow applicants and RPs to access needed information and submission forms and to allow RPs to report QA program compliance more easily 	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional)</i>
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DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A

College response

Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.

Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.

The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).*

CRPO strives for active engagement with other health regulatory colleges and system partners. The strategic plan developed by the Council re-affirmed that [collaboration with system partners to contribute to better access to mental health services](#) is a priority for CRPO. Accordingly, over the course of 2023, CRPO worked to build on existing relationships among other regulatory and system partners to advance collective best practices and advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services.

Ontario Health Regulatory Colleges

In preparation for the regulation of Applied Behaviour Analysts (ABA) by the [College of Psychologists of Ontario](#) (CPO), CRPO worked with CPO, the [College of Audiologists and Speech-Language Pathologists of Ontario](#) (CASLPO), the [College of Occupational Therapists of Ontario](#) (COTO), the [College of Early Childhood Educators](#) (ECE) and the [Ontario College of Social Workers and Social Service Workers](#) (OCSWSSW). The regulators formed an ad hoc

working group to develop clear and consistent communication to registrants who use ABA in their practice, and who may be affected by the decision to create a protected title for ABA practitioners.

The group developed a brief, clear language summary of the requirements set by regulation and the impact the new legislation will have on ABA practitioners registered with a college other than the CPO. Each college adopted versions of this summary, along with a survey, and disseminated them to their registrants ([Regulation of Applied Behaviour Analysis – update and invitation to share your feedback \(constantcontact.com\)](#)). The survey was intended to assist the colleges in developing an understanding of registrants practising in the area of ABA.

More than 1,250 regulated professionals responded to the survey. The working group reviewed the results together and used them to inform their respective Boards/Councils about the scope of anticipated impacts to their registrants, and to develop shared communication. The group developed a ‘frequently asked questions’ document, which will be shared with all the colleges’ registrants in English and French in early 2024. The goal of the communication is to support regulated professionals in understanding whether the regulation of ABA practitioners will impact them.

The working group and communication documents are examples of effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services.

- **Outcomes:**

- **a standardized communication document was created for dissemination across six provincial regulatory bodies (CPO, CRPO, CASLPO, COTO, ECE, OCSWSSW), which includes Frequently Asked Questions**
- **targeted communication to CRPO’s 13,000 registrants and the registrants of five other provincial regulatory bodies**
- **increased clarity for registrants related to existing and emerging regulatory obligations, promoting confidence in professional regulation**
- **effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services**

To ensure that CRPO is holding fair, transparent and efficient discipline and fitness to practise hearings, Council decided to participate in the Health Professions Discipline Tribunal Pilot.

The pilot project was initiated by the [Ontario Physicians and Surgeons Discipline Tribunal](#) (OPSDT) and the [College of Physicians and Surgeons of Ontario](#) (CPSO). CRPO participated along with the [College of Audiologists and Speech-Language Pathologists of Ontario](#) (CASLPO) and the [College of Massage Therapists of Ontario](#) (CMTO).

CPSO established the OPSDT as a way of modernizing the discipline process. OPSDT operates as an independent tribunal with its own staff and experienced lawyer-adjudicators who chair hearings and the Discipline Committee as a whole. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques. The result is more confidence from the public and registrants.

Through the pilot partnership, the experienced lawyer-adjudicators—who were already associated with OPSDT—were appointed to each participating college’s Discipline Committees and to CRPO’s Fitness to Practise Committee. These appointments allow each college’s committees to benefit from the adjudicators’ experience in appointing and chairing panels, managing cases and providing mentorship to professional and public panel members.

A steering committee that includes representatives from each of the four colleges guided the work of planning and launching the pilot and established a process to evaluate the efficacy of the partnership. The pilot also involved a full day of training for members of the committees from all participating colleges.

In doing so, the College established an efficient, independent, administrative tribunal model to adjudicate allegations of professional misconduct or incompetence of Registered Psychotherapists, as well as allegations of incapacity (though no fitness to practise hearings were held during the year). The gains achieved by this approach include:

(CRPO transitioned to using the OPSDT’s lawyer-adjudicators for all hearings from April 2023 forward.)

- **Outcomes:**
- **strengthening operational and governance infrastructure through:**
 - **more intensive case management (e.g., setting efficient deadlines for next steps in hearing planning)**
 - **reducing the time taken to draft and edit quality decisions and reasons, made in the public interest**
 - **responsible stewardship of financial resources in achieving statutory objectives by reducing legal costs**
- **building CRPO’s presence as a trusted authority for psychotherapy by:**
 - **promoting fair and efficient hearings**
 - **enhancing committee member competence through training and working alongside experienced adjudicators**
 - **creating process continuity by establishing a pool of experienced, professional adjudicators to serve on CRPO’s Discipline Committee**

Mental Health Regulatory College Working Group

Staff became part of a newly formed working group established by [Ontario College of Social Workers and Social Service Workers](#) (OCSWSSW) to bring together practice advisory staff from colleges whose registrants are authorized to perform the controlled act of psychotherapy. In 2023, this included the OCSWSSW; the [College of Psychologists of Ontario](#) (CPO); and CRPO. The [College of Occupational Therapists of Ontario](#) (COTO) is joining the group in 2024. This group worked on sharing information with a view to developing common resources on returning to in-person sessions and integrating artificial intelligence into psychotherapy practice.

- **Outcome: strengthened alignment of expectations in emerging areas of clinical practice.**

Ontario (non-health) Regulatory Colleges

In 2022, staff received and responded to a report from the Office of the Chief Coroner that provided specific advice to registrant requirements related to continuing education on the mandatory reporting of child welfare concerns. This resulted in a biennial requirement for registrants to attest that they had the requisite knowledge and understanding to meet reporting requirements. In 2023, staff consulted with the Ontario College of Teachers to ensure that CRPO's efforts were appropriately focused.

- **Outcome: ensures best-practices and public expectations are met in supporting RPs' awareness of their duty to report children in need of protection.**

Health Profession Regulators of Ontario (HPRO)

CRPO collaborates with and learns from other Ontario health regulatory colleges through HPRO. Specific engagement with HPRO included:

- Membership in the Citizen Advisory Group – allowing access to consultations with an engaged and informed group of public representatives
- Staff membership in regulatory practice groups (corporate services, registration, quality assurance, practice advisors, communications, investigations, policy, deputy registrar)
- Staff membership in HPRO Investigations & Hearings network – allowing access to listserv resources and information sharing and meetings
- Registrar attendance at HPRO Board and bi-weekly check in meetings
- Registrar member of HPRO Anti-BIPOC racism project steering committee
- Staff attendance at CPMF working group meetings
- Participation in work to develop appropriate consistency across registration regulation changes and emergency class amendments

- **Outcome: the ability to leverage work with other colleges through HPRO to build and incorporate best practices and to appropriately increase consistency in core regulatory functions.**

Pan Canadian Psychotherapy Regulators Group Specific engagement included:

- Collaboration with the [Canadian Counselling and Psychotherapy Association](#) to support efforts toward regulation in unregulated provinces
- CRPO staff providing consultations on 'lessons learned' since proclamation

- Sharing of governance and core regulatory policies and resources with newly and yet-to-be regulated provinces
- Presenting at the British Columbia Association of Clinical Counsellors' annual educational conference
 - o **Outcome: increased confidence in future labour mobility applications from newly regulated and yet-to-be regulated provinces.**

Professional Associations

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

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

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

Staff presented at the annual association conference for the OAMHP

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

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

- support for OAMHP delivery of monthly [Peer Circles](#) to support registrants in being better able to make judgement about how to meet the standards of practice related to consent, confidentiality and information sharing
- provided review of validated supervisor training under development by OAMHP

- o **Outcome: supported registrants in applying standards of practice and quality and availability of regulatory professional development offerings**

Psychotherapy Education and Training Programs

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

Staff made 11 presentations for education programs, reaching over 300 students at 9 schools

- o **Outcomes:**

- **increase in fair registration practices through clear communications with students having direct access to CRPO staff there to provide pre-application support**
- **strengthened shared understanding (between CRPO and educators) of the clinical experience component of programs**
- **education programs and students made aware of Professional Practice Standards update and encouraged to provide input into review**

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

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

Government agencies

Staff worked with members of a Strategic Policy Unit of the Strategic Policy, Planning & French Language Services division to refine a survey for registrants related to medical assistant in dying (MAiD). RPs were invited to complete a survey to collect data to determine the extent to which RPs currently provide support to clients seeking MAiD, and the level of interest RPs hold in participating in the proposed MAiD expansion. More than 2,750 provided responses to the 26-question survey. A summary report was provided to the Ministry of Health.

○ **Outcomes:**

- **guidance to registrants informed by changes in the practice environment, assisting them in adapting to increase access to mental health care and to support health system improvement**
- **government supported in development of health strategy, strategic priorities, alternatives and policies based on the opportunities for change**

Targeted consultations

PROBE

Staff met with representatives from CPEP to review statistics related to RP participation in the *PROBE Canada* professional / problem-based ethics and boundaries course.

○ **Outcomes:**

- **support for College risk-assessment in ICRC outcomes**

- **assistance for PROBE in determining course-impact on safety of psychotherapy practice after completing the course and considering any changes to content or delivery**

Barbra Schlifer Commemorative Clinic (BSCC)

CRPO is committed to a risk-based, right touch approach to regulation. This includes ensuring that regulatory tools are used in a way that protects the public by supporting positive behaviour change and the exercise of professional judgement. CRPO engaged the BSCC to complete an independent review of professional conduct procedures, communication and decision-making to ensure that complaints and reports processes are responsive to those who report having experienced trauma, are trauma-informed, and are procedurally fair.

This review was undertaken to:

- improve current practices to reduce the potential for harm to all parties involved in complaints and reports
- reduce barriers to making complaints or filing reports
- increase confidence in CRPO as a trusted authority

The BSCC team worked closely with staff to develop a consultation process that included focus groups with committee members, legal professionals and clinical subject matter experts; interviews with clients and witnesses involved in complaints and reports; interviews with RPs who were the subject of a complaint or report; and written submissions from anyone involved with the process who wanted to provide feedback. BSCC provided a comprehensive report - [Independent Review of the Complaints and Reports Processes of the College of Registered Psychotherapists of Ontario](#) – that included specific recommendations related to processes, policies, communications and professional development and training for staff and committee members.

- **Outcomes:**

- **identification of opportunities for CRPO to incorporate best practices into approach to conduct matters**
- **relevant guidance for staff, Council and committee support and education to ensure responsiveness to changing expectations about trauma**
- **guidance to ensure communications with the public and registrants will support their experience of CRPO as open, transparent and accessible**
- **guidance to ensure that policies and processes are reflective of evolving understanding of and expectations related to trauma**

Clinical Practice Consultations

Psychedelic-assisted Psychotherapy

CRPO engaged the [Queen’s University Dimensions Health Research Collaborative](#) to complete an expert narrative and review of literature related to

psychedelics and psychotherapy. This report will focus on safety, harm reduction and practice competencies in the emerging field of psychedelic-assisted psychotherapy.

At the same time, CRPO established a Professional Practice Advisory group to assist staff in understanding the current practice environment and identifying related risks.

This initiative is expected to establish an understanding of the required competencies for safe and effective practice, inform engagement with education program system partners and inform the development of clinical practice guidelines.

- **Outcome: CRPO is better able to incorporate diversity of perspective and relevant best practices into the development of guidance for RPs related to emerging field of psychedelic assisted psychotherapy.**

University of Toronto - Supervision Research Community of Inquiry

Staff participated in the annual meeting of academics, practitioners, associations and regulators who are interested in clinical supervision. The primary purpose of this meeting was to support a Carleton University team in their supervision research project. Benefits for CRPO included engagement with system partners from across organizations and to access recent supervision literature.

- **Outcome: CRPO is better able to incorporate diversity of perspective and relevant best practices into the development of guidance for RPs related to emerging field of psychedelic assisted psychotherapy.**

Health Profession Regulators of Ontario (HRPO)

As noted in standard 5, CRPO's engagement with HPRO supports the development and maintenance of relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), the Ministry of Health, and the Financial Services Regulator - FSRA, who all use HPRO as a central conduit for sharing information. Membership in the Citizen Advisory Group (CAG), in particular, allows CRPO direct access to consultations with an engaged and informed group of public representatives.

- **Outcome: CRPO decision-making informed by timely and broad input from multiple system partners.**

Psychotherapy Education and Training Programs

CRPO maintains an active relationship with education and training programs, particularly the 29 [recognized / accepted programs](#), in order to regularly exchange information and address issues such as scope of practice in clinical experience placements.

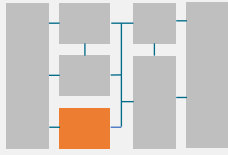
- **Outcome: CRPO has access to timely information about issues faced by individuals seeking to enter the profession, informing registration related policy development and amendment**

Professional Associations

CRPO regularly engages with representatives from professional associations through quarterly meetings with individual representatives and an annual meeting to which all associations are invited, allowing the regular exchange of information. Association representatives are asked to participate in College consultations and to promote them to members.

- **Outcome: CRPO is aware of advocacy efforts and RP concerns and can respond with useful information in timely communiques.**

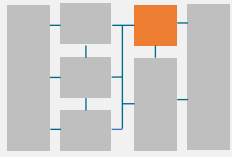
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Measure:
7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT		STANDARD 7	
Required Evidence		College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:		Yes
	<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Privacy Policy (amended February 2021) Website Privacy Statement Reporting to Police Policy June 2023 Posting Non-College Conduct on the Public Register Policy on Information Removal Withholding Names from the Public Register Policy Public Register Information Page CRPO By-laws, article 21 Information about confidentiality in the complaint process 		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (optional)</i>			

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

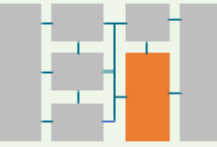
DOMAIN 5: REGULATORY STANDARD 8	Required Evidence	College Response	
	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:	
		<ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Policy Review Cycle approved March 2021 <p>Triggers for policy review include:</p> <ul style="list-style-type: none"> evidence initiated review process that includes stakeholder feedback, legal review, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining of Professional Conduct and Quality Assurance data time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process 	
<hr/> <i>Benchmarked Evidence</i> <hr/>	Met in 2022, continues to meet in 2023		
		<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

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

			<p><i>Additional comments for clarification (optional)</i></p> <p>The College's Diversity, Equity and Inclusion Working Group has been tasked with developing DEI-focused standards. In 2023, work on an anti-discrimination standard was completed. This will be circulated for feedback to relevant system partners with the expectation that it will be completed in the second quarter of fiscal 2024-2025. The WG also recommended the development of a specific Indigenous competence standard; work on this was started and is expected to be finalized in 2024-2025.</p>
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	Measure: 9.1 Applicants meet all College requirements before they are able to practice.			
	STANDARD 9 DOMAIN 6: SUITABILITY TO PRACTICE	Required Evidence a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	College Response The College fulfills this requirement: <table border="1" data-bbox="2096 438 2580 487"> <tr> <td data-bbox="2096 438 2110 487"></td> <td data-bbox="2110 438 2580 487">Met in 2022, continues to meet in 2023</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>Supporting Documents Checklist This checklist provides individuals with a clear path to submitting documents (e.g., transcripts/credential assessments, letters of standing) to support their application. An overview of the documents required for each application type is included on page 2 of the checklist.</p> <p>Clinical Supervisor Attestation Form Clinical supervisors or education program officials are required to complete and sign these forms, which are then uploaded by the applicant.</p> <p>Direct Client Contact Confirmation Form Employers, clinical supervisors, or education program officials must complete and sign these forms, which are then uploaded by the applicant.</p> <p>Clinical Experience Recognition Students of CRPO recognized programs that have been granted clinical experience recognition are not required to submit Clinical Supervisor Attestation Forms and Direct Client Contact Confirmation Forms. The programs provide confirmation directly to CRPO of the number of hours a student has completed.</p> <p>Statutory Declaration Form Applicants must submit a notarized or commissioned copy of this form, declaring that the information and supporting materials provided in their application are truthful, accurate, and complete.</p> <p>All staff processing registration applications receive training that includes, among other things, recognizing suspect educational credentials and using online plagiarism checking algorithms. Every application to CRPO undergoes at least a two-level staff review.</p>	
		Met in 2022, continues to meet in 2023		

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

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

whether they meet the language proficiency requirement. CRPO’s policy provides multiple ways for applicants to demonstrate they meet English or French proficiency required to ensure inter-professional collaboration, appropriate care in an emergency, and ability to maintain accessible health records. As of January 1, 2023, CRPO will accept tests that are approved under the *Immigration and Refugee Protection Act* (Canada).

- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

Registration requirements are reviewed in accordance with the [Policy Review Cycle](#). This requires review every three years, unless otherwise stipulated or unless a trigger event dictates earlier review.

An update about the clinical supervision review was provided to Council at the [September 21, 2022 meeting](#).

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

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

c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

The College fulfills this requirement:

Yes

- Please briefly describe the currency and competency requirements registrants are required to meet.
 Registrants in the Registered Psychotherapist category are required to maintain 750 [currency hours of broadly defined activities related to psychotherapy](#) on a rolling three-year basis.
 Inactive registrants also need to be mindful of their currency hours. If an Inactive registrant is short of 750 currency hours in the three years prior to requesting to return to active practice, their request may be referred to the Registration Committee.
 Registrants who have completed fewer than 750 currency hours in the previous three calendar years may be required to complete upgrading activities or undergo a peer and practice assessment.
- Please briefly describe how the College identified currency and competency requirements.
 The currency requirement for Registered Psychotherapists is set out in section [8\(1\)\(2\) of the Registration Regulation](#). The 750-hour figure is based on extensive consideration by the Council regarding the minimum amount of practice necessary to maintain current competence in the profession. This reflects an average of less than five hours of practice (broadly defined) per week over three years. The College also considered the number of hours used for similar purposes by other professions with an analogous scope and complexity of practice and found that 750 hours over three years tended to be at the lower end of the range. Since the 750-hour requirement is on a rolling three year basis, if a registrant is short on hours one year, they could make up the difference in the other two years. If a registrant is short on currency over the three-year period, the Registrar can grant exceptions in exceptional circumstances if the registrant has demonstrated they have the knowledge, skill and judgment to practise psychotherapy in a safe and professional manner.
- Please provide the date when currency and competency requirements were last reviewed and updated.
 The [Return to Active Practice Policy](#) was approved October 28, 2021. In applying to return to practice, registrants must complete a self-assessment and are encouraged to address any gaps in knowledge of the Professional Practice Standards that the assessment identifies.

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

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

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

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<p>Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>		
<p>Required Evidence</p>	<p>College Response</p>	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: There were no new or revised standards in 2023. CRPO completed a comprehensive review of the Professional Practice Standards, which will be in force as of January 2024. <ul style="list-style-type: none"> - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants - % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Choose an item. <i>If not, please provide a brief explanation:</i> <p>As part of the QA Program enhancement project, CRPO created a series of sample situational judgement cases that provide RPs with a chance to self-assess their knowledge of five priority standards. The Quality Assurance Assessment sample case review has been reviewed by more than 3,300 registrants.</p> <p>To support RPs in understanding and meeting the standards of practice, as well as in satisfying their QA Program requirements, all resources related to the program were reviewed and posted to the College’s QA Program page:</p> <ul style="list-style-type: none"> • Professional Practice Standards for Registered Psychotherapists • Professional Practice and Jurisprudence for Registered Psychotherapists • Quality Assurance Program Regulation • Quality Assurance Program Policies • CBA Practice Questions • Entry-to-Practice Competency Profile for Registered Psychotherapists • Practice Matters • Practice Advisory Service • All resources 	
		<p>Partially</p>

The College’s Professional Practice Jurisprudence Module resources underwent a major overhaul to ensure they were up-to-date and to make them more accessible. The revised resources include a downloadable [PDF](#) and an [interactive webpage](#) in both English and French, which provides applicants and registrants with the background, definitions and an explanation of each Standard with a practice question and answer key to self-assess knowledge of the expected standard of care. An updated JRP test (required of all applicants and available to any registrant who wishes to assess and improve their understanding of jurisprudence and the Professional Practice Standards) was made available in English and in French in July, 2023.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Yes

Additional comments for clarification (optional)

The work of reviewing and revising all Professional Practice Standards concluded in 2023 with Council approving the revised [Professional Practice Standards](#) at its December meeting. CRPO will spend 2024 providing registrants with uptake support in various formats (webinars, recorded video presentations, long-form Practice Advisory messages and Peer Circle offerings).

Measure:

10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation 3.

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

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

- Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number.
See [Peer and Practice Review and Frequently Asked Questions](#), How does CRPO determine which Standards to focus on when developing and selecting cases for the CBA? What is the blueprint?

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

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

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

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

- Is the process taken above for identifying priority areas codified in a policy: No
- *If yes, please insert link to the policy.*

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

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

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	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). Quality Assurance Program Policies <p>OR please briefly describe right touch approach and evidence used.</p> <p>The specific areas of risk within the Professional Practice Standards were reviewed by the Quality Assurance Committee using a risk register (risk frequency and risk severity) based on data as described below.</p> <p>Risk frequency is based on how often the issue arises within:</p> <ul style="list-style-type: none"> College committees (e.g., complaints, applications for registration) Practice advisory inquiries Stakeholder input (e.g., reports of ‘horizon’ issues or emerging risks) <p>Risk severity is determined by reviewing:</p> <ul style="list-style-type: none"> Significance of outcomes (e.g., referring complaints to the Discipline Committee, refusing applications for registration) The priorities of stakeholders (e.g., the public, government, registrants, Council and committees) <ul style="list-style-type: none"> Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2023 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <i>Public</i> No <p>Note that public appointees to Council who are members of the Quality Assurance Committee have been actively engaged in the process.</p> <ul style="list-style-type: none"> <i>Employers</i> Yes <p>Issues identified by employers through enquiries to the Practice Advisory service were included for the QAC’s review when the blueprint was developed.</p> <ul style="list-style-type: none"> <i>Registrants</i> Yes <i>other stakeholders</i> Yes 	<p>Met in 2022, continues to meet in 2023</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>Remediation activities registrants are required to completed are established by individual Case Based Assessment results as follows:</p> <p>Successful Registrants who achieve an overall score of 80% on the CBA will receive a feedback report on their results. Any professional development decisions by the registrant will not involve specific direction from a CRPO staff person, assessor, or the Quality Assurance Committee.</p> <p>Self-directed review Registrants who are within one standard deviation of the required score of 80% on the CBA will receive feedback, resources, and recommendations on where to direct their professional development efforts. Registrants who are required to complete a self-directed review must submit a self-assessment and their professional portfolio for review. (See 1.0 Self-assessment and professional development.) Submissions are due at the end of the registrant’s next reporting cycle. The self-assessment and professional portfolio will be reviewed for adequate completeness.</p> <p>Peer-assisted review and reassessment Registrants who are more than one standard deviation below the required score of 80% will be required to engage in peer-assisted review activities with a peer coach, unless they write the next administration of the CBA and score within one standard deviation of the required score of 80% or higher. Registrants who complete peer-assisted review activities with a peer coach are required to complete the CBA again to reassess their knowledge at the next available administration. 6 d) Referral to QAC Registrants who are more than one standard deviation of the required score of 80% on the CBA after completing peer-assisted review activities will be referred to a panel of the Quality Assurance Committee for review.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			Additional comments for clarification (optional)				
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.							
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	<table border="1"> <tr> <td data-bbox="758 495 2198 548">The College fulfills this requirement:</td> <td data-bbox="2198 495 2580 548">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 548 2580 1445"> <ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. CRPO has compliance monitoring staff who are assigned to each registrant who has been directed to undertake remediation activities. Staff work with registrants to ensure that they understand what they have been directed to do, have access to the resources they require (e.g., a College-approved supervisor, professional development courses, etc.). The staff team also provides support to any registrant who requires an accommodation to complete the requirements. In this reporting period, staff monitored: <ul style="list-style-type: none"> 59 ICRC cases (31 remained active at year end + 28 closed) 75 Registration Committee cases (40 remained active at year end + 35 closed) In addition, QA Program staff worked with 41 registrants whose first PPR risk assessment results did not demonstrate satisfactory knowledge, skills and judgement to support them in preparing for the necessary re-assessment. <ul style="list-style-type: none"> Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Compliance staff: <ul style="list-style-type: none"> monitor remediation milestones (e.g., reports from College-mandated supervisors, successful completion of required courses, etc.) and conduct follow-up if milestones are not met report to department managers and Registrar as to progress through required remediation </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. CRPO has compliance monitoring staff who are assigned to each registrant who has been directed to undertake remediation activities. Staff work with registrants to ensure that they understand what they have been directed to do, have access to the resources they require (e.g., a College-approved supervisor, professional development courses, etc.). The staff team also provides support to any registrant who requires an accommodation to complete the requirements. In this reporting period, staff monitored: <ul style="list-style-type: none"> 59 ICRC cases (31 remained active at year end + 28 closed) 75 Registration Committee cases (40 remained active at year end + 35 closed) In addition, QA Program staff worked with 41 registrants whose first PPR risk assessment results did not demonstrate satisfactory knowledge, skills and judgement to support them in preparing for the necessary re-assessment. <ul style="list-style-type: none"> Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. Compliance staff: <ul style="list-style-type: none"> monitor remediation milestones (e.g., reports from College-mandated supervisors, successful completion of required courses, etc.) and conduct follow-up if milestones are not met report to department managers and Registrar as to progress through required remediation 	
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Once all elements have been completed or at the end of the remediation deadline, a final report is made to the Registrar who relies on the results of each of the required elements to confirm satisfactory completion of remediation activities. In cases where the RP is directed to write a reflection paper, the Registrar refers to the [Reflection Paper Instructions](#) provided by Conduct staff when the committee's decision is shared with them.

Any registrant not successfully completing an element the prescribed remediation will be reviewed and it is determined whether an undertaking to complete them is required, if an extension is warranted or if the matter should be referred for investigation by the ICRC.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (if needed)

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

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		<p>directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>As noted in Standard 6, CRPO worked with the Barbra Schlifer Commemorative Clinic (BSCC) in 2023 to complete a review aimed at:</p> <ul style="list-style-type: none"> • improving current practices to reduce the potential for harm to all parties involved in complaints and reports • reducing barriers to making complaints or filing reports • increasing confidence in CRPO as a trusted authority <p>The BSCC team provided a comprehensive report – Independent Review of the Complaints and Reports Processes of the College of Registered Psychotherapists of Ontario – that included specific recommendations related to processes, policies, communications and professional development and training for staff and committee members. These recommendations will be reviewed and, where possible and appropriate, incorporated into CRPO’s handling of complaints in order to better enable and support complainants and witnesses.</p>
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	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued. <p>Additionally, in the initial letter sent to the complainants and registrants, both are encouraged to contact staff to provide feedback throughout the process.</p> <p>When a complaint is received, the College confirms receipt via email within 24-48 hours. If the complaint is from a client alleging sexual abuse, information about the sexual abuse fund is provided in this initial email.</p> <p>Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint. The letter includes:</p> <ul style="list-style-type: none"> a second confirmation of receipt of the complaint. information about next steps (e.g., the registrant will receive a copy of your complaint, the College will collect client record (notify staff if you do not wish to have your record obtained by the College), a copy of the ICRC's decision will be sent in writing, request for any outstanding documents related to the complaint, request for witness names and contact information if not already included in submission). If the complainant is alleging sexual abuse, a link is provided to Sexual Abuse by Registered Psychotherapists, which includes information about, and resources related to the Therapy and Counselling Fund Form A: Funding for Therapy or Counselling Application Form B: Therapist/Counsellor Information Application for Funding for Therapy or Counselling for Primary Partner <p>This letter also includes:</p> <ul style="list-style-type: none"> An acknowledgement that this process is difficult and encouragement to complainants to seek support as needed. The website provides links to Client Sexual Abuse Resources. Frequently Asked Questions (range of outcomes available to ICRC including that the ICRC cannot require registrant to pay money or provide a refund, confirmation that a lawyer is not required, information about why staff cannot speculate or predict outcomes, information about appealing the decision). Relevant legal provisions. <p>Once the investigation is complete and the registrant responds to the complaint, staff determine what information, if any, is disclosed to the complainant for reply. Confidentiality and safety concerns are reviewed carefully at this stage of the process. If the complainant is provided with an opportunity to reply, a letter is provided to the complainant which explains that a response is optional.</p> <p>A Protocol for Recording Interviews is provided to complainants, registrants and witnesses prior to interview.</p>	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement: Met in 2022, continues to meet in 2023</p>
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). 99%</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>

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	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. <ul style="list-style-type: none"> • The public can email or phone staff at any time throughout the complaints process and will receive a response within 5 business days. In the last year, CRPO expanded its Professional Conduct department to increase its capacity to offer timely and responsive support. • Wherever possible, CRPO will accommodate a request to speak with a male or female staff member. • You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing. • Interviews can be booked outside of regular office hours to accommodate the witness’s schedule. • When disclosing difficult information, staff call the person to explain the information may be difficult to read and ask if the person has supports in place. We also offer to send the materials to the person’s new therapist so they can review the documents in a supportive environment. • If a complainant requires accommodation to put their complaint in writing or in a permanent medium, staff will arrange and pay for a contractor to assist. • We do not send sensitive information on Fridays because mental health supports (and staff/investigators) are less accessible over the weekend. • Translation services available for complainant preferred language. • CRPO recently obtained the services of a file sharing platform which allows for secure bi-directional file sharing. This provides a simplified solution for complainants to securely send staff complaint materials. • Designated staff at CRPO manage all formal requests for accommodation to ensure accessible services, information and communication to individuals with disabilities. Accommodation will be customized to each person according to their needs. <p>Additional Supports Offered in Sexual Abuse Files</p> <ul style="list-style-type: none"> • When using a contract investigator, staff inform the client they will be contacted by an outside party regarding the investigation within the next few business days. This also provides an opportunity for the client to ask any questions of staff. • Where possible, investigators ensure clients alleging sexual abuse have access to all documents which will be reviewed in the interview, in advance. • Follow an interview format that suits the client (e.g., if the investigator requires 3 hours’ worth of interview time, the investigator will ask if the client is more comfortable booking 2 sittings). <p>Client sexual abuse resources and other crisis resources are also available on the CRPO website.</p>	<p>Met in 2022, continues to meet in 2023</p>
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		<p>The above approach has been codified and is monitored through a formal Process and Procedures for Contract Investigators.</p> <ul style="list-style-type: none"> Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>The support resources are available on CRPO’s website accessible at any time, particularly supports related to sexual abuse of clients. Supports related to participation in the investigation process are typically offered when the investigator makes initial contact with a potential witness. Staff are always available to answer questions, including prior to a formal complaint being submitted. Accommodation requests can be made at any point in the complaints process.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>		
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>		
<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. How to File a Complaint Complaints Form <p>All parties can contact staff via phone or email and will receive a response within 3 business days. This is an improvement from previous years when responses would be guaranteed within 5 business days.</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>When appropriate, the full investigation (including a copy of the registrant’s response) is disclosed to the complainant who is provided an opportunity to respond to the materials. When a matter is referred to Discipline, all parties are directed to the Discipline page of CRPO’s website.</p> <p>When disclosing to clients alleging sexual abuse that the matter has been referred to Discipline hearing, information in the cover letter details privacy/publication bans.</p>	<p>Yes</p>

Extension Letters (60-day and 30-day) as required by legislation include detailed information about the status of each file and what next steps can be expected. Information is provided to support complainants through the process and / or to prepare them for next steps for example:

- noting delays to the investigation
- confirming a meeting has been scheduled to consider a decision
- confirming that ICRC has begun deliberations
- providing the ICRC meeting date and noting the panel will require (# weeks) to finalize its written decision and reasons.
- explaining that the College has retained an expert to provide an opinion on the Registrant’s alleged conduct
- noting that following the investigation, the Registrant will be asked to provide a response to the information gathered
- confirming whether the registrant’s submissions and a copy of the investigator’s report will be disclosed to the complainant for any reply they wish to make

Information is available online for complainants to access at any point:

- [Before you Make a Complaint](#)
- [After You File a Complaint](#)
- [What if I Disagree with the Decision?](#)
- [How Long Will This Take?](#)
- [Confidentiality](#)
- [Feedback About the Complaints Process](#)

Frequently Asked Questions are also posted to help provide information in a clear, accessible format:

- [Should I file a complaint or a report?](#)
- [Can you protect my identity from the psychotherapist if I make a complaint or report to CRPO?](#)
- [Do I need a lawyer for the complaints process?](#)
- [How long does it take for CRPO to make a decision on a complaint?](#)
- [What is the purpose of the complainant replying to the psychotherapist's response to a complaint?](#)
- [What decision is likely to be made regarding my complaint?](#)

A close captioned video is available to support complainants in understanding the process:

- [Filing a Complaint About a Registered Psychotherapist](#) (video)

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <table border="1" data-bbox="2064 537 2572 589"> <tr> <td data-bbox="2064 537 2572 589">Met in 2022, continues to meet in 2023</td> </tr> </table>	Met in 2022, continues to meet in 2023
		Met in 2022, continues to meet in 2023		
	<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. The ICRC uses a formal Risk Assessment Framework that was updated in February 2022. It is supported through the use of tools that include: • Internal Formal Complaint Risk Assessment • Staff consider various factors (e.g. nature of the allegations, prior history, indication of client harm) to determine how the complaint should be prioritized. • Internal Report Risk Assessment • Staff consider a range of factors to determine whether there are reasonable and probable grounds to believe misconduct has occurred. This assessment determines whether a formal investigation is warranted or if the concerns can be addressed in other ways. • ICRC Panel Worksheets • A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports. • ICRC Outcome Checklist • A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions). • Internal procedure for files involving safety concerns • A procedure used to prevent privacy breaches and facilitate the safe disclosure of information in files where the complainant is not the client or where safety concerns have been identified. Identified files are flagged and coded accordingly. Any communication with parties involved in these files requires the review of two senior staff. • Please provide the year when it was implemented OR evaluated/updated (if applicable).2022 			

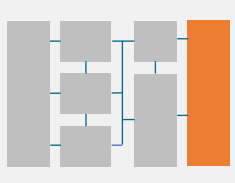
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

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<p>Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. Where allegations against members received by the College are of a nature that may appear to warrant criminal and/or provincial offence charges, the Reporting Information on Possible Criminal Acts policy directs if and how information will be disclosed to law enforcement. Where a complaint or report involves members of CRPO and the College of Psychologists of Ontario, staff rely on an internal protocol to direct how information is shared. The protocol dictates that the college which received the complaint or report (“Source College”) may report information about that complaint or report to the other college (“Other College”). Should the Other College wish to conduct an investigation, the Source College will decide on a case-by-case basis what further information to provide. In cases where there is information received about another regulated health professional which may indicate capacity or other concerns, the College will consider, on a case-by-case basis, whether that information ought to be reported to the relevant regulator. Where the College learns that a member or former member is registered in another jurisdiction, the College will, on a case-by-case basis, inform the other regulator(s) about investigations and/or outcomes of investigations. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). • In the current reporting period, CRPO shared information with: <ul style="list-style-type: none"> • Other regulators to whom CRPO registrants applied for registration. This sharing took the form of good standing letters prepared with the consent of the registrant. • Other colleges conducting investigations. CRPO and the College of Occupational Therapists of Ontario collaborated on an investigation involving a registrant of each college. This process saved the witnesses from having to participate in two largely overlapping investigations. CRPO and the College of Psychologists of Ontario regularly exchange information regarding potential misconduct that may involve a psychologist and/or psychotherapist. • The police and court system. CRPO liaised with police, courts and/or transcriptionists to receive updates and documentation regarding registrants involved in criminal processes. The purpose was to coordinate CRPO’s public register postings and investigation process. 	

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>				

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		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" data-bbox="766 503 2553 1323"> <tr> <td> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. March 29, Council meeting materials <ul style="list-style-type: none"> KPI Rationales Key Performance Indicators </td> <td> Yes </td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. March 29, Council meeting materials <ul style="list-style-type: none"> KPI Rationales Key Performance Indicators 	Yes
		<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. March 29, Council meeting materials <ul style="list-style-type: none"> KPI Rationales Key Performance Indicators 	Yes		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.		

		<i>Additional comments for clarification (if needed)</i>	
	<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. • Fiscal 2023-2024 Q1 KPI Report • Fiscal 2023-2024 Q2 KPI Report • CPMF Standards Progress Report 2022 • Fiscal 2023-2024 Strategic Work Plan review 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	

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Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. • Fiscal 2023-2024 Q1 KPI Report • Fiscal 2023-2024 Q2 KPI Report • Registrar’s Report to Council January 2023 • Registrar’s Report to Council March 2023 • Registrar’s Report to Council June 2023 • Registrar’s Report to Council September 2023 • Registrar’s Report to Council December 2023 <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	Yes
Measure: 14.3 The College regularly reports publicly on its performance.		
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s dashboard or relevant section of the College’s website. • Annual reports • Council Meetings – meeting materials, minutes and brief highlights • Annual Council Effectiveness survey results reports • Discipline hearings • Fair Registration Practice reports • Communiques 	Met in 2022, continues to meet in 2023

		<ul style="list-style-type: none"> College Performance Measurement Framework reports 	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	

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Part 2: Context Measures

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

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

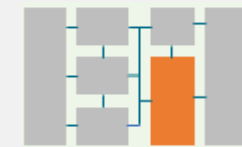
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

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

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. Peer and practice review (PPR) resulting in no further action. Reassessment in 5 years.	1453	
ii. Peer and practice reviews resulting in a need for remedial activities (professional development review)	230	
iii. Peer and practice reviews resulting in a need for remedial activities (reassessment)	41	
iv. PPR reassessments resulting in no further action. Reassessment in 5 years.	5	
iv. PPR reassessments resulting in need for remedial activities (professional development review)	2	
vi. PPR reassessments resulting in need for remedial activities (peer coaching)	1	
vii. Professional development and self-assessment activities	5798	
viii. Professional development audits completed	14	
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

<p><i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p>	
<p><u>NR</u> Additional comments for clarification (if needed)</p>	

DRAFT for COUNCIL REVIEW

Table 2 – Context Measures 2 and 3

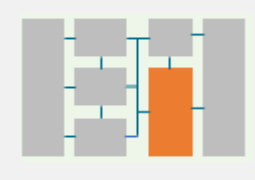
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	7530 (1,724 PPR + 5,798 PD activities)		What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	0*		The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed) <ul style="list-style-type: none"> Note that this is the first year that the College has used a new risk-based assessment as the first stage of the PPR process. Registrants whose assessment results suggest that they have gaps in their knowledge, skill, or judgement are required to either submit a professional development learning record that demonstrates how they have addressed the potential gap (professional development review) or undergo re-assessment. In 2023, 271 registrants were required to undertake this type of remediation as per the Quality Assurance Program Policies. Registrants who continue to demonstrate gaps after reassessment complete a Peer Coaching Program before they would be referred to the QA Committee. As a result, there were no referrals made in 2023 in order to allow the full cycle of the program to take place. The number reported in CM 3 reflects the number of registrants who are required to complete a professional development review, reassessment, or peer coaching as a result of a PPR process in 2023. 			

Table 3 – Context Measure 4

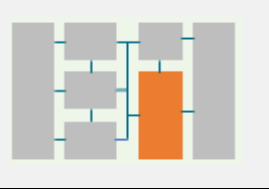
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities as at the end of CY 2023:**			<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	5		
II. Registrants still undertaking remediation (i.e., remediation in progress)	266		
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>5 registrants completed a PPR reassessment that resulted in no further action. 36 registrants are still undertaking PPR remediation (reassessment or peer coaching) 230 registrants are still undertaking PPR remediation (professional development)</p>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	6	6	0	0
II. Billing and Fees	14	13	NR	NR
III. Communication	6	6	NR	NR
IV. Competence / Patient Care	39	37	9	53
V. Intent to Mislead including Fraud	35	33	NR	NR
VI. Professional Conduct & Behaviour	83	78	10	59
VII. Record keeping	7	7	NR	NR
VIII. Sexual Abuse	NR	NR	NR	NR
IX. Harassment / Boundary Violations	13	12	NR	NR
X. Unauthorized Practice	NR	NR	0	0
XI. Other <please specify>	0	0	0	0
Total number of formal complaints and Registrar’s Investigations**	106		17	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	90	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	43	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	26	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	14	14
IV. Formal complaints that proceeded to ICRC and are still pending	15	16
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

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

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2023		62						
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++						
Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	0	NR	0	NR	NR	NR	0
II.	Billing and Fees	NR	0	0	NR	0	0	0
III.	Communication	NR	NR	NR	NR	NR	0	0
IV.	Competence / Patient Care	16	NR	NR	NR	NR	0	NR
V.	Intent to Mislead Including Fraud	12	NR	0	0	NR	0	NR
VI.	Professional Conduct & Behaviour	22	10	NR	6	NR	NR	NR
VII.	Record Keeping	NR	NR	NR	NR	NR	NR	NR
VIII.	Sexual Abuse	NR	0	0	0	0	NR	0
IX.	Harassment / Boundary Violations	9	NR	NR	NR	0	NR	NR

X. Unauthorized Practice	NR	0	0	0	0	0	1
XI. Other <please specify>	0	0	0	0	0	0	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023.

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

[NR](#)

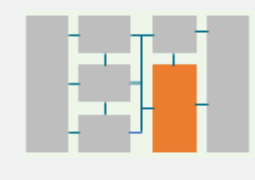
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

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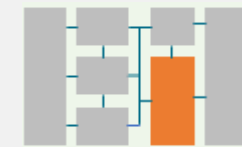
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Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2023	457	
II. A Registrar’s investigation in working days in CY 2023	623	
Disposal		
Additional comments for clarification (if needed)		

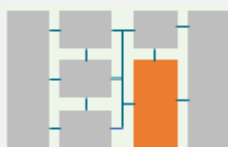
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Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2023	298	
II. A contested discipline hearing in working days in CY 2023	439	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		

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Table 9 – Context Measure 13

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

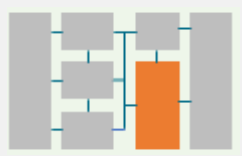
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

[NR](#)

Calculation method: Includes files that were referred to a panel of the Discipline Committee prior to the reporting period (January 1, 2023 to December 31, 2023), where the decision was communicated within the reporting period.

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	6	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p>		
<p>Calculation method: Includes files that were referred to a panel of the Discipline Committee prior to the reporting period (January 1, 2023 to December 31, 2023), where the decision was communicated within the reporting period.</p>		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases. Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

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

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

Return to: [Table 10](#)

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice. Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. Return to: [Table 10](#)

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DRAFT FOR COUNCIL REVIEW

Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #	3.f.
Issue:	Town Hall - Communications Plan Update
Attachment(s):	
Reference(s):	
Action:	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	D. Adams, A. Fournier
Submitted by:	Executive Committee

Public Protection Rationale:

Clear communications with registrants supports clarity about the role and purpose of CRPO, demonstrates that the College respects and values their involvement, and contributes to the recognition of the regulator as a supportive resource for good practice. Effective engagement between CRPO and registrants promotes the shared goal of maintaining excellent practice to build public trust.

Background:

In 2017, Council directed staff to plan a series of Town Hall meetings for the following year. At the time, meetings were expected to be held in person, every other year.

Ove the fall of 2018, CRPO ran town hall meetings in Toronto, Sudbury, London and Ottawa. The [Toronto meeting](#) was recorded and posted on the College's YouTube channel. Registration to attend was a follows:

- Toronto 122
- Sudbury 29
- London 53
- Ottawa 104

Note that about half of the people registered in Toronto and Sudbury attended; London and Ottawa attendance numbers were closer to the registration total.

In September 2020, the College hosted a [virtual town hall meeting](#) – for which 400 people registered - and posted the presentation as well as the question-and-answer session for anyone who was unable to attend.

In-person meetings were planned for 2022 but canceled due to the pandemic.

The Executive Committee has directed staff to plan eight focused, online sessions to be offered over the course of fiscal 2024-2025, These sessions would be spread across various times

(8:00 to 9:00, 12:00 to 1:00 pm, 4:00 to 5:00 pm and 5:00 to 6:00 pm) with a view to allowing registrants to attend or watch one or more sessions on topics that are of interest to them.

Next steps:

Staff will be communicating with registrants to inform them of the Town Hall offerings. Registrants will be surveyed on topics of interest and sessions will be planned based on responses. At least one of the sessions be offered in French.

TOWNHALL COMMUNIQUE ARTICLE

CRPO is planning to hold a series of remote ‘town hall’ type meetings over the course of the coming fiscal year, starting April 2024. Our goal is to provide registrants with an opportunity to engage with College Council members and staff on a number of topics.

All of the meetings will be held remotely and recorded so that people who cannot attend when they are scheduled can watch them on the College’s YouTube channel at their convenience. The sessions will all be an hour long and will include a brief presentation by staff and Council members, responses to questions submitted before the session and – as time allows – response to questions from people attending the sessions.

We would like your input on topics that would be of interest to you. Possibilities include:

- New Registrants: Information for RP(Qualifying) about the benefits and burdens of self-regulation.
- Quality Assurance update: how is the Case Based Assessment going?
- Registration update: statistics related to registrant growth, application processing, entry to practice exam success and more.
- Conduct issues: information about what kinds of complaints the College is getting and how they are being addressed.
- Trauma Informed Regulation: what recommendations results from the independent review of the College’s conduct processes and what is the College doing with them?
- Diversity, Equity and Inclusion Efforts at the College: an update on the work CRPO is doing to ensure that the principles of DEI inform the work of public protection.
- Self-identification data: What the College is collecting and why.
- Employment and Professional Self-Regulation: Issues for RPs working in employment relationships
- Private Practice and Self-Regulation: Issues for RPs who are in (or thinking about going into) private practice.
- Clinical Supervision: updates to CRPO's criteria and emerging issues
- Regional issues: College responses to questions about issues in your community.
- Enjeux régionaux: réponses du Collège aux questions sur les enjeux de votre communauté.

Please complete this brief [survey](#) to tell us what you would be interested in hearing about.

Briefing Note for Council

Meeting Date:	March 20, 2024
Agenda Item #	3.g.
Issue:	By-law Updates
Attachment(s):	-
References:	By-laws (crpo.ca)
Action:	Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	M. Pioro, D. Adams
Submitted by:	Staff

Purpose & Public Interest Rationale:

By-laws allow for the transparent, consistent, and effective administration of the College's work. A comprehensive review and update of the by-laws can help meet the evolving needs of CRPO.

Background:

CRPO's by-laws were initially approved in 2013, and have undergone periodic, focused updates. The first comprehensive review of the by-laws is currently underway. To assist Council in its upcoming consideration of the full draft revised by-laws, staff is presenting, for information, some of the proposed amendments. Staff presented this list to Executive Committee in January. Please note that this list may change somewhat by the time staff research and drafting is complete:

- Officially enshrining "Registrant" as an equivalent to "Member"
- Setting "Chair" as an alternative option to "President"
- Setting "Board" as an alternative option to "Council"
- Council approves the city of the College's head office, but not necessarily the exact address, which is operational
- Single-signing authority amount increased to \$20K due to inflation and College growth
- Nominations & Elections Committee can select an interim Executive Committee member in case of vacancy
- Cooling off period increased from 3 to 6 years post-discipline before running for Council, and possibly after some serious ICRC outcomes (research ongoing)
- Requirement removed for there to be more professional than public members on each committee

- Council chooses who is on Discipline/FTP Committees instead of automatically everyone on Council (promotes independence of the tribunal while maintaining sufficient human-power)
- Opening door to non-public layperson committee members, but without committing to it
- PLI requirements under review.

Key Considerations:

At this stage the above is for informational purposes, though Council is welcome to provide initial feedback or ask questions.

Next Steps:

The full draft revised by-laws will be presented to Executive Committee then Council to consider moving forward to public consultation, and subsequently, based on the feedback received, possible final approval.

Registrar's Report to Council

March 20, 2024

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

Registrant Management System

Staff continue to work on the implementation of the registration module of the new registrant management system. The QA and complaints modules are in the development stages and will be implemented later in the fiscal year.

Website update

Staff continue to work on the overhaul of the College's website. The architecting work is essentially complete and efforts are focused on updating existing content, developing new pages and organizing translation of content into French. Timelines for the launch of the new site will be provided at the June meeting.

Staffing Update

Since last update, one registration assistant resigned to return to postgraduate education; two new registration assistants have been hired; one registration staff member transferred to QA and an additional QA assistant has been hired to replace a staff member who is on leave. A senior coordinator has returned from leave in the Conduct department. A contractor has been retained to assist with the new registrant management system go live.

In person team meetings have started, with full staff meetings (including a half day education session) happening in January and March.

A staff DEI committee has been established and will be working with Darcy Belisle to establish terms of reference and a work plan.

Regulatory Developments

Office of the Fairness Commissioner

The College received its risk assessment letter (attached) and has been placed in the **low risk** category for the period of April 1, 2024 to March 31, 2026.

The risk assessment considers:

- Organizational capacity.
- The overall control that a regulator exerts over its assessment and registration processes.
- The impact of major changes to registration practices and relations with third-party service providers.
- The ability of the regulator to comply with newly introduced legislative and/or regulatory obligations.
- Public policy considerations:
 - Addressing labour market shortages.
 - ii. The ability to promote inclusion and address anti-racism concerns in registration processes.

Being assigned a low-risk status reflects the ongoing work of staff and the Registration Committee to ensure that we are upholding the principles of transparency, objectivity, impartiality and fairness in decision-making.

Regulation in Alberta

The government of Alberta released a statement about [Moving forward with regulation of Alberta counsellors](#). The government has decided to put forward legislative changes that, if passed, would amend the Mental Health Services Protection Act and the Health Professions Act in their province to name the College of Alberta Psychologists as the regulatory body for counsellors. Staff will connect with the Association of Counselling Therapy of Alberta (who were

expected to become the regulatory body in the province) to understand this shift and to determine what impact this will have on labour mobility.

Health and Supportive Care Providers Oversight Authority

As of February 2024, the [Health and Supportive Care Providers Oversight Authority](#) has been in operation to **regulate** personal support workers (PSWs) in Ontario. The government has indicated that additional occupational groups may be considered for regulation under the HSCPOA in the future.

Elements of this new authority that are of note include

- this is government regulation, versus self-regulation, with a board that will be comprised of government appointees and an advisory committee that will be made up of PSWs
- registration is voluntary
- registration requirements will include educational and skills-based qualifications, along with a good character review
- regulated PSWs will be required to display a visible mark to let people know they are regulated
- there will be a public register and a complaints process
- complaints that are under investigation will appear on the public register
- scope of practice will not be defined

Practice Advisory Data

*From January 1 to February 28, 2024, we received 644 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	904
Q4	Jan - Mar	541	626	765	851	644

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 when there is a threat of harm or illegal activity
 - Hiring administrative staff that will have access to confidential materials
- Fees
 - Charging HST
 - Charging for preparing/providing records
- 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.
- Mandatory Reporting
 - Duty to report when there are claims of child abuse or a child in need of protection
 - Mandatory reporting obligations regarding other health regulated professions
- Closing, Selling and Relocating a Practice
 - Determining proper protocols and procedures when resigning from a clinic and opening a private practice.
 - Non-solicitation agreements when leaving a group practice

Quality Assurance Data

2023 PROFESSIONAL DEVELOPMENT CYCLE

Registrants registered in odd-numbered years (i.e., 2015, 2017, 2019, and 2021) were due to report their professional development (PD) requirements by December 31, 2023.

5798 registrants were due to report by December 31, 2023

Numbers as of February 29, 2024

- 5587 registrants submitted a completed attestation form
 - 1434 submitted after December 31, 2023
 - 78 requested an extension or deferral
- 163 registrants were overdue and may receive a reminder fee on March 5, 2024
- 48 registrants changed their registration status and are no longer being monitored for the 2023 PD cycle

PD audits and reviews

Registrants who are approved for a deferral or extension are requested to submit their learning record for review. In addition, registrants who are in the “self-directed” review category after completing the case-based assessment (CBA) are requested to submit their learning records at the end of their next PD cycle.

Staff have requested learning records from the following groups:

- 18 deferrals from the 2021 PD cycle
- 11 extensions for the 2023 PD cycle
- 234 registrants are being monitored for CBA self-directed review (see the table below)

PEER AND PRACTICE REVIEW / CASE-BASED ASSESSMENT (CBA)

2119 registrants were randomly selected to complete a peer and practice review (PPR) in 2023.

The following table outlines the selection and completion numbers for each administration of the CBA.

CBA	Random selection	Completed	Successful	Self-directed	Peer assisted	Peer coaching
01 2023 Spring	1051	794	668	113	13	n/a
02 2023 Fall	1068	930	785	117	28	
02 2023 Fall (2 nd attempt)		8	5	2	n/a	1
03 2024 Spring	1096					
03 2024 Spring (2 nd attempt)		5 remaining from 2023 Spring 28 remaining from 2023 Fall			n/a	

2024 Spring CBA

The Spring 2024 CBA is scheduled from April 26 to May 5, 2024.

Selection numbers

- 1096 registrants were randomly selected to participate in a peer and practice review by completing the 2024 Spring CBA
- 1 registrant was referred due to incomplete 2022 professional development requirements
- 1 registrant was referred due to missed milestones after returning to active practice
- 16 peer coaches volunteered to complete the CBA
- 248 registrants were deferred from a previous CBA
- 33 registrants are scheduled for reassessment after low scores on a previous CBA

Registration

Applications:

	November	December	January
Applications started	91	512	718
Total applications submitted	80	42	194
Applications from recognized programs submitted	64	30	165
Applications from non-recognized programs submitted	16	10	27

Labour mobility applications	0	2	2
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Total registrants as of March 7, 2024:

RP: 8,769
Qualifying: 4,556
Inactive: 198

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Clinical supervision/monitoring	30
Personal/Group Therapy/Drug Screening	1
Cease using the term "Dr" / claim to hold a degree	4
Currency upgrading	15
Education	10
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	37
Undertaking	0
Conditional Approval	1
Learning Plan (Educational Upgrade)	3
ICRC:	
Clinical supervision/monitoring:	19
Personal/Group Therapy/Drug Screening	2
Ethics or education courses	14
Practice Restrictions	3
Reflective Paper	10
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	24
On Hold: other reasons (e.g. on leave or Interim Order)	0
In Breach	0
Undertaking	10
Caution (only)	0
Remedial agreement	7
SCERP	15
Terms, Conditions and Limitations	0
Interim Order	2
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	7
Suspension	0
Fitness to Practise:	

Monitoring (not practising)	0
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SYSTEM PARTNER ENGAGEMENT

System Partner Meetings

- I continue to meet with the Ontario Association of Mental Health Professionals and the Partnership of Registered Psychotherapist Associations on a quarterly basis.
- Staff made presentations to students from Yorkville University, Hearst University and Martin Luther University College.

Inter College Collaboration

- Along with Micheal Machan, I continue to attend the Discipline Tribunal pilot steering committee along with representatives from the College of Audiologists and Speech Language Pathologists, the College of Massage Therapists and the College of Physicians and Surgeons.

Health Profession Regulators of Ontario (HPRO)

- I continue to attend bi-weekly meetings of the HPRO registrars.
- Staff participate in communities of practice for their area of responsibility. A new group has recently been established to connect policy analysts across the colleges.

Staff Training & Education

- Jan 8: One member of the registration team attended *Virtual Discussions by Canadian Network of Agencies for Regulation (CNAR)*
- Jan 16: One member of the professional conduct team attended *Writing Well for Business by The University of British Columbia (UBC)*
- Jan 17: One member of the quality assurance team attended *Business Process Improvement & Process Mapping by University of Ottawa (UofO)*
- Jan 22: One member of the registration team and one member of the quality assurance team attended *Writing in Plain Language by University of Ottawa (UofO)*
- Jan 23: One member of the operations team attended *CPP Phase 2 enhancements by The National Payroll Institute*
- January 31: One member of the governance team attended the *Five Good Ideas for Disrupting Ableism in the Workplace* webinar presented by Maytree
- Feb 2: Two members of the quality assurance team attended *Right Touch Regulation by Canadian Network of Agencies for Regulation (CNAR)*
- Feb 9: Several members of the registration team attended *The 2023 Year in Review Webinar by Steinecke Maciura LeBlanc (SML)*
- Feb 14: One member of the registration team attended *Minutes Made by University of Ottawa (UofO)*
- Feb 15: One member of the governance team attended *Accessibility for Web Designs and Creating Accessible PDF's by LinkedIn*
- Feb 28: One member of the discipline team and one member of the quality assurance team attended *Effective Risk Management in Changing Times by Canadian Network of Agencies for Regulation (CNAR)*
- Feb 29: One member of the operations team attended *Micro Conference on Bill 79 & Bill 149 by Human Resources Professionals Association (HRPA)*
- Mar 4: One member of the registration team attended *Results Based Management by University of Ottawa (UofO)*

- Mar 4: One member of the professional conduct team attended Effective Decision Writing for Admin Adjudicators by The Society of Ontario Adjudicator and Regulators (SOAR)



February 20, 2024

Sent via e-mail

Dear Regulator,

RE: Risk Rating for the College of Registered Psychotherapists of Ontario

The purpose of this letter is to communicate the 2023 / 24 risk rating for the College of Registered Psychotherapists of Ontario (CRPO). This letter includes background information on the risk assessment process, identifies any specific issues that Office of the Fairness Commissioner (OFC) may wish to raise and articulates next steps.

Background:

In November 2023, the OFC implemented the second iteration of its [Risk-informed Compliance Framework](#) (RICF). Under this framework, the OFC assesses each regulator's operations against five risk factors that may impede the regulator's ability to apply fair registration practices for the licensure of domestic and internationally trained applicants.

The risk assessment process may produce one of three risk ratings: low, moderately low, and moderate to high. The OFC tailors its compliance strategy according to the risk rating obtained, so that we can work with regulators to address the most significant risks and barriers to fair registration practices.

For the 2023 / 24 risk assessment cycle, the five risk factors are set out below:

1. Organizational capacity.
2. The overall control that a regulator exerts over its assessment and registration processes.
3. The impact of major changes to registration practices and relations with third-party service providers.
4. The ability of the regulator to comply with newly introduced legislative and/or regulatory obligations.
5. Public policy considerations:
 - i. Addressing labour market shortages.

- ii. The ability to promote inclusion and address anti-racism concerns in registration processes.

Further detail on the indicators associated with these risk factors can be found in the OFC's [Risk-informed Compliance Framework and Policy](#).

In undertaking a risk analysis for the CRPO, your compliance analyst Sola Joseph carefully examined your responses to the 2022 Fair Registration Practices Report and the supplementary 2023 RICF questionnaire. For each of the risks identified above, they assessed both the probability that the risk will occur and the significance of the consequences.

For quality assurance purposes, your risk analysis has been reviewed by another staff member and discussed with the Fairness Commissioner and OFC management.

Following completion of the risk review process, the OFC has determined that the CRPO should be placed in the low-risk category for the period April 1, 2024, to March 31, 2026.

Congratulations on achieving this result. As a low-risk regulator, the OFC will arrange to meet with your college on an annual basis and you will be required to submit an annual Fair Registration Practices Report. Your compliance analyst will be in touch to schedule this meeting and identify any issues for discussion arising from this risk assessment.

We look forward to continuing to work with you to advance fair registration practices in the psychotherapy profession.

Sincerely,

Ming-Young Tam
Director, Office of the Fairness Commissioner

cc. Irwin Glasberg, Fairness Commissioner for Ontario
Tanya Chute-Molina, Manager of Business and Operational Planning, OFC
Sola Joseph, Compliance Analyst, OFC

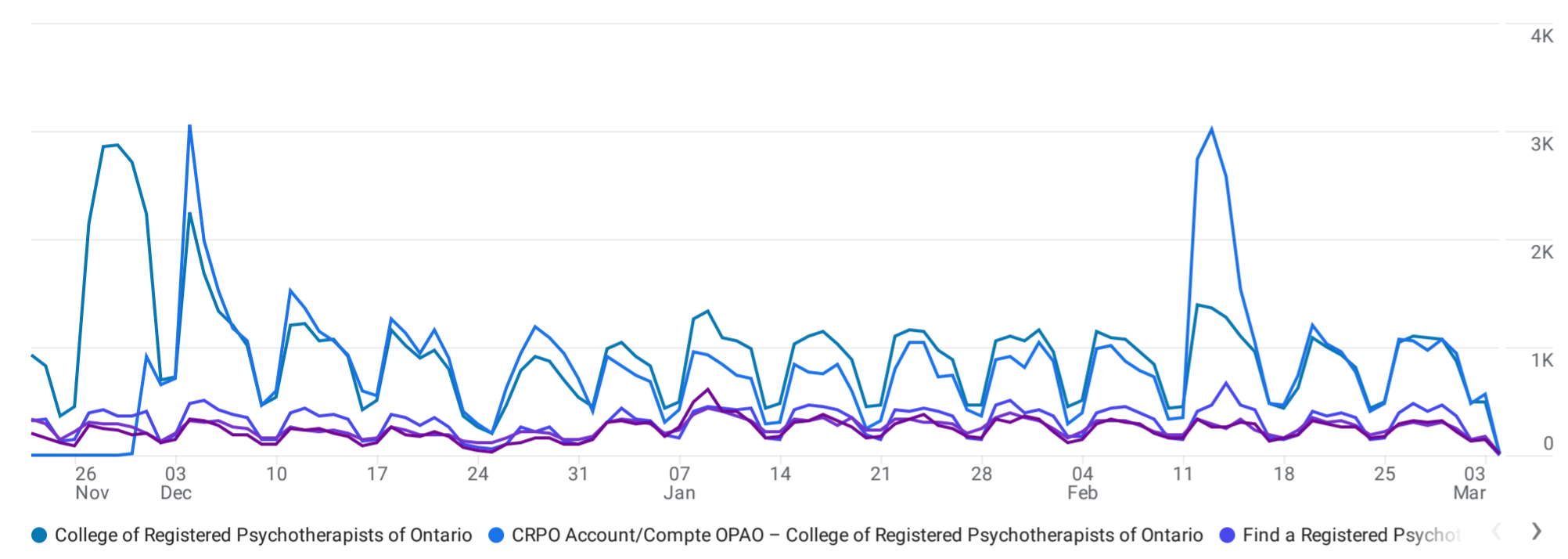
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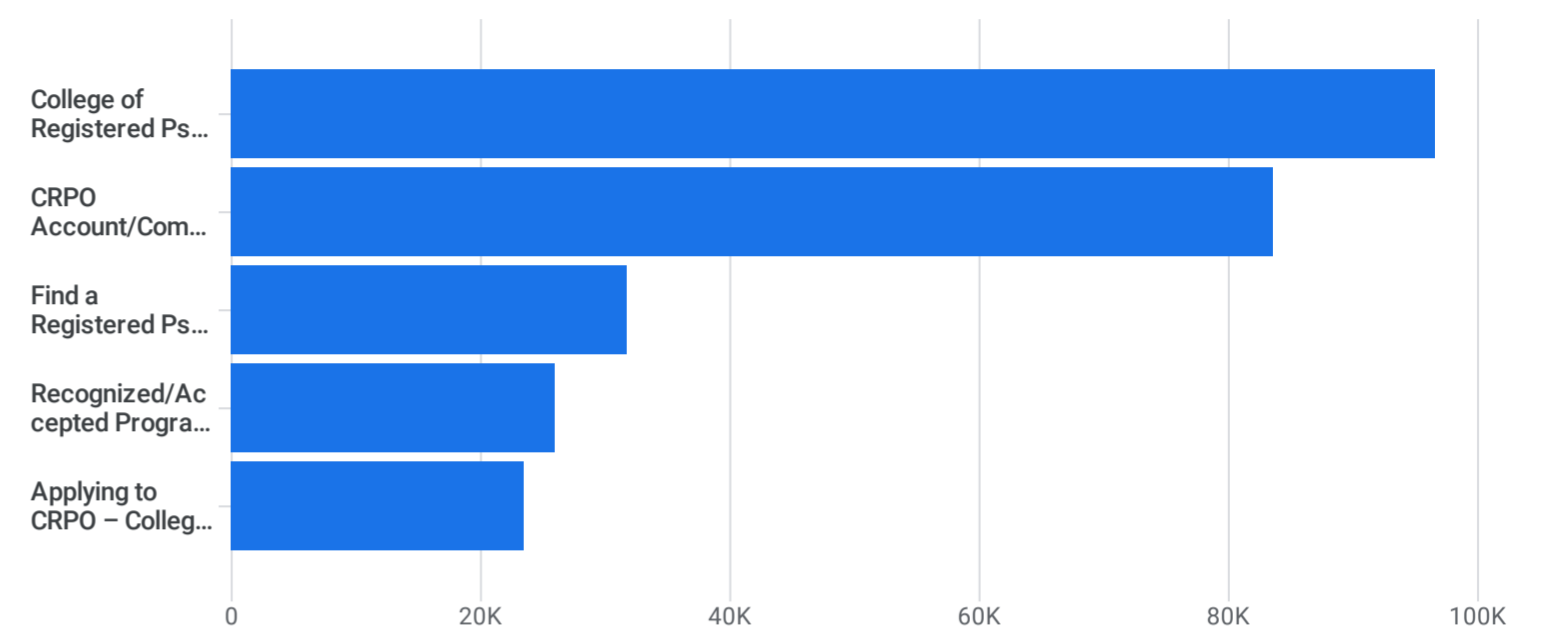
Pages and screens: Page title and screen class

Add filter +

Views by Page title and screen class over time



Views by Page title and screen class



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Page title and screen class	Views	Users	Views per user	Average engagement time	Event count	Conversions	Total revenue
	100% of total	100% of total	Avg 0%	Avg 0%	100% of total		
College of Registered Psychotherapists of Ontario	96,551	42,149	2.29	28s	288,072	0.00	\$0.00
CRPO Account/Compte OPAO - College of Registered Psychotherapists of Ontario	83,561	25,707	3.25	24s	180,503	0.00	\$0.00
Find a Registered Psychotherapist - College of Registered Psychotherapists of Ontario	31,745	16,164	1.96	21s	79,305	0.00	\$0.00
Recognized/Accepted Programs - College of Registered Psychotherapists of Ontario	26,001	16,196	1.61	1m 18s	76,314	0.00	\$0.00
Applying to CRPO - College of Registered Psychotherapists of Ontario	23,491	11,798	1.99	1m 39s	63,183	0.00	\$0.00
LOGIN - College of Registered Psychotherapists of Ontario	10,621	5,646	1.88	11s	36,361	0.00	\$0.00
Registration Exam - College of Registered Psychotherapists of Ontario	9,854	4,437	2.22	2m 01s	25,784	0.00	\$0.00
Registered Psychotherapist (Qualifying) - College of Registered Psychotherapists of Ontario	9,827	6,508	1.51	1m 10s	28,313	0.00	\$0.00
Practice Matters - College of Registered Psychotherapists of Ontario	9,645	5,702	1.69	1m 42s	26,148	0.00	\$0.00
Supervision - College of Registered Psychotherapists of Ontario	7,788	4,648	1.68	1m 38s	22,040	0.00	\$0.00

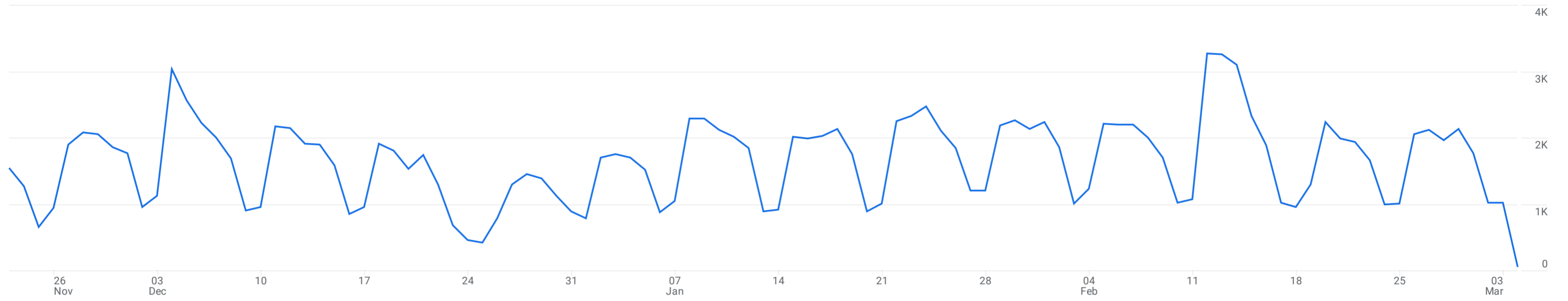
All Users [Add comparison +](#)

Custom Nov 23, 2023 - Mar 4, 2024

Audiences: Audience name

[Add filter +](#)

Users by Audience name over time



Search... Rows per page: 10 1-1 of 1

Audience name	↓ Users	New users	Sessions	Views per session	Average session duration	Total revenue
1 All Users	102,542 100% of total	91,083 100% of total	252,086 100% of total	2.10 Avg 0%	4m 48s Avg 0%	\$0.00

COUNCIL MINUTES

Thursday, December 7, 2023

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

Zoom Videoconference

Council Members:	Staff Members:
Professional	
Heidi Ahonen, RP	Deborah Adams, Registrar & CEO
Kathleen (Kali) Hewitt-Blackie, RP	Pamela Bialik, Policy Analyst
Avni Jain, RP	Amy Fournier, Senior Coordinator, Governance (Recorder)
Kenneth Lomp, RP (President)	Mark Pioro, Deputy Registrar & General Counsel
Michael Machan, RP (Vice-President)	Virginia Strobel, Coordinator, Communications
Miranda Monastero, RP	
Judy Mord, RP	
Kafui Sawyer, RP	
Public	
Steven Boychyn	
Sherine Fahmy	
David Keast	
Henry Pateman	
Keri Selkirk	
Jeffrey Vincent	
Regrets:	Guests:
Radhika Sundar, RP	Deepa Mattoo, Executive Director, Barbra Schlifer Commemorative Clinic
	Callandra Cochrane, Lawyer, Barbra Schlifer Commemorative Clinic

1. WELCOME & INTRODUCTIONS

a. Land Acknowledgment

Michael Machan, Vice-President, shared a land acknowledgment and reflection.

b. Welcome and Opening Remarks

Kenneth Lomp, Chair, called the meeting to order at 9:30 a.m. and welcomed all present.

c. Approval of Agenda

The Chair introduced the draft agenda.

MOTION C-07DEC2023 – M01

That the agenda of the December 7, 2023, meeting of Council be approved as presented.

Moved: H. Ahonen
Seconded: K. Selkirk
CARRIED

d. Conflict of Interest Declarations

None declared.

2. DISCUSSION & DECISION (or DIRECTION)

a. By-law Update: Emergency Class Fee and Status

K. Lomp introduced the item. Mark Piore, Deputy Registrar and General Counsel, summarized the proposed amendments to the by-laws related to the Ministry of Health's requirement that colleges create an emergency class of registration.

MOTION C-07DEC2023 – M02

That effective immediately:

- Council amends the by-laws, namely, in each of the articles 10.04(i), 10.05(i)(a), and 13.15(i): immediately after the word "Temporary," adding "or Emergency."
- 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.

Moved: K. Hewitt-Blackie
Seconded: M. Machan
CARRIED

b. Council and Committee Remuneration policy: Vice-Chair and Chair Rates

K. Lomp introduced the item. M. Piore walked Council through the briefing note and red-line policy revisions. The addition of vice-chair remuneration is intended to signify the role of vice-chairs in the succession planning process.

MOTION C-07DEC2023 – M04

That Council approve:

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

Moved: M. Machan
Seconded: J. Vincent
CARRIED

c. Equitable Compensation

K. Lomp introduced the item. Deborah Adams, Registrar & CEO, provided background information on the topic, noting that the intention of providing differential compensation to RPs who are from and who serve equity deserving communities is to reduce barriers to participation for members of the profession who wish to work with CRPO. Council had a comprehensive

discussion of the benefits and risks of introducing changes to compensation. They were asked whether they agreed in principle with differential per diems to ensure equitable compensation; the majority agreed and directed staff to work with the Diversity, Equity and Inclusion Working Group to bring recommendations forward to Council at a future meeting. Staff noted that Council's direction was to ensure that any proposed approach was transparent, justifiable and did not represent a financial risk to the College.

d. Social Media Policy

Pamela Bialik, Policy Analyst, introduced the draft policy. Council discussed the policy and recommended that a footnote be added to the document to clarify the use of LinkedIn as a professional resume platform. With that change, Council reached consensus to approve the policy.

e. Council Member Onboarding: self-audit

K. Lomp introduced the item. Amy Fournier, Senior Coordinator, Governance, noted that new professional Council members would be required to complete the Advertising and Self-Representation Checklist upon election or appointment as part of the onboarding process. They will be asked to submit an attestation that the checklist has been completed. Public members are encouraged to review the checklist and all current Council and committee members are encouraged to conduct checks and balances into their online presence using the approved social media policy as a guide. Council reached consensus to include the checklist in the onboarding materials.

f. Guest Presentation: Trauma Review Report

K. Lomp introduced Deepa Mattoo, Executive Director of the Barbra Schlifer Commemorative Clinic (BSCC) and Callandra Cochrane, Lawyer with BSCC, to present the report from the BSCC's review of CRPO's complaints and reports process.

Council was invited to ask questions and discuss the report. ICRC will be working with the report recommendations to plan work to act on them where possible.

g. Education: Clinical Practice

Kafui Sawyer, Professional Member, provided a presentation on family systems therapy.

h. Professional Practice Standards

P. Bialik and M. Piro introduced the item and provided information on the professional practice standards review that has been undertaken by the CRPO. P. Bialik described the process, consultation results and walked Council through the proposed changes to the standards. Council was invited to pose questions and discuss the revisions.

MOTION C-07DEC2023 – M05

That Council approve the draft revised Professional Practice Standards with an effective date of January 1, 2024.

Moved: D. Keast

Seconded: M. Machan

CARRIED

3. INFORMATION, EDUCATION & UPDATES

a. Key Performance Indicator (KPI) Update

K. Lomp introduced the Q2 KPI report. D. Adams provided an update by department on each of the identified measures.

b. Work Plan Development

K. Lomp introduced the item, noting that committees have been reviewing the work plans and that the Executive will do a final review prior to a comprehensive plan coming to Council for approval in March 2024 to ensure that they adequately represent the initiatives and deliverables that are expected in the next fiscal.

c. Council and Committee Composition 2024

i. Approval of Council and Committee Composition slate

K. Lomp introduced the committee composition slate, noting that no changes are being recommended to committee composition for the coming year. The Executive Committee recommended that non-Council members be reappointed to their committees and all Chairs and Vice-Chairs be reappointed.

MOTION C-07DEC2023 – M06

That Council approve the committee composition as presented.

Moved: K. Hewitt-Blackie

Seconded: S. Fahmy

CARRIED

ii. New Non-Council Member Appointments

K. Lomp introduced the item. A. Fournier and Sherine Fahmy, Chair, Nominations and Elections Committee, provided information on the recruitment process.

MOTION C-07DEC2023 – M07

That Council approve the appointment of the following non-Council members for terms of approximately one year:

To the Diversity, Equity and Inclusion Working Group (DEIWG):

- Jabari Jordan, RP (Qualifying)
- Edite (Urpi) Pine, RP (Qualifying)
- Roberta Timothy, RP
- Alex Zebeljan, RP (Qualifying)

To the Indigenous Pathways to Registration Panel:

- Louis Busch, RP
- Gabrielle-Carolle Boivin, RP
- Edite (Urpi) Pine, RP (Qualifying)

To the Inquiries, Complaints and Reports Committee:

- Darlene Cyrus-Blaize, RP

- DeRoux Jones, RP (Qualifying)
- Cindy Stater-Drummond, RP
- Audrey Taylor, RP
- Kevin Uba, RP

Moved: A. Jain

Seconded: S. Fahmy

CARRIED

d. Risk Management

K. Lomp introduced the item. D. Adams provided a high-level summary of progress on completion of the Risk Assessment Checklist. M. Piro indicated that to implement the CPMF and Risk Assessment Checklist, the Intergrated Risk Management policy was developed.

Council approved the Integrated Risk Management policy by consensus.

e. Registrar's Report

D. Adams presented her written report to Council and invited questions and discussion.

f. Council Evaluations

K. Lomp introduced the item.

4. CONSENT AGENDA

4.a. Draft Minutes 14SEP2023 and Committee Reports

The consent agenda, consisting of draft 14SEP2023 Council Minutes and committee reports:

- Discipline & FTP
- Examination
- Executive
- Inquiries, Complaints and Reports
- Quality Assurance
- Registration

MOTION C-07DEC2023 – M08

That Council approve the consent agenda as presented.

Moved: M. Machan

Seconded: H. Ahonen

CARRIED

5. ADJOURNMENT

MOTION C-07DEC2023 – M07

That the December 7, 2023, meeting of Council be adjourned at 3:11 p.m.

Moved: D. Keast

Seconded: K. Sawyer

CARRIED

File Name	Conflict of Interest Disclosure Form
File Size	32 KB
Uploaded Date	2023-11-23 13:38

Signatures

Name	Vote	Signature	Notes
 Ahonen,Heidi		NA	No COI! thanks, Heidi
 Boychyn,Steven		NA	No conflicts.
 Fahmy,Sherine		NA	
 Falkenburger,Jo Anne	Pending	NA	
 Hewitt-Blackie,Kali		NA	thanks Amy!
 Jain,Avni		NA	
 Keast,David		NA	no COI .
 Lomp,Kenneth Gunnar		NA	
 Machan,Michael		NA	none
 Monastero,Miranda		NA	
 Mord,Judy		NA	No conflict
 Pateman,Henry		NA	
 Sawyer,Kafui		NA	
 Selkirk,Keri		NA	
 Sundar,Radhika		NA	
 Vincent,Jeffrey		NA	

Responses = [15 out of 16] 15  0  0  0 

Discipline Committee and Fitness to Practise
Committee Reports to Council
March 20, 2024

Committee Members

- Heidi Ahonen, RP
- Raj Anand
- Steven Boychyn
- Carol Cowan-Levine, RP (Non-Council Committee Member)
- 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
- Kafui Sawyer, RP
- Jennifer Scott
- Keri Selkirk
- Radhika Sundar, RP
- Jeff Vincent
- David Wright (Chair)

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

Referrals:

Since the last Council meeting of December 7, 2023, there was one (1) new referral to Discipline.

Hearings held:

Since the last Council meeting of December 7, 2023, two (2) hearings occurred.

1. HYNES: Penalty hearing held December 8, 2023
2. BECKER: Contested hearing held on February 26, 2024, in writing

Scheduled hearings:

At the time of preparing this report, four (4) new matters have been scheduled.

Hearings Scheduled

1. BECKER: February 26, 2024, proceeding in writing
2. MCLEAN: March 22, 2024
3. RIDDELL: March 26, 2024
4. SAXTON: April 17, 2024
5. HARAMIC: adjourned pending another legal proceeding.

Case Management Conferences, Hearing Management Conferences & Motions:

Four (4) case management conferences or hearing management conferences occurred since the last Council meeting on December 7, 2023.

No motions occurred.

Discipline Decisions with Reasons

Decisions with Reasons Issued:

One (1) Decision with reasons has been issued since the last Council meeting on December 7, 2023:

CRPO v HYNES (Penalty and Costs Reasons)

Decisions and Reasons Pending:

One (1) decision with reasons is under reserve as of the date of this report:

CRPO v BECKER (Hearing in writing on February 26, 2024)

Training

No committee training occurred since the last Council meeting of December 7, 2023.

Fitness to Practise Committee:

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

The Committees Recommend:

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

Respectfully submitted,

David Wright
Chair, Discipline Committee and Fitness to Practise Committee

Examination Committee Report to Council

March 20, 2024

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:

- November 24, 2023

Panel meetings:

- November 24, 2023
- December 6, 2023
- February 7, 2024

A half-day plenary meeting took place on November 24, 2023, via videoconference. The Examination Committee considered the following matters:

Supervision Tool

The Committee received an update from staff on the response data summary for the first survey for the Supervision Tool pilot project. The Committee discussed the positive feedback and the versatility of the tool. The Committee also discussed potential language amendments and deferring the amendments for the supervision tool until the second and third survey results are summarized.

EC Terms of Reference and Work Plan

The Committee approved the revised [Terms of Reference](#) and workplan for 2024-25.

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 exam-related work.

Examination Appeals Policy

The Committee reviewed and approved the revised [Examination Appeals policy](#) as part of the three-year policy review cycle.

Panel Meetings

One combined plenary and panel half-day meeting took place on November 24, 2023, and two full-day panel meetings took place on December 6, 2023, and February 7, 2024, via videoconference. Below are the outcomes of those meetings:

Total files reviewed	44
Exam extension approved for first attempt	27
Exam extension approved for first and third attempt	0
Exam extension denied for first attempt	0
Exam extension approved for third attempt	1
Request for documentation for extension request*	0
Exam extension approved upon submission of satisfactory documentation**	1
Examination appeals granted	1
Examination appeals denied	5
Eligible for third exam attempt for second failure candidates	3
Educational upgrading steps directed for second failure candidates	4
Learning plan approved as submitted	1
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

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:

- January 18, 2024
- February 1, 2024
- March 7, 2024

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

Governance:

- **Evaluations: Annual Council Effectiveness Evaluation**

The Executive Committee reviewed the Annual Council Effectiveness evaluation results. See agenda item 2.d.

Evaluations: Q3 Meeting Pulse

The Executive Committee reviewed the Q3 Meeting Pulse Evaluation aggregate report and discussed the feedback that was received. See agenda item

By-law Updates

The Executive Committee was presented with a list of proposed by-law changes and considerations for the upcoming year. See agenda item 3.g. for updates.

Key Performance Indicator (KPI) Update

The Executive Committee reviewed the Q3 KPIs. See agenda item 3.a.

Annual Work Plan Review

The Executive Committee reviewed all committee work plans. See agenda item 2.d.

College Performance Measurement Framework (CPMF) report

The Executive Committee reviewed a draft of the College's 2023 CPMF submission. See agenda item 3.d.

Discipline Tribunal Pilot update and renewal

The Executive Committee received an update regarding the College's participation in the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) pilot project. See agenda item 2.e.

Communications Strategy Update

The Executive Committee was presented with the Communications initiatives being proposed by staff.

Diversity, Equity and Inclusion:

- **Equitable Remuneration**

The Executive Committee reviewed recommendations from the DEIWG regarding equitable remuneration. See agenda item 2.a.

- **Indigenous Pathways**

The Executive Committee received an update regarding the College's upcoming collaborative work with Indigenous communities.

Policy Discussion:

- **Policy Review Cycle updates**

The Executive Committee reviewed the list of policies that will require review in 2024 in accordance with the policy review cycle. The Committee also approved a terms of reference review process document.

Executive Limitations Policies

The Executive Committee approved changes to the Council Registrar Relationship and Financial Condition policy. Both policies were due for review in accordance with the policy review cycle. The Council Registrar Relationship policy will come forward to Council in June for approval.

Privacy Policy

The Executive Committee reviewed the Privacy policy and recommended minor changes and clarifications. The proposed revisions will be brought forward to Council in June.

Committee Appointments:

Non-Council Member Appointments to Discipline/FTP

The Executive Committee recommended the appointment of Shelley Briscoe-Dimock, RP, as Vice-Chair of the Discipline and Fitness to Practise Committees. The Committee also recommended reappointment of the non-council adjudicators to these committees. See agenda item 2.e.

Finance & Operations:

- **Q3 Financials Update**
J. Falkenburger, Director of Operations & Human Resources, presented the Q3 financial statements to the Executive Committee for information. The Committee was satisfied with the report and the financial stability represented.
- **Annual Budget 2024-2025**
The Executive Committee considered whether professional member remuneration should be made available in smaller increments. See agenda item 2.b.
- **Automatic Fee Increase**
The Executive Committee reviewed the proposed registrant fee increase. See agenda item 3.a.
- **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.c.

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

March 20, 2024

Committee Members

- Abimbola (Abi) Ajibolade, RP (Non-Council Committee Member)
- Steven Boychyn
- Janet Cullen, RP (Non-Council Committee Member)
- Darlene Cyrus-Blaize, RP (Non-Council Committee Member)
- Nicolas El-Kada, RP (Non-Council Committee Member)
- Sherine Fahmy
- Kathleen (Kali) Hewitt-Blackie, RP (Chair)
- DeRoux Jones, RP (Non-Council Committee Member)
- Kenneth G. E. Lomp, RP
- Miranda Goode Monastero, RP
- Judy Mord, RP
- Ibukun Ogunsina, RP (Non-Council Committee Member)
- Henry Pateman
- Christopher Rudan, RP (Non-Council Committee Member)
- Kafui Sawyer, RP (Non-Council Committee Member)
- Keri Selkirk
- Cindy Stater-Drummond, RP (Non-Council Committee Member)
- Audry Taylor, RP (Non-Council Committee Member)
- Kevin Uba, RP (Non-Council Committee Member)
- Kevin VanDerZwet Stafford, RP (Non-Council Committee Member)
- Leslie Vesely, RP (Non-Council Committee Member)
- Jeffrey Vincent

Plenary meetings:

- January 25, 2024

Panel meetings:

- December 14, 2023
- January 4, 2024
- January 11, 2024
- January 17, 2024
- February 8, 2024
- February 15, 2024
- February 29, 2024
- March 6, 2024
- March 14, 2024

The Committee welcomed its newest members, Darlene Cyrus-Blaize, RP; DeRoux Jones, RP; Cindy Stater-Drummond, RP; Audry Taylor, RP; and Kevin Uba, RP. Staff engaged the new members in training and panel meeting observation.

Over the last few months, staff have collected and analyzed ICRC data from the 2023 calendar year, for the purpose of reporting in the College Performance Measurement Framework (CPMF). This data will be released to the public in the coming months.

On January 25, 2024, the Committee held a plenary meeting to discuss 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, trauma-informed and procedurally fair. During the plenary meeting, staff supported ICRC decision-making on how to prioritize and manage implementation of the recommendations made by the Barbra Schlifer Commemorative Clinic. Staff sought direction from the Committee for related staff work, committee education and policy development.

ICRC panel chairs met for a discussion in February to promote consistent decision-making and how to resolve, in a culturally sensitive manner, conflicts within panel deliberations. Panel chairs supported a relational approach that appreciates differences among panel members.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'KH', with a long horizontal flourish extending to the right.

Kali Hewitt-Blackie
Chair, Inquiries, Complaints & Reports Committee

Nominations & Elections Committee Report to Council

March 20, 2024

Committee Members

- Sherine Fahmy, Public Member (Chair)
- Avni Jain, RP
- David Keast, Public Member
- Michael Machan, RP
- Judy Mord, RP
- Ibukun Ogunsina, RP (Non-Council Committee Member)
- Henry Pateman, Public Member
- Carla Ribeiro, RP (Non-Council Committee Member)
- Kafui Sawyer, RP
- Radhika Sundar, RP

Committee meetings:

- February 22, 2024

The Nominations and Elections Committee met on February 22, 2024, and discussed the following items:

Annual Terms of Reference Review

The Committee approved the terms of reference as presented, with no proposed changes at this time. The Committee explored potential changes to the Nominations and Elections Committee's specific areas of responsibility. Specifically, providing the Committee with the authority to select an interim Executive Committee member in the event of a vacancy. See agenda item 3.g. regarding by-law updates.

Election Planning

To prepare for the 2024 district election cycle, the Nominations and Elections Committee reviewed the district election timelines and supporting materials. [Information on elections is available on the CRPO website.](#)

Registrant Engagement Strategies

The N&E Committee reiterated the College's commitment to diversity, in particular, diversity on Council and committees. The Committee discussed hosting a general elections information webinar and a second webinar to focus on diversity and elections. The Committee also explored broader engagement strategies to implement in the future.

Non-Council Member Appointments policy revisions

The Committee reviewed the policy in accordance with the College's policy review cycle. Revisions were made to promote transparency of the process and changes will be brought forward to Council at a future meeting for approval.

Formal Motions to Council

n/a

The Committee Recommends:

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

Respectfully submitted,

Sherine Fahmy
Chair, Nominations and Elections Committee

Quality Assurance Committee Report to Council
March 20, 2024

Committee Members	
<ul style="list-style-type: none"> • Heidi Ahonen, RP • Felipe Cepeda, RP (Non-Council Committee Member) • Kayleen Edwards, RP (Vice-Chair, Non-Council Committee Member) • Sherine Fahmy • Kali Hewitt-Blackie, RP • Avni Jain, RP • David Keast • Kenneth Lomp, RP (Chair) • Miranda Monastero, RP • Jeffrey Vincent 	
Committee meetings:	Panel meetings:
<ul style="list-style-type: none"> • December 12, 2023 	<ul style="list-style-type: none"> • N/A

Since the last Council meeting in December 2023, the Quality Assurance Committee met on December 12, 2023 for a plenary meeting. At the meeting, Committee members reviewed the 2024 Fall CBA results and the draft Quality Assurance Committee Terms of Reference. Committee members also provided feedback on a draft revised version of the peer coaching tool. Anthony Marini, Martek Assessments, presented the 2023 Fall CBA aggregate results to the Quality Assurance Committee as outlined below.

938 registrants completed the 2023 Fall CBA. As with the 2023 Spring CBA, the results were reassuring and in line with Pilot result projections.

Summary			Guide
Successful	790	84%	Greater or equal to .80
Successful with Self Directed Review	119	13%	Greater or equal to .80 - 1 Standard Deviation
Unsuccessful with Peer Assisted Review	29	3%	Less than .80 - 1 Standard Deviation

The next QA Plenary meeting has been scheduled for March 8, 2024.

The Committee Recommends:

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

Respectfully submitted,

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

Registration Committee Report to Council

March 20, 2024

Committee Members

- Heidi Ahonen, RP
- Elda Almario, RP (Non-Council Committee Member)
- Carolle Boivin, RP (Non-Council Committee Member; IRTG Appointment) (as of December 7, 2023)
- Louis Busch, RP (Non-Council Committee Member; IRTG Appointment) (as of December 7, 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)
- Edite Pine, RP (Qualifying) (Non-Council Committee Member; IRTG Appointment) (as of December 7, 2023)
- Henry Pateman
- Radhika Sundar, RP
- Glenn Walsh, RP (Non-Council Committee Member; IRTG Appointment)

Committee meetings:

- February 9, 2024

Panel meetings:

- December 15, 2023
- January 26, 2024
- February 23, 2024

At the February 9, 2024 plenary meeting, the Registration Committee considered the following matters:

Emergency Class Application Form

The Committee reviewed and approved the Emergency class application form.

Policy Review

The Committee approved revisions to the [Clinical Experience for Registration](#) and [Language Proficiency](#) policies.

The Committee rescinded the Student Designations Policy, as the same material is covered in the revised *Professional Practice Standards*.

Program Recognition

The Committee made the following decisions:

- The University of Guelph Master in Relational and Family Therapy (previously the MSc Couple and Family Therapy) program's academic and clinical experience recognition was renewed.
- The University of Guelph Master in Psychotherapy program was granted academic and clinical experience recognition.

- The Canadian International Institute of Art Therapy (CiiAT) Art Psychotherapy Diploma program was granted clinical experience recognition.

Key Performance Indicators

The Committee was updated on key performance indicators for Q3 2023-24 and calendar year 2023.

Panel Meetings

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

Total applications reviewed	26
Approved	1
Terms, Conditions & Limitations (TCL)	7
Conditional approval	0
Requests for more information	1
Refused	17

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 December 7, 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