



BOARD MEETING PACKAGE 2026.01

DATE: MARCH 27, 2026

TIME: 9:00AM - 3:00PM

110 Eglinton Avenue West, Suite 500
Toronto, Ontario, Canada M4R 1A3
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BOARD MEETING AGENDA

2026.01

MARCH 27, 2026
9:00 AM to 3:00 PM

- Strategic Direction Reflection:**
 S1 - Excellence in Care
 S2 - Membership Engagement
 S3 - Innovation in Regulation
 S4 - Continuous Quality Improvement Culture

AGENDA ITEM	TIME	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION *
.00	09:00AM–09:05AM (5 mins)	CALL TO ORDER AND LAND ACKNOWLEDGMENT <i>(P. Bieling)</i>			
.01		APPROVAL OF AGENDA & MINUTES			
.01A	09:05AM – 09:20AM (15 mins)	Review & Approval of Agenda <i>(P. Bieling)</i>	Decision	2	--
.01B		Review & Approval of Minutes – Board Meeting 2025.04 December 12, 2025 <i>(P. Bieling)</i>	Decision	5	--
.01C		Review of Board Action List <i>(T. DeBono)</i>	Discussion	12	--
.02		IN CAMERA ITEMS			
.02A	9:20AM-9:40AM (20 mins)	Board Meeting Evaluation Report ¹ (December 12, 2025) <i>(P. Bieling)</i>	IN-CAMERA Discussion	--	--
.03		CONSENT AGENDA ITEMS Decision			
.03A	09:40AM–09:45AM (5 mins)	Quarterly Committee Reports	--	14	S1
		(1) Executive Committee Report			
		(2) Registration Committee Report			
		(3) Inquiries, Complaints and Reports Committee Report			
		(4) Discipline Committee Report			
		(5) Quality Assurance Committee Report			
		(6) Client Relations Committee Report			
		(7) Fitness to Practice Committee Report			
		(8) Finance & Audit Committee Report			

¹ The Board will go in-camera in accordance with RHPA, Schedule 2 Section 7(2)(d).

AGENDA ITEM	TIME	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION *
		(9) Governance and Nominations Committee Report			
		(10) Equity, Diversity, and Inclusion Working Group Report			
.03B		Registrar & CEO's Report	--	42	S1
.04		POLICY ISSUES			
.04A	9:45AM-9:55AM (10 mins)	JEE Module (Psychology) Development Update – Oral Report <i>(L. Mackanyn)</i>	Discussion	--	S3, S4
.04B	9:55AM-10:00AM (5 mins)	Barbara Wand- Oral Report <i>(J. Kitchen)</i>	Information	--	S3
.04C	10:00AM-10:15AM (15 mins)	Quality Assurance (QA) Policy Update <i>(J. Kitchen)</i>	Decision	43	S4
.04D	10:15AM-10:25AM (10 mins)	By-law 22 Amendment – Professional Liability Insurance <i>(J. Kitchen)</i>	Decision	59	S1
.05		BUSINESS ISSUES			
.05A	10:25AM – 10:35AM (10 mins)	Staff Experience Survey Results Update – Oral Report <i>(T. DeBono)</i>	Information	--	S4
.05B	10:35AM – 10:40AM (5 mins)	Registrant Engagement and Communications Strategy Update – Oral Report <i>(S. Morton)</i>	Information	--	S2
.05C	10:40AM-10:50AM (10 mins)	Publication Of Third-Party Assessment of Board Effectiveness <i>(T. DeBono, Z. Yetnikoff)</i>	Decision	61	S4
.05D	10:50AM – 11:05AM (15 mins)	Integrated Risk Management Report <i>(T. DeBono)</i>	Information	63	S3

AGENDA ITEM	TIME	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION *
.05E	11:05AM-11:15AM (10 mins)	Notice of Executive Committee Election and Board Appointments <i>(T. DeBono)</i>	Information	66	--
.05F	11:15AM-11:25AM (10 mins)	Draft Budget 2026-2027 <i>(T. DeBono)</i>	Decision	71	S3
.06		STRATEGIC ISSUES			
.06A	11:25AM-11:40AM (15 mins)	Key Performance Indicators (KPI) Update and Next Steps <i>(J. Kitchen)</i>	Decision	87	S4
.06B	11:40AM-11:50AM (10 mins)	Office of the Fairness Commissioner (OFC) 2024–2025 Risk Rating – Oral Report <i>(T. DeBono)</i>	Information	90	
.06C	11:50AM – 11:55AM (5 mins)	Strategic Direction Implementation: Chart Update <i>(T. DeBono)</i>	Discussion	133	All
.07		OTHER BUSINESS			
.07A	11:55PM-12:00PM (5 mins)	Next Board Meetings Scheduled: • June 19, 2026 (virtual)	Information	--	--
.07B		Proposed Next Board Meeting: • September 24, 2026 (In-person)	Decision	--	--
12:00PM – 1:00PM (60 mins)		LUNCH			
.07C		Registrar’s Performance Review: IN CAMERA ² <i>(P. Bieling)</i>	Decision	--	S4
.08		ADJOURNMENT			

² The Board will go in-camera in accordance with RHPA, Schedule 2 Section 7(2)(d).

BOARD MEETING MINUTES

2025.04

To view the Meeting Materials and Briefing Notes corresponding to these Minutes please click [here](#).

DECEMBER 12, 2025

PRESENT:

Ian Nicholson, Ph.D., C.Psych., Board Chair
Peter Bieling, Ph.D., C.Psych., Board Vice-Chair
Marian Boer, Ph.D., C.Psych.
Fred Schmidt, Ph.D., C.Psych.
Jacob Kaiserman, Psy.D., C.Psych.
Rachel Wayne, Ph.D., C.Psych.
Glenn Webster, M.Ed., C.Psych. Assoc.
Maggie Toplak, Ph.D., C.Psych.
Kieva Hranchuk, Ph.D., R.B.A (Ont.), BCBA – D
Conrad Leung, M.ADS, R.B.A (Ont.), BCBA
Kay Narula, M.ADS., R.B.A (Ont.), BCBA
Olivia Ng, M.A., R.B.A (Ont.), BCBA
Ken Moreau, Public Director
Mary Kalantzis, Public Director
Scott Warnock, Public Director
Nadia Mocan, Public Director
Paul Stopciati, Public Director
Indira Bains, Public Director
Cameron Ross, Public Director
David Kurzman, Ph.D., C.Psych.

REGRETS:

Esther Vlessing, Public Director
Pascale Gonthier, Public Director

STAFF:

Tony Debono, MBA, Ph.D., C. Psych., Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings
Jennifer Kitchen, Director, Professional Affairs
Lesia Mackanyn, Director, Registration
Stephanie Morton, Director, Corporate Services
Odessa Medallon, Assistant to the Registrar
Krista Babwah, Assistant to the Registrar, recorder

2025.04.00 CALL TO ORDER

44 The Chair called the meeting to order at 9:00AM and began the meeting with a land
45 acknowledgement in recognition and respect for Indigenous peoples.

46
47 The meeting was held virtually and livestreamed via YouTube.
48

49 **2025.04.01 APPROVAL OF THE AGENDA AND MINUTES**

50
51 **.01A APPROVAL OF AGENDA**

52
53 **It was MOVED by Paul Stopciati**
54 **That the Agenda be approved as amended, including the addition of items .07D--.07G. CARRIED**
55

56
57 **.01B DECLARATIONS OF CONFLICTS OF INTEREST**
58 The Chair asked whether any members wished to declare conflicts of interest with respect to
59 items on the agenda. No declarations were made.
60

61 **.01C MINUTES FROM THE BOARD MEETING OF SEPTEMBER 26, 2025**

62
63 **It was MOVED by Maggie Toplak**
64 **That the Minutes of the Board Meeting held on September 26, 2025 be approved. CARRIED**
65

66 **.01D REVIEW OF ACTION LIST**
67 The Registrar provided an update on the Action List and noted items that were completed,
68 outstanding or on today's meeting Agenda.
69

70 **.01E BOARD TRAINING DAY EVALUATION REPORT**

71
72 The Board reviewed the September 25, 2025 Board Training Day Evaluation results.
73

74 **01F BOARD MEETING EVALUATION REPORT**

75
76 The Board reviewed the September 26, 2025 Board Meeting Evaluation results.
77

78 **2025.04.02 CONSENT AGENDA**

79
80 **It was MOVED by Scott Warnock**
81 **That the Board received the consent agenda items. CARRIED**
82

83 **2025.04.03 LEGAL MATTER**

84
85 This agenda item was moved IN CAMERA in accordance with the Regulated Health Professions
86 Act, Schedule 2, section 7(2)(e), to receive legal advice.
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88 The Board returned to regular session.
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2025.04.04 POLICY ISSUES
.04A CONSULTATION RESULTS- REGISTRATION MODERNIZATION: REGULATORY AMENDMENT REQUESTS

The Chair introduced this agenda item by noting that the Board was reviewing consultation feedback related to proposed registration regulatory amendments. Board members discussed feedback concerning entry-to-practice pathways, work experience requirements, and competency assessment. It was noted that consultation responses reflected a range of perspectives. The discussion emphasized the Board’s responsibility to balance access to care with public protection in accordance with its statutory mandate.

It was MOVED by Peter Bieling
That the Board approve the requested regulatory amendments for presentation to the Ministry of Health and to the Office of the Fairness Commissioner.

IN FAVOR:
Registrant Directors: 2
Public Directors: 4

OPPOSED:
Registrant Directors: 10
Public Directors: 2

ABSTENTION:
Registrant Directors: 0
Public Directors: 1

DEFEATED

It was MOVED by Conrad Leung
That the College explore a process for the approval of international accrediting bodies beyond the United States, including a process for regular evaluation of such accrediting bodies.

IN FAVOR:
Registrant Directors: 13
Public Directors: 5

OPPOSED:
Registrant Directors: 0
Public Directors: 0

ABSTENTION:
Registrant Directors: 0
Public Directors: 0

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CARRIED

**It was MOVED by Ken Moreau
That the Board approve registration of psychologist based on a graduate degree from Board-approved programs (including programs with accreditation by College-approved accrediting bodies)**

**IN FAVOR:
Registrant Directors:9
Public Directors:6**

**OPPOSED:
Registrant Directors:3
Public Directors: 0**

**ABSTENTION:
Registrant Directors: 0
Public Directors: 0**

CARRIED

**It was MOVED by Jacob Kaiserman
That the motion to reinstate the psychological associate category be withdrawn.**

CARRIED

**It was MOVED by David Kurzman
That the Board rescind its earlier motion to approve registration of psychologist based on a graduate degree from Board-approved programs (including programs with accreditation by college-approved accrediting bodies).**

DEFEATED

**It was MOVED by Jacob Kaiserman
That the psychological associate category be reinstated.**

DEFEATED

**It was MOVED
That the minimum four-year work experience requirement for candidates with a master's degree be replaced with a requirement of two years (3000 hours) of supervised practice.**

DEFEATED

It was MOVED by Fred Schmidt

182 That the Board revise the minimum four-year work experience requirement for candidates with
183 a master's degree to a minimum of one year of work experience.

184 **IN FAVOR:**

185 Registrant Directors:6

186 Public Directors:6

187 **OPPOSED:**

188 Registrant Directors:5

189 Public Directors: 0

190 **ABSTENTION:**

191 Registrant Directors: 0

192 Public Directors: 1

193 **CARRIED**

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196 It was **MOVED** by David Kurzman

197 That the board rescind the proposal to eliminate the oral exam and to do a review three years
198 after those previous amendments have been operationalized.

199 **IN FAVOR:**

200 Registrant Directors:3

201 Public Directors:6

202 **OPPOSED:**

203 Registrant Directors:8

204 Public Directors: 0

205 **ABSTENTION:**

206 Registrant Directors: 0

207 Public Directors:0

208 **CARRIED**

209

210

211 **.04E The Behavior Analyst Certification Board (BACB®)**

212 Staff presented a briefing note regarding correspondence from the Behavior Analyst
213 Certification Board (BACB) indicating its intention to withdraw from Ontario as of June 30,
214 2026, and outlined a proposed approach to engage with BACB to explore potential
215 options to maintain alignment with Ontario's regulatory framework.

216

217 It was **MOVED** by Scott Warnock

218 That the Board approve the plan in this briefing note to address the Behavior Analyst
219 Certification Board®.

220 **CARRIED**

221

222 It was **MOVED** by Fred Schmidt

223

228 **That the Board approve the proposed Board & Committees Competency and Suitability Profile.**
229
230 **CARRIED**

231
232 The Board moved in camera to discuss a confidential matter and subsequently returned to open
233 session.

234
235 **.04G Governance Modernization: Policy Update**
236 **• Policy I-13: Non-Voting Psychological Associate Seat on the Board**
237

238 **It was MOVED by David Kurzman**
239 **That the Board rescind Policy I-13: Non-Voting Psychological Associate Seat on the Board.**
240 **CARRIED**
241

242 **2025.04.05 BUSINESS ISSUES**
243

244 **.05E Transfer of Reserve Funds**
245

246 **It was MOVED by Paul Stopciati**
247 **That the Board approve the transfer of \$700,000 to the Investigations and Hearings Reserve**
248 **Fund and the remaining \$471,513 to be retained as unrestricted funds.**
249 **CARRIED**
250

251 **.05F Hiring of Third Party-Assessment for Board Effectiveness**
252

253 **It was MOVED by Jacob Kaiserman**
254 **That the Board hire a consultant to commence a third-party assessment of Board (Council)**
255 **effectiveness at a minimum every two years.**
256 **CARRIED**
257

258 **.05G Integrated Risk Management Report**
259 The Integrated Risk Management Report was received for information.
260

261 **2025.04.07 OTHER BUSINESS**
262

263 **.07B NEXT BOARD MEETINGS SCHEDULED:**
264

- March 26, 2026 – Training Day (in-person)
- March 27, 2026 – Board Meeting (in-person)
- June 19, 2026 (virtual)

267

268 The livestream concluded at 4:25 PM
269

270 The Board moved IN CAMERA to discuss an HR matter in accordance with the Regulated Health
271 Professions Act, Schedule 2, subsection 7(2)(e).
272

273 The Board returned to regular session at 5:01 PM.

274 **2025.04.08 ADJOURNMENT**

275

276 **It was MOVED by Glenn Webster**

277 **That the Board Meeting be adjourned.**

CARRIED

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279 The Board Meeting was adjourned at 5:02 PM.

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Ian Nicholson, Ph.D., C.Psych., Board Chair

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Peter Bieling, Ph.D., C.Psych., Board Vice-Chair

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294 **Minutes approved at the Board Meeting on March 27, 2026**

DRAFT

ACTION LIST - BOARD

Item:	Responsibility:	Action:	Status:	Target Completion Date
2024.02.03A	Office of the Registrar	Examine strategies to increase membership engagement in College consultations.	Completed/ On Agenda <i>Permanent Communications Officer Onboarded</i>	February 2026
2024.06.03C	Registration Committee	Provide guidelines on how to process VSC with positive check.	In Process <i>College to present at the June 2026 Board Meeting</i>	December 2025 – June 2026
2025.02.03F	Registration Committee	Provide required operational updates in anticipation of changes regarding registration modernization.	Not started <i>This action item will commence pending registration regulation changes.</i>	TBA, Pending Ministry Approval
2025.02.03G	Office of the Deputy Registrar	Staff to develop and present proposed amendments to the College By-laws to support Council's approved governance modernization strategies, including: updating governance language; reducing Council size; adopting a hybrid appointment/election process; implementing a competency-based framework for Council and Committees; and enhancing the separation between Council and Committees.	Completed <i>By-laws have been updated. Available on the College website.</i>	December 2025
2025.02.03G	Office of the Deputy Registrar	Staff to apprise the Ministry of Health of any amendments to the RHPA and/or Act that would be necessary to achieve the Board's governance modernization goals.	In process <i>Necessary amendments are under review.</i>	TBA
2025.03.04A	Office of the Registrar	Develop an annual assessment tool and mechanism to review effectiveness of the proposed registration amendments and present it to the Board.	Not started <i>This action item will commence pending registration regulation changes.</i>	TBA

Item:	Responsibility:	Action:	Status:	Target Completion Date
2025.03.04C	Registration Department	College to obtain updated Statement of Work from <i>Meazure Learning Inc.</i> to determine costs for ongoing maintenance of the OEPPABA.	<p>In process</p> <p><i>An initial SOW has been received from Meazure; undergoing review by staff.</i></p>	TBA
2025.03.04I	Office of the Deputy Registrar	Staff to update the terminology in all College Bylaws, policies, and other documents and communications.	<p>Completed</p> <p><i>The College has completed updates to the by-laws and the policies & procedures manual. Website updates completed.</i></p>	March 2026

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

EXECUTIVE COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair	Board Director
Peter Bieling, Vice-Chair	Board Director
Olivia Ng	Board Director
Rachel Wayne	Board Director
Paul Stopciati	Public Board Director
Scott Warnock	Public Board Director
Glenn Webster	Board Director

STAFF

Tony DeBono, Registrar & CEO
Zimra Yetnikoff, Deputy Registrar and Director, Investigations and Hearings
Krista Babwah, Assistant to the Registrar

MEETINGS

The Executive Committee met on:

- February 27, 2026.

ITEMS TO BOARD FOR DECISION

The Executive Committee discussed the following items which are being brought forward for Board consideration and approval:

- Quality Assurance - Policy Update
- By-law 22 Amendment – Professional Liability Insurance
- Key Performance Indicators
- Draft Budget for 2025–2026

ACTIONS

The Executive Committee took the following actions:

- Reviewed the Variance Report and the Unaudited Financial statements to November 30, 2025. The Committee recommended that these documents be presented to the Board. These are included in the Consent Agenda Reports section of the Board Materials package.
- Reviewed disputes to the Governance and Nominations Committee candidate decisions.
- Reviewed and re-directed a proposal back to Finance and Audit Committee given new information.
- Received an update on the development of the Jurisprudence and Ethics assessment (psychology)
- Consulted to the Chair on the Registrar’s Performance Review

- The Executive Committee appointed Mr. John Capobianco, Public Director, to the Discipline Committee, Quality Assurance Committee, and Inquiries, Complaints and Reports Committee.
- The Executive Committee appointed Mr. Rakesh Joshi, Public Director, to the Discipline Committee; Inquiries, Complaints and Reports Committee; and Fitness to Practice Committee.

SUBMITTED BY

Peter Bieling, Ph.D., C. Psych., Chair

THIRD QUARTER, DECEMBER 1, 2025– FEBRUARY 28, 2026

REGISTRATION COMMITTEE

COMMITTEE MEMBERS:

Peter Bieling, Ph.D., C.Psych.	Co-Chair, Academic Member of Council
Maggie Toplak, Ph.D., C.Psych.	Co-Chair, Academic Member of Council
Conrad Leung, M.ADS., R.B.A. (Ont)	Co-Chair, Member of Council
Frederick Schmidt, Ph.D., C.Psych.	Professional Member, Member of Council
Gani Braimoh, Psy.D., C.Psych.	Professional Member
Amardeep Badwall-Brown, M.A., R.B.A. (Ont.)	Professional Member
Kate Guyett, M.A., R.B.A. (Ont.)	Professional Member
Mary Kalantzis	Public Member of Council
Ken Moreau	Public Member of Council
Morgan Sanchez, M.ADS, R.B.A. (Ont.)	Professional Member
Paul Stopciati	Public Member of Council
Sheila Tervit, Ph.D., C.Psych.	Professional Member
Marian Boer, Ph.D., C.Psych.	Professional Member, Member of Council
Michal Gilboa-Hermel, M.A., C.Psych.	Professional Member
Lixian Bao, Ph.D., C.Psych.	Professional Member
Nicole McLister, M.Ed., C.Psych.Assoc.	Professional Member
Mohammad Nikkhou, Ph.D., C.Psych.	Professional Member
Patricia Behnke, Ph.D., C.Psych.	Professional Member
Suzana Curcija, M.Ed., R.B.A. (Ont.)	Professional Member
Kieva Hranchuk, Ph.D., R.B.A (Ont.)	Professional Member, Member of Council

STAFF SUPPORT:

Lesia Mackanyn	Director: Registration
Myra Veluz	Senior Registration Assistant
Anna Miller	Registration Coordinator
Shannon Elliott	ABA Coordinator
Nuzhat Ahmed	Registration Assistant
Wahiba Akhtar	Registration Assistant
Nanthini Joseph	Registration Assistant
Katherine Bell	Registration Assistant

MEETINGS

January 15, 2026: Panel A (Psychology Registration Cases)

The Registrar referred a total of 23 cases to Panel A.

These cases included:

- 2 cases involving academic credential reviews (1 doctoral, 1 masters);
- 16 cases involving training plans for supervised practice members or eligible candidates (5 doctoral, 11 masters);

- 5 cases involving requests for adding of area of practice.

January 16, 2026: Panel B (Psychology Registration Cases)

The Registrar referred a total of 24 cases to Panel B.

These cases included:

- 1 case involving academic credential reviews (1 masters);
- 16 cases involving training plans for supervised practice members or eligible candidates (5 doctoral, 11 masters);
- 2 cases involving request from return to autonomous certificate from Inactive certificate;
- 5 cases involving requests for adding area of practice.

January 2026: Panel C (Behaviour Analyst Registration Cases)

There were no cases referred to Panel C for January 2026

March 12, 2026: Plenary Session

The Committee met on March 12th for a Plenary Session; this meeting included all panels. The College's staff presented a report on the December 2025 Oral Examinations (psychology registrants) which included a summary of outcomes and survey feedback from candidates and examiners. The remainder of the Plenary Session was focussed on reviewing a draft of policy related to the vulnerable sector screening requirement for all College applicants, which will be brought back to the next available Plenary Session once staff are able to incorporate the suggestions from the members of the Committee.

March 12, 2026: Panel A (Psychology Registration Cases)

The Registrar referred a total of 34 cases to Panel A.

These cases included:

- 3 cases involving academic credential reviews (1 doctoral, 2 masters);
- 16 cases involving training plans for supervised practice members or eligible candidates (6 doctoral, 10 masters);
- 3 cases involving examination outcome (1 EPPP, 2 Oral Exam);
- 1 case involving a reciprocity application;
- 11 cases involving requests for adding area of practice.

March 13, 2026: Panel B (Psychology Registration Cases)

The Registrar referred a total of 30 cases to Panel B.

These cases included:

- 1 case involving academic credential reviews (1 doctoral);
- 13 cases involving training plans for supervised practice members or eligible candidates (5 doctoral, 8 masters);
- 4 cases involving examination outcome (1 EPPP, 3 Oral Exam);
- 1 case involving request from return to autonomous certificate from Inactive certificate;
- 11 cases involving requests for adding area of practice.

March 12, 2026: Panel C (Behaviour Analyst Registration Cases)

The Registrar referred a total of 2 cases to Panel C.

- 2 cases involving a Transitional Route 2 Entry application.

TERMS

- **Academic Credential Review (psychology registrants):** Cases where after an initial review, the Registrar has referred an application for supervised practice to the Registration Committee for a further review to determine whether the applicant has an acceptable graduate level psychology degree.
- **Training Plan (psychology registrants):** Applies to supervised practice members and eligible candidates. If after an initial review, it appears that a candidate is missing required components in the area for which they have declared competence to practise, the Registrar will refer the candidate's application to the Registration Committee for a review of their education and training. The Committee will determine whether the candidate must augment their knowledge and skills via a training plan.
- **Adding Area of Practice (psychology registrants):** Autonomous practice psychologist or psychological associate members who wish to be authorized to practice psychology in a new area and/or with a new client group.
- **Examination Outcome:** Individual cases that require a review of the outcome of, or an issue with, the Oral Examination, JEE, EPPP, or OEPPABA.
- **Reciprocity Application:** Reviews of cases where an applicant has applied from a jurisdiction in which the College has entered into a written reciprocity agreement.
- **Removal or modification of limitation and/or condition:** Autonomous practice members who wish to have a registration related limitation and/or condition removed (or modified) from their certificate of practice.
- **Return to Autonomous Certificate from Inactive Certificate:** Members who have held an Inactive Certificate of Registration for longer than 2 years and who wish to return to a Certificate of Registration Authorizing Autonomous Practice.
- **Transitional Route Entry Application (behaviour analyst registrants):** Cases where after an initial review, the Registrar has referred an application for transitional route entry to the Registration Committee for a further review to determine whether the applicant has met the minimum criteria.

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

COMMITTEE MEMBERS:

Allyson Harrison (Chair), College Registrant
Scott Warnock (Vice-Chair), Board Director (Public)
Basma Alkatranji, College Registrant
Indira Bains, Board Director (Public) (to January 30, 2026)
Marie-Sjaan Berends-Booth, College Registrant
Kirsten Barr, College Registrant
Mary Susan Crawford, College Registrant
Allison Eades, College Registrant
Oliver Foese, College Registrant
David Gold, College Registrant
Jacob Kaiserman, Board Director
Mehakpreet Mahey, College Registrant
Nadia Di Ridolfi, Board Director (Public)

Ken Moreau, Board Director (Public)
Kay Narula, Board Director
Olivia Ng, Board Director
Jasmine Peterson, College Registrant
Cameron Ross, Board Director (Public)
Naomi Sankar-DeLeeuw, College Registrant
Simmi Santha, College Registrant
Fred Schmidt, Board Director
Krystal Street, College Registrant
Mark Watson, College Registrant
Glenn Webster, Board Director
Crystal Willett, College Registrant
Christie Yao, College Registrant
Leah Zalan, College Registrant

STAFF

Zimra Yetnikoff, Director, Investigations & Hearings

COMMITTEE ACTIVITIES

ICRC Meetings

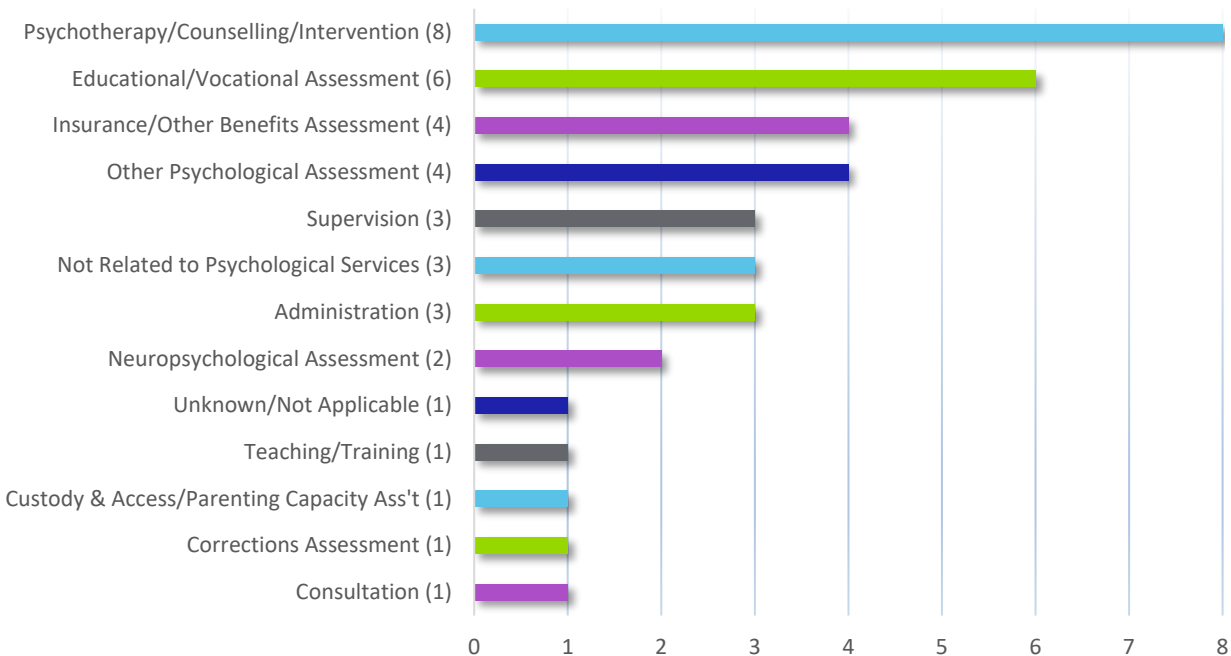
The ICRC met on December 5, 2025, January 12, 2026, and February 11, 2026, to consider 40 cases. In addition, 16 teleconferences were held in the 3rd quarter to consider 28 cases. The next scheduled ICRC takes place on March 13, 2026, with 15 cases on the agenda.

New Complaints and Reports

In the 3rd Quarter, the College received 38 new complaints related to the psychology profession and three complaints related to the ABA profession.

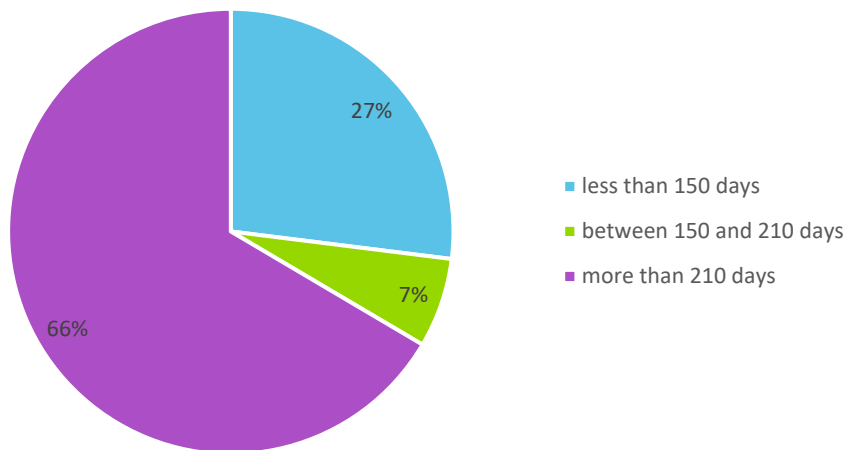
The nature of service related to new ABA complaints are one each of Educational Assessment, Intervention, and Unknown/Not Applicable.

The nature of service in relation to new psychology complaints are:



Timeline Snapshot

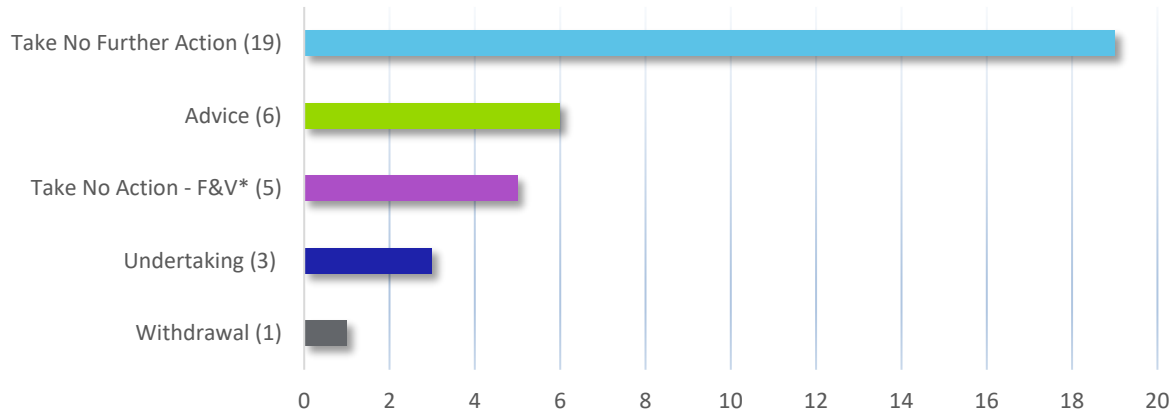
There are currently 215 open ABA and psychology complaints being actively investigated.



ICRC Dispositions

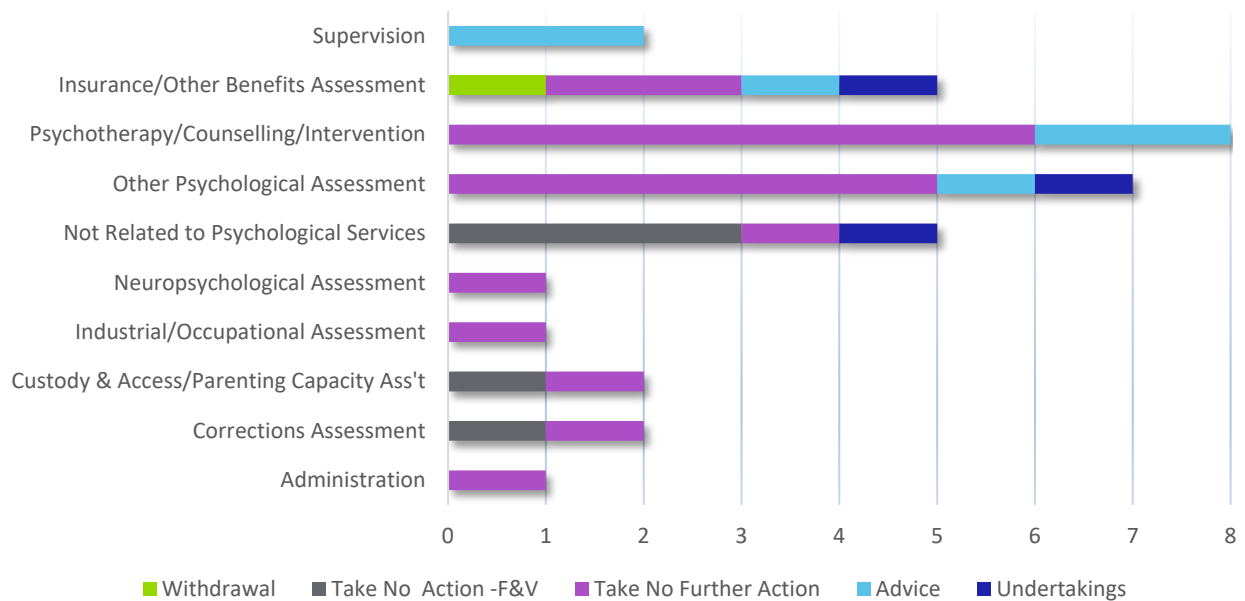
The ICRC disposed of one ABA case this quarter. The ICRC provided Advice in this matter, where the nature of service was Administration.

The ICRC disposed of 34 psychology cases during the 3rd Quarter, as illustrated below.



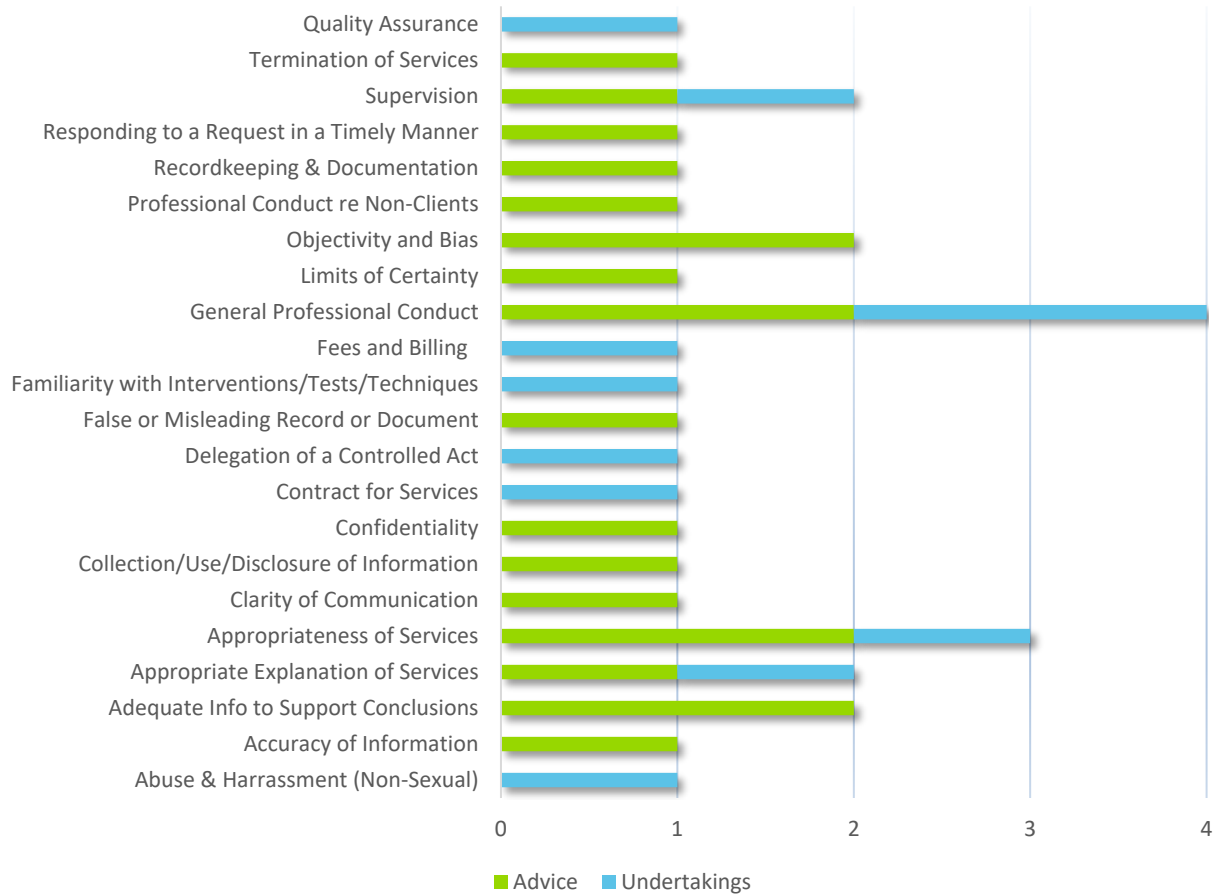
*F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

The dispositions of the 34 psychology cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 34 psychology cases disposed of included the consideration of 142 allegations. The ICRC took some action with respect to 31, or 22%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 3rd Quarter, five HPARB reviews of ICRC decisions were requested. The College received two HPARB decisions. In both these matters, the Board provided notice that it would not proceed with a review.

SUBMITTED BY

Allyson Harrison, Ph.D., C.Psych., Chair

BOARD REPORT

2026.01.03A(4)

THIRD QUARTER, December 1, 2025 to February 28, 2026

DISCIPLINE COMMITTEE

COMMITTEE MEMBERS

Janice Currie (Chair) College Registrant
Paul Stopciati, (Vice-Chair) Board Director (Public)
Peter Bieling, Board Director
Jacob Kaiserman, Board Director
David Kurzman, Board Director
Fred Schmidt, Board Director
Marian Boer, Board Director
Rachel Wayne, Board Director
Glenn Webster, Board Director
Maggie Toplak, Board Director
Kieva Hranchuk, Board Director
Conrad Leung, Board Director
Olivia Ng, Board Director
Ian Nicholson, Board Director
Kay Narula, Board Director
Nadia Di Ridolfi, Board Director (Public)
Scott Warnock, Board Director (Public)

Mary Kalantzis, Board Director (Public)
Ken Moreau, Board Director (Public)
Cameron Ross, Board Director (Public)
Indira Bains, Board Director (Public) (to January 30, 2026)
Pascale Gonthier, Board Director (Public) (to February 6, 2026)
Anthony Hopley, College Registrant
Deidre Boyle, College Registrant
Lynette Eulette, College Registrant
Lyson Babchishin, College Registrant
Maggie Mamen, College Registrant
Marissa Leuzzi, College Registrant
Michael Grand, College Registrant
Robert Gauthier, College Registrant
Maria Romano, College Registrant
Smita Vir Tyagi, College Registrant
Bruce Robert David Cook, College Registrant

STAFF SUPPORT:

Zimra Yetnikoff, Director, Investigations & Hearings

REFERRALS TO DISCIPLINE

There were no referrals to discipline made in the third quarter.

PRE-HEARINGS

1. **Dr. Gina Madrigano:** https://members.cpbao.ca/public_register/show/20052

A Pre-Hearing Conference is scheduled to take place on March 11, 2026.

2. **Dr. Philip Classen:** https://members.cpbao.ca/public_register/show/20213

A Pre-Hearing Conference is scheduled to take place on April 23, 2026.

HEARINGS

1. **Mr. Eldon Bossin:** https://members.cpo.on.ca/public_register/show/21448

A Hearing was held on December 3, 2025, with the decision and reasons released on December 19, 2025.

2. **Dr. Philip Classen:** https://members.cpbao.ca/public_register/show/20213

A Motion Hearing was held on January 5, 2026. The decision and reasons on the motion have not yet been released.

3. **Mr. Christopher Heap (3 matters):** https://members.cpo.on.ca/public_register/show/2873

A Hearing was held on January 9, 2026, with the decision and reasons released on March 11, 2026.

4. **Dr. Irina Trofimova (2 matters):** https://members.cpo.on.ca/public_register/show/20198

A Hearing is scheduled to take place on April 24, 27, 28, 29, 30, 2026.

5. **Ms. Christine Vestervelt:** https://members.cpbao.ca/public_register/show/25462

A Hearing is scheduled to take place on June 11 and 12, 2026.

6. **Dr. Kenneth Zucker:** https://members.cpbao.ca/public_register/show/1666

A Hearing was held on February 2, 2026. The decision and reasons have not yet been released.

ONGOING MATTERS

1. **Dr. Tracy Abarbanel:** https://members.cpbao.ca/public_register/show/21196

These matters are currently at the Pre-Hearing Conference stage.

2. **Dr. Ronald Frey (2 matters):** https://members.cpbao.ca/public_register/show/19100

A Pre-Hearing Conference on two related matters took place on September 9, 2025. The Hearing for this matter has not yet been scheduled.

3. **Dr. Marie-Sylvie Roy:** https://members.cpbao.ca/public_register/show/2289

These matters are currently at the Pre-Hearing Conference stage.

4. **Dr. Vytas Velyvis:** https://members.cpo.on.ca/public_register/show/49563

This matter is currently at the Pre-Hearing Conference stage.

5. **Dr. Romeo Vitelli (3 matters):** https://members.cpo.on.ca/public_register/show/1461

These matters are currently at the Pre-Hearing Conference stage.

SUBMITTED BY
Janice Currie, Chair

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

QUALITY ASSURANCE COMMITTEE

COMMITTEE MEMBERS

David Kurzman, Ph.D., C.Psych. (Chair)	Board Director
David Howard, M.A., C.Psych. (Vice-Chair)	College Registrant
Bhawna Aggarwal, M.S., R.B.A. (Ont.)	College Registrant
Pascale Gonthier	Board Director (Public)
Lital Grinberg, M.A., C.Psych.Assoc.	College Registrant
Sabrina Hassan, Ph.D., C.Psych.	College Registrant
Conrad Leung, M.ADS., R.B.A (Ont.), BCBA	Board Director
Nadia Di Ridolfi	Board Director (Public)
Ken Moreau	Board Director (Public)
Sandra O’Doherty, Ph.D., R.B.A (Ont.), BCBA-D	College Registrant
Tara Ouellette, M.A., R.B.A (Ont.), BCBA	College Registrant
Wanda Towers, Ph.D., C.Psych.	College Registrant
Darlene Walker, Ph.D., C.Psych.	College Registrant

STAFF

Jennifer Kitchen, Director, Professional Affairs
David Fierro, Manager, Quality Assurance
Cherry Lui, Administrative Assistant, Quality Assurance and Client Relations

COMMITTEE ACTIVITY

During the third quarter, the Quality Assurance (QA) Committee met on January 23, 2026. The Committee completed its review of policies concerning the administration of the College’s QA Program, with the continued aim of implementing proportionate, targeted, and agile processes. The Committee moved to recommend that the proposed changes to Policy II - 5(ii) and Policy II - 5(iii) be submitted to the Board for approval, and that Policy II - 5(v) be revoked.

The Committee also made further recommendations for revisions to the Peer Assisted Review report form, to ensure applicability across both professions of psychology and applied behaviour analysis. Additionally, the Committee established eligibility criteria for the recruitment of suitable Registered Behaviour Analysts to join the Assessor Roster. It is anticipated that a preliminary call for interest will be circulated via the Headlines newsletter in April 2026, with a training session to follow.

REGISTRANT MATTERS

A panel of the Committee met on January 29, 2026, to review registrant-specific matters related to participation in, and compliance with, the requirements of the QA Program.

SELF-ASSESSMENT GUIDE (SAG)

In-process					
SAG Review, Targeted Selection (2025)					2
Total Matters Pending at End of Q3					2
Concluded					
	Q1	Q2	Q3	Q4	YTD
SAG Consideration Request (2025) - Take No Further Action		1			1
SAG Review, Targeted Selection (2025) - Take No Further Action		12			12
SAG Review, Targeted Selection (2025) - Resigned		1			1
SAG Review, Targeted Selection (2025) - Refer for S.82 Assessment		1	1		2
Total Matters Concluded					16

The panel concluded 1 matter related to registrant fulfillment of the self-assessment requirements:

- In one *SAG Review, Targeted Selection (2025)*, the registrant failed to respond to the Panel's request by the deadline provided and a focused assessment was initiated to address its specified concerns.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

In-process					
CPD Audit, Targeted Selection (2025)					2
CPD Audit, Random Selection (2025)					6
Total Matters Pending at End of Q3					8
Concluded					
	Q1	Q2	Q3	Q4	YTD
CPD Consideration Request (2025) - Take No Further Action	1	1			2
CPD Audit, Random Selection (2024) - Take No Further Action		1			1
CPD Audit, Targeted Selection (2025) - Take No Further Action		10			10
CPD Audit, Targeted Selection (2025) - Refer for S.82 Assessment		1	1		2
CPD Audit, Targeted Selection (2025) - Resigned		1			1
CPD Audit, Random Selection (2025) - Take No Further Action		35	1		36
Total Matters Concluded					52

The panel also concluded 2 matters related to registrant fulfillment of the continuing education and professional development requirements:

- In one *CPD Audit, Random Selection (2025)*, feedback was provided to assist the registrant with future participation, no further action was taken.
- In one *CPD Audit, Targeted Selection (2025)*, the registrant failed to respond to the Panel's request by the deadline provided and a focused assessment was initiated to address its specified concerns.

PEER ASSISTED REVIEWS (PAR) AND S.82 ASSESSMENTS

In-process	
PARs, Stratified Random Selection (Carried Over from Previous Years)	1
PAR, Random Selection (Carried Over from Previous Years)	1

PAR, SAG Referral (Carried Over from Previous Years)						1
S.82 Assessment, Targeted Selection (2025)						2
Total Matters Pending at End of Q3						5
Concluded	Q1	Q2	Q3	Q4	YTD	
S.82 Assessment, Targeted Selection (2024) – Referral to ICRC		1				1
PARs, (Carried Over from Previous Years) - Take No Further Action	3	1	1			5
Total Matters Concluded						6

The panel also reviewed one assessment matter:

- In one Peer Assisted Review report considered, the Panel did not identify concerns, and no further action was taken.

SUBMITTED BY

David Kurzman, Ph.D., C.Psych., Chair

BOARD REPORT

2026.01.03A(6)

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

CLIENT RELATIONS COMMITTEE

COMMITTEE MEMBERS

Jacob Kaiserman, Psy.D., C.Psych., (Chair)	Board Director
Diana Mandeleew, Psy.D., C.Psych.	College Registrant
Kimberley Moore, M.ADS, R.B.A. (Ont.), BCBA	College Registrant
Melanie Morrow, M.A., C.Psych. Assoc.	College Registrant
Rachel Wayne, Ph.D., C.Psych.	Board Director
Cameron Ross	Board Director (Public)

STAFF

Jennifer Kitchen, Director, Professional Affairs
Cherry Lui, Administrative Assistant, Client Relations

COMMITTEE ACTIVITIES

The Client Relations Committee held no meetings during the third quarter of this year as there were no Funding for Therapy applications.

FUNDING FOR THERAPY PROGRAM

There are currently 9 individuals whose therapy or counselling is being funded by the College.

SUBMITTED BY

Dr. Jacob Kaiserman, Chair

BOARD REPORT

2026.01.03A(7)

THIRD QUARTER, DECEMBER 1, 2025– FEBRUARY 28, 2026

FITNESS TO PRACTICE COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair, Board Director

Peter Bieling, Board Director

Glenn Webster, Board Member

Pamela Wilansky, Registrant

Uma Bucha, Registrant

Cameron Ross, Public Board Director

The Fitness to Practice Committee held no meetings during the third quarter.

SUBMITTED BY

Peter Bieling, Ph.D., C.Psych., Chair

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

FINANCE AND AUDIT COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair	Board Director
David Kurzman	Board Director
Paul Stopciati	Public Board Director
Alana Holmes	College Registrant
Courtney Domingue	College Registrant

STAFF

Tony DeBono, Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations & Hearings
Stephanie Morton, Director, Corporate Services
Odessa Medallon, Assistant to the Registrar
Krista Babwah, Assistant to the Registrar

MEETINGS

The Finance and Audit Committee met on:

- February 11, 2026

COMMITTEE ACTIVITIES

The Finance and Audit Committee (FAC) met by videoconference on February 11, 2026. The Committee reviewed the Unaudited Financial Statements and Variance Report to November 30, 2025, the end of the second quarter.

In considering the Statement of Revenue & Expenses, the FAC reviewed the Variance Report which explained items that deviated from the budget by the level of materiality set by the Board; items which exceeded the expected budget by \$5,000 or were underspent by \$10,000. The Committee was satisfied with the information presented and voted to receive the reports. Based on the documents reviewed at this meeting, it is the view of the Committee that the College continues to operate on a sound financial basis.

The memorandum confirming the remittances of Taxes to Canada Revenue Agency and the Ontario Employer Health Tax for the period September 1, 2025, to November 30, 2025, was received.

There was a discussion about fees and a proposal regarding an automatic fee increase was recommended for review by the Executive Committee.

2026-2027 Budget

The FAC reviewed and recommended the proposed budget for 2026-2027 to the Executive Committee and the Board, which is provided separately for Board consideration.

ATTACHMENTS

1. Statement of Revenue and Expenses to November 30, 2025
 2. Balance Sheet to November 30, 2025 (unaudited)
-

SUBMITTED BY

Peter Bieling, Ph.D., C. Psych., Chair

COLLEGE OF PSYCHOLOGISTS AND BEHAVIOUR ANALYSTS OF ONTARIO

STATEMENT OF REVENUE & EXPENSES

June - November, 2025

	Annual Budget	Budget	YTD Actual	YTD \$ Variance	2025-2026 % YTD	Expected % YTD	% Variance YTD	Year End to 31 May-26
REVENUE	7,254,925.50	3,627,462.70	3,806,088.51	178,625.81	52%	50%	2%	7,254,925.50
COST OF SALES	352,422.00	176,211.04	96,129.43	-80,081.61	27%	50%	-23%	352,422.00
GROSS MARGIN	6,902,503.50	3,451,251.66	3,709,959.08	258,707.42	54%	50%	4%	6,902,503.50
EXPENDITURES								
Governance	219,508.28	108,504.16	49,990.39	-58,513.77	23%	49%	-27%	219,508.28
Registration	115,000.00	57,499.98	42,737.50	-14,762.48	37%	50%	-13%	115,000.00
Client Relations, Communications & Education	47,000.00	23,500.02	7,547.50	-15,952.52	16%	50%	-34%	47,000.00
Quality assurance	57,375.00	28,687.50	8,093.75	-20,593.75	14%	50%	-36%	57,375.00
Investigations and resolutions	350,000.00	175,000.08	169,229.17	-5,770.91	48%	50%	-2%	350,000.00
Hearings	713,500.00	356,750.04	248,275.92	-108,474.12	35%	50%	-15%	713,500.00
Liaison (Professional Organizations)	44,825.00	24,412.50	18,758.12	-5,654.38	42%	54%	-13%	44,825.00
Administration	5,253,866.57	2,600,933.28	2,520,721.92	-80,211.36	48%	50%	-2%	5,253,866.57
Total Expenditures	6,801,074.85	3,375,287.56	3,065,354.27	-309,933.29	45%	50%	-5%	6,801,074.85
EXCESS OF REVENUE OVER EXPENDITURES	101,428.65	75,964.10	644,604.81	568,640.71	636%	50%	586%	101,428.65

College of Psychologists and Behaviour Analysts of Ontario

Balance Sheet Comparison

As of November 30, 2025

	Total		
	As of Nov. 30, 2025	As of Nov. 30, 2024 (PY)	Change
Assets			
Current Assets			
Cash and Cash Equivalent			
10000 Petty Cash	200.00	200.00	0.00
10100 Bank	731,883.67	425,106.33	306,777.34
10199 Telpay Clearing	0.00	0.00	0.00
10250 Cash Equivalents	3,870,056.28	3,512,479.13	357,577.15
PLCLCAD Plooto Clearing	0.00		0.00
12001 Undeposited Funds	0.00	0.00	0.00
Total Cash and Cash Equivalent	\$ 4,602,139.95	\$ 3,937,785.46	\$ 664,354.49
Accounts Receivable (A/R)			
10400 Accounts Receivable - Control	8,341.40	12,569.35	-4,227.95
Total Accounts Receivable (A/R)	\$ 8,341.40	\$ 12,569.35	-\$ 4,227.95
10300 Short Term Investments	4,214,251.17	3,476,849.71	737,401.46
10410 Accounts Receivable - Other	0.00	0.00	0.00
10550 Interest Receivable	0.00	0.00	0.00
10600 Prepaid Expenses	46,624.34	117,069.81	-70,445.47
10800 Government Funding-ABA	-77,220.78	-82,881.78	5,661.00
Total Current Assets	\$ 8,794,136.08	\$ 7,461,392.55	\$ 1,332,743.53
Non-current Assets			
Property, plant and equipment			
12000 Furniture & Equipment			
12010 Furniture & Equipment - Cost	179,152.15	179,152.15	0.00
13000 Accum Amort Furniture & Equip	-160,094.80	-132,457.94	-27,636.86
Total 12000 Furniture & Equipment	\$ 19,057.35	\$ 46,694.21	-\$ 27,636.86
12100 Computer Equipment			
12110 Computer Equipment - Cost	236,950.84	203,271.19	33,679.65
13100 Accum Amort Computer Equipment	-181,437.49	-143,282.83	-38,154.66
Total 12100 Computer Equipment	\$ 55,513.35	\$ 59,988.36	-\$ 4,475.01
12200 Leasehold Improvements			
12210 Leasehold Improvements - Cost	1,331,174.87	1,331,174.87	0.00
13200 Accum Amort Leaseholds	-715,725.24	-614,555.43	-101,169.81
Total 12200 Leasehold Improvements	\$ 615,449.63	\$ 716,619.44	-\$ 101,169.81
12300 Website Development			
12310 Website Development - Cost	0.00	0.00	0.00
13300 Accum Amort Website Devt	0.00	0.00	0.00
Total 12300 Website Development	\$ 0.00	\$ 0.00	\$ 0.00
Total Property, plant and equipment	\$ 690,020.33	\$ 823,302.01	-\$ 133,281.68
10302 Long Term Investment	0.00	0.00	0.00
Total Non Current Assets	\$ 690,020.33	\$ 823,302.01	-\$ 133,281.68

	Total		
	As of Nov. 30, 2024		Change
	As of Nov. 30, 2025	(PY)	
Total Assets	\$ 9,484,156.41	\$ 8,284,694.56	\$ 1,199,461.85
Liabilities and Equity			
Liabilities			
Current Liabilities			
Accounts Payable (A/P)			
21000 Accounts Payable - Control	154,248.71	158,826.95	-4,578.24
Total Accounts Payable (A/P)	\$ 154,248.71	\$ 158,826.95	-\$ 4,578.24
21100 Accounts Payable - Other	238,247.66	276,292.18	-38,044.52
22000 Employee Tax Deductions Payable	40,284.04	45,389.68	-5,105.64
22100 Payroll Clearing	0.00	0.00	0.00
23000 Prepaid Fees	3,349,568.18	3,179,420.75	170,147.43
24000 Peer Mentorship - Clearing	0.00	0.00	0.00
25500 GST/HST Payable	0.00	0.00	0.00
Direct Deposit Payable	0.00	0.00	0.00
Payroll Liabilities			0.00
AD&D	0.00		0.00
HOOPP	0.00		0.00
Life Insurance Premium	0.00	0.00	0.00
LTD	0.00	0.00	0.00
RRSP	0.00	0.00	0.00
RRSP Co	0.00		0.00
Vacation Pay	0.00	0.00	0.00
Total Payroll Liabilities	\$ 0.00	\$ 0.00	\$ 0.00
Total Current Liabilities	\$ 3,782,348.59	\$ 3,659,929.56	\$ 122,419.03
Non-current Liabilities			
27000 Deferred Leasehold Inducement	154,892.21	180,353.94	-25,461.73
Total Non-current Liabilities	\$ 154,892.21	\$ 180,353.94	-\$ 25,461.73
Total Liabilities	\$ 3,937,240.80	\$ 3,840,283.50	\$ 96,957.30
Equity			
30000 Opening Balance Equity	0.00	0.00	0.00
31100 Investigtns&Hearing ReserveFund	300,000.00	354,838.76	-54,838.76
31200 Contingency Reserve Fund	1,000,000.00	1,000,000.00	0.00
31300 Fee Stabilization Reserve Fund	0.00	140,992.32	-140,992.32
31400 Website&DatabaseDevvtReserveFund	165,872.02	165,872.02	0.00
31500 Premises Reserve Fund	227,742.00	227,742.00	0.00
31600 FairRegn Practices Reserve Fund	0.00	0.00	0.00
Retained Earnings	3,208,696.78	1,841,351.60	1,367,345.18
Profit for the year	644,604.81	713,614.36	-69,009.55
Total Equity	\$ 5,546,915.61	\$ 4,444,411.06	\$ 1,102,504.55
Total Liabilities and Equity	\$ 9,484,156.41	\$ 8,284,694.56	\$ 1,199,461.85

College of Psychologists and Behaviour Analysts of Ontario Statement of Earnings Prev Year Comparison

June - November, 2025

	Total		
	Jun - Nov., 2025	Jun - Nov., 2024 (PY)	Change
INCOME			
400 FEES			0.00
4010 Registration Fees			0.00
40100 Registration Regular	2,498,724.83	2,433,700.00	65,024.83
40150 ABA Registration Regular	649,075.38	422,126.00	226,949.38
40200 Registration Academic	1,500.00	1,495.00	5.00
40300 Registration Inactive	24,966.00	22,461.00	2,505.00
40301 ABA Registration Inactive	7,975.25		7,975.25
40400 Registration Retired	12,521.00	12,273.67	247.33
40500 Registration Late Penalty	39,623.64	41,245.90	-1,622.26
Total 4010 Registration Fees	\$ 3,234,386.10	\$ 2,933,301.57	\$ 301,084.53
40700 Supervised Practice	103,856.40	111,364.00	-7,507.60
40701 ABA Supervised Practice	2,704.00		2,704.00
4080 Application Fees			0.00
40900 Mobility Application - AIT	5,100.00	2,200.00	2,900.00
40950 Mobility Application - IAP	6,700.00	7,000.00	-300.00
41000 Registration Application	35,190.00	33,580.00	1,610.00
41001 ABA Application	32,660.00	96,600.00	-63,940.00
Total 4080 Application Fees	\$ 79,650.00	\$ 139,380.00	-\$ 59,730.00
Total 400 FEES	\$ 3,420,596.50	\$ 3,184,045.57	\$ 236,550.93
410 INCORPORATION			0.00
41010 Corporation Application	11,200.00	16,100.00	-4,900.00
41020 Corporation Renewal	80,000.00	76,250.00	3,750.00
Total 410 INCORPORATION	\$ 91,200.00	\$ 92,350.00	-\$ 1,150.00
411 EXAM FEES			0.00
41100 ABA JEE Fees			0.00
41110 ABA JEE Module	40,800.00	211,200.00	-170,400.00
41120 ABA Entry to Practice Exam	23,600.00		23,600.00
Total 41100 ABA JEE Fees	\$ 64,400.00	\$ 211,200.00	-\$ 146,800.00
41200 Jurisprudence Exam	31,400.00	21,400.00	10,000.00
41300 Oral Examination	26,400.00	33,000.00	-6,600.00
41400 Interviews	3,000.00	1,050.00	1,950.00
Total 411 EXAM FEES	\$ 125,200.00	\$ 266,650.00	-\$ 141,450.00
420 OTHER INCOME			0.00
42200 Net Investment Income	159,325.81	167,936.03	-8,610.22
42400 Discipline/Legal Costs Recovered		8,500.00	-8,500.00
42600 Sundry Income	2,666.20	1,503.75	1,162.45
42800 Quality Assurance Penalties	7,100.00	6,500.00	600.00
42900 Government Grant Revenue		28,460.70	-28,460.70
Total 420 OTHER INCOME	\$ 169,092.01	\$ 212,900.48	-\$ 43,808.47
Total Income	\$ 3,806,088.51	\$ 3,755,946.05	\$ 50,142.46
COST OF GOODS SOLD			
500 COS			0.00
5110 ABA Jurisprudence			0.00
51100 ABA Entry to Practice Exam	3,940.00	6,215.01	-2,275.01
51110 ABA Juris Learning Module		10,628.45	-10,628.45
Total 5110 ABA Jurisprudence	\$ 3,940.00	\$ 16,843.46	-\$ 12,903.46
5120 Jurisprudence			0.00
51200 Juris-Exam Devel Maint	5,180.00	975.00	4,205.00
51210 Juris - Administration	9,440.00	18,525.98	-9,085.98
51220 Juris - Contractor Fees & Exp.	14,351.00	14,351.00	0.00
Total 5120 Jurisprudence	\$ 28,971.00	\$ 33,851.98	-\$ 4,880.98

	Total		
	Jun - Nov., 2025	Jun - Nov., 2024 (PY)	Change
5130 Oral			0.00
51310 Oral Exam - Per Diem	47,765.63	56,039.19	-8,273.56
Total 5130 Oral	\$ 47,765.63	\$ 56,039.19	-\$ 8,273.56
51400 Oral Interview Expenses	7,250.00	1,462.50	5,787.50
52100 Seminar Expenses	8,202.80	9,291.35	-1,088.55
Total 500 COS	\$ 96,129.43	\$ 117,488.48	-\$ 21,359.05
Total Cost of Goods Sold	\$ 96,129.43	\$ 117,488.48	-\$ 21,359.05
GROSS PROFIT	\$ 3,709,959.08	\$ 3,638,457.57	\$ 71,501.51
EXPENSES			
530 GOVERNANCE			0.00
5300 Council Members			0.00
53000 Per Diems	13,050.00	9,208.31	3,841.69
53020 T.A.M. Expenses	13,980.95	11,941.21	2,039.74
53030 Election Expenses		1,370.00	-1,370.00
53040 Training	6,625.00	5,337.50	1,287.50
53045 Special Proj-Other	925.00	2,112.50	-1,187.50
Total 5300 Council Members	\$ 34,580.95	\$ 29,969.52	\$ 4,611.43
5310 Executive Committee			0.00
53100 Per Diem	4,750.00	3,412.50	1,337.50
53150 Other Expenses		813.03	-813.03
Total 5310 Executive Committee	\$ 4,750.00	\$ 4,225.53	\$ 524.47
5316 Governance & Nominations Committee			0.00
53161 Per Diem	625.00		625.00
Total 5316 Governance & Nominations Committee	\$ 625.00	\$ 0.00	\$ 625.00
5318 Finance and Audit Committee			0.00
53180 Per Diem	512.50	325.00	187.50
Total 5318 Finance and Audit Committee	\$ 512.50	\$ 325.00	\$ 187.50
53200 President's Admin Stipend	5,500.02	4,249.98	1,250.04
70500 D&O & Travel Accident	4,021.92	3,674.16	347.76
Total 530 GOVERNANCE	\$ 49,990.39	\$ 42,444.19	\$ 7,546.20
534 REGISTRATION			0.00
5340 Registration Committee			0.00
53400 Per Diem	23,650.00	18,400.00	5,250.00
53410 Prep Time	19,087.50	12,025.00	7,062.50
Total 5340 Registration Committee	\$ 42,737.50	\$ 30,425.00	\$ 12,312.50
53440 HPARB Reviews - Legal		17,826.63	-17,826.63
Total 534 REGISTRATION	\$ 42,737.50	\$ 48,251.63	-\$ 5,514.13
536 CLIENT RELATNS, COMMUN EDUCATN			0.00
5360 Client Relations Committee			0.00
53600 Per Diem	762.50	650.00	112.50
53645 Prog. For Funding	6,785.00	9,406.00	-2,621.00
Total 5360 Client Relations Committee	\$ 7,547.50	\$ 10,056.00	-\$ 2,508.50
Total 536 CLIENT RELATNS, COMMUN EDUCATN	\$ 7,547.50	\$ 10,056.00	-\$ 2,508.50
543 QUALITY ASSURANCE			0.00
5430 Q.A. Committee			0.00
54300 Per Diem	4,793.75	8,843.75	-4,050.00
Total 5430 Q.A. Committee	\$ 4,793.75	\$ 8,843.75	-\$ 4,050.00
5450 Peer Assisted Review			0.00
54500 Per Diem	3,300.00	1,950.00	1,350.00
Total 5450 Peer Assisted Review	\$ 3,300.00	\$ 1,950.00	\$ 1,350.00
Total 543 QUALITY ASSURANCE	\$ 8,093.75	\$ 10,793.75	-\$ 2,700.00
547 INVESTIGATIONS & RESOLUTIONS			0.00
5470 ICRC			0.00
54700 Per Diem	29,875.00	21,450.00	8,425.00

	Total		
	Jun - Nov., 2025	Jun - Nov., 2024 (PY)	Change
54710 Prep Time	24,475.00	16,575.00	7,900.00
Total 5470 ICRC	\$ 54,350.00	\$ 38,025.00	\$ 16,325.00
5480 ICRC Training			0.00
54800 Per Diem		406.25	-406.25
Total 5480 ICRC Training	\$ 0.00	\$ 406.25	-\$ 406.25
5490 Inquiries & Investigations			0.00
54900 Experts	60,118.75	50,054.24	10,064.51
54910 Investigators	54,052.67	53,454.95	597.72
54950 Other Expenses	707.75	40,308.05	-39,600.30
Total 5490 Inquiries & Investigations	\$ 114,879.17	\$ 143,817.24	-\$ 28,938.07
Total 547 INVESTIGATIONS & RESOLUTIONS	\$ 169,229.17	\$ 182,248.49	-\$ 13,019.32
551 HEARINGS			0.00
5510 Prosecution/Hearing			0.00
55100 Legal	202,424.48	346,786.75	-144,362.27
Total 5510 Prosecution/Hearing	\$ 202,424.48	\$ 346,786.75	-\$ 144,362.27
5520 Pre-Hearing Conf.			0.00
55200 Per Diem	1,600.00	1,275.00	325.00
Total 5520 Pre-Hearing Conf.	\$ 1,600.00	\$ 1,275.00	\$ 325.00
5530 Discipline Comm.			0.00
55300 Per Diem	1,200.00	1,806.25	-606.25
Total 5530 Discipline Comm.	\$ 1,200.00	\$ 1,806.25	-\$ 606.25
5540 Discipline Comm./Fit To Prac			0.00
55400 Hearing Facilities	2,817.09	5,512.99	-2,695.90
55420 Legal	31,634.35	11,983.68	19,650.67
Total 5540 Discipline Comm./Fit To Prac	\$ 34,451.44	\$ 17,496.67	\$ 16,954.77
5550 Discipline Comm. Training			0.00
55500 Per Diem	3,525.00	4,625.00	-1,100.00
55550 Other Expenses	5,075.00		5,075.00
Total 5550 Discipline Comm. Training	\$ 8,600.00	\$ 4,625.00	\$ 3,975.00
Total 551 HEARINGS	\$ 248,275.92	\$ 371,989.67	-\$ 123,713.75
560 LIAISON			0.00
5350 Federation			0.00
53540 Membership	6,158.52	5,650.02	508.50
Total 5350 Federation	\$ 6,158.52	\$ 5,650.02	\$ 508.50
5650 ACPRO			0.00
56500 Council Member P.D.	800.00	3,811.34	-3,011.34
56520 Council Member T.A.M.		1,264.33	-1,264.33
56530 Membership	2,730.00	2,044.98	685.02
Total 5650 ACPRO	\$ 3,530.00	\$ 7,120.65	-\$ 3,590.65
5660 ASPPB			0.00
56600 Council Member P.D.	2,000.00	3,687.50	-1,687.50
56620 Council Member T.A.M.	3,249.49	3,930.79	-681.30
56630 Council Member Regist.		388.25	-388.25
56640 Membership	2,046.96	1,945.92	101.04
Total 5660 ASPPB	\$ 7,296.45	\$ 9,952.46	-\$ 2,656.01
56700 Liaison - Other	1,773.15	715.57	1,057.58
Total 560 LIAISON	\$ 18,758.12	\$ 23,438.70	-\$ 4,680.58
66000 Payroll Expenses			0.00
Taxes		0.00	0.00
Total 66000 Payroll Expenses	\$ 0.00	\$ 0.00	\$ 0.00
700 ADMINISTRATION			0.00
7000 Amortization			0.00
70000 Computer Equip & Software	19,302.86	15,164.23	4,138.63
70010 Furniture & Office Eqmt	13,595.82	14,041.03	-445.21
70020 Leaseholds	50,584.90	50,584.90	0.00

	Total		
	Jun - Nov., 2025	Jun - Nov., 2024 (PY)	Change
Total 7000 Amortization	\$ 83,483.58	\$ 79,790.16	\$ 3,693.42
7050 Insurance			0.00
70510 Property	1,062.09	1,080.81	-18.72
Total 7050 Insurance	\$ 1,062.09	\$ 1,080.81	-\$ 18.72
7100 Occupancy Costs			0.00
71000 Net Rent	100,039.44	100,039.44	0.00
71010 Additional Rent	97,653.20	94,837.08	2,816.12
Total 7100 Occupancy Costs	\$ 197,692.64	\$ 194,876.52	\$ 2,816.12
71050 Amortn of Deferred LH Inducement	-12,730.87	-12,730.87	0.00
7200 Office			0.00
72000 Bank Charges	22,729.51	44,310.51	-21,581.00
72020 Computer Software Expense	27,456.17	29,027.58	-1,571.41
72040 Courier/Postage/Mail/Email	12,941.81	6,585.73	6,356.08
72080 Equipment Leasing & Maintenance	3,748.92	2,935.60	813.32
72140 Printing	3,345.92	49.37	3,296.55
72160 Publications For Office Use	3,931.64	2,981.28	950.36
72200 Supplies & General	29,742.36	16,652.97	13,089.39
Total 7200 Office	\$ 103,896.33	\$ 102,543.04	\$ 1,353.29
7300 Payroll			0.00
73000 Salaries And Wages	1,605,473.07	1,474,584.34	130,888.73
73100 CPP Expense	50,997.01	48,365.91	2,631.10
73200 EI Expense	15,560.44	17,265.12	-1,704.68
73300 Employee Benefits	87,111.58	84,437.18	2,674.40
73500 Staff Training And Development	7,444.58	1,669.78	5,774.80
73600 Staff Travel/Registrn-Mtgs,Conf	10,405.42	18,185.80	-7,780.38
Total 7300 Payroll	\$ 1,776,992.10	\$ 1,644,508.13	\$ 132,483.97
7400 Professional Services			0.00
74000 Accounting	51,791.06	42,827.00	8,964.06
74010 Audit	14,625.00	10,800.00	3,825.00
74020 Legal - General	40,510.52	20,382.61	20,127.91
74025 Legal - Indemnifications		5,037.11	-5,037.11
74030 Communications Consultant	46,018.71	4,532.43	41,486.28
74040 Computer Consultant	53,404.91	30,320.16	23,084.75
74050 L.T. Contractors	64,607.75	23,645.25	40,962.50
74070 Recruiting	2,254.35	900.61	1,353.74
Total 7400 Professional Services	\$ 273,212.30	\$ 138,445.17	\$ 134,767.13
7500 Telephone			0.00
75000 1-800-Number	49.95	91.98	-42.03
75020 Internet Service Provider	5,183.28	5,159.77	23.51
75030 Long Distance	0.19	0.00	0.19
75040 Services	5,826.82	4,725.30	1,101.52
Total 7500 Telephone	\$ 11,060.24	\$ 9,977.05	\$ 1,083.19
7600 Website & Database			0.00
76000 Expenses	86,053.51	48,670.07	37,383.44
Total 7600 Website & Database	\$ 86,053.51	\$ 48,670.07	\$ 37,383.44
77000 Government Grant Expenses		28,460.70	-28,460.70
Total 700 ADMINISTRATION	\$ 2,520,721.92	\$ 2,235,620.78	\$ 285,101.14
Total Expenses	\$ 3,065,354.27	\$ 2,924,843.21	\$ 140,511.06
PROFIT	\$ 644,604.81	\$ 713,614.36	-\$ 69,009.55

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

GOVERNANCE AND NOMINATIONS COMMITTEE

COMMITTEE MEMBERS:

Peter Bieling, Chair	Board Director
Conrad Leung	Board Director
Ken Moreau	Board Director (Public)
Fred Schmidt	Board Director

STAFF

Tony DeBono, Registrar & CEO
Zimra Yetnikoff, Deputy Registrar & Director, Investigations and Hearings
Krista Babwah, Assistant to the Registrar

MEETINGS

The Governance and Nominations Committee met on:

- February 12, 2026

COMMITTEE ACTIVITIES

The Governance and Nominations Committee (GNC) met by videoconference on February 12, 2026 and considered key governance items.

- Reviewed and discussed current Board composition, including alignment with required skills, experience, and overall balance to support effective governance.
- Reviewed the Assessment of Current Board Skills Mix, along with the Election Candidates Scoring Guidelines and Candidate Scoring Worksheet, to support a structured and consistent approach to evaluating candidates for the 2026 Board Elections.
- Reviewed applications and selected candidates to move forward in the 2026 Board Elections, as part of the Committee’s role in screening and assessment.
- Received an oral update on the third-party assessment of Board effectiveness, supporting ongoing efforts to strengthen governance practices.
- Reviewed the Governance and Nominations Committee Annual Plan, received for information, outlining key priorities and activities for the 2025–2026 year.

SUBMITTED BY

Peter Bieling, Ph.D., C. Psych., Chair

BOARD REPORT

2026.01.03A(10)

THIRD QUARTER, DECEMBER 1, 2025– FEBRUARY 28, 2026

EQUITY, DIVERSITY, AND INCLUSION WORKING GROUP

COMMITTEE MEMBERS:

Donna Ferguson, Chair, College Member

Ian Nicholson, Board Chair

Kofi Belfon, College Member

Michael Grand, College Member

Tae Hart, College Member

STAFF SUPPORT:

Tony DeBono, Registrar & CEO

Odessa Medallon, Assistant to the Registrar

MEETINGS

The Equity, Diversity, and Inclusion (EDI) Working Group held no meetings during the third quarter.

SUBMITTED BY

Donna Ferguson, Psy.D., C.Psych., Chair



BOARD REPORT

2026.01.03B

THIRD QUARTER, DECEMBER 1, 2025 – FEBRUARY 28, 2026

REGISTRAR & CEO'S REPORT

THE SEASON OF CHANGE CONTINUES – THE WARMTH OF SPRING APPROACHES

We are amidst a season of change at the College. In moments like these, I'm reminded of Dr. Marsha Linehan's wisdom on change as a natural and inevitable life occurrence. Although change is natural, it can also be difficult. I am incredibly proud of the hard work of the College staff. I'm consistently impressed by the level of conscientiousness and professionalism they bring each and every day. It is the College staff who are the ones to operationalize changes, and their ability to adapt to change inspires me.

I'm also humbled to experience the leadership of the Board of Directors. This is a dedicated group of professional registrants and members of the public who extend their time and expertise to serve Ontarians. It is often a thankless job. I'd like to thank the Board of Directors for their engagement, their leadership and their support.

Since my last report, the Board met in December and voted on a number of changes to the Registration regulation, which were subsequently submitted to the Ministry of Health. This has been an incredibly challenging time for the College, Associations, and professionals. I would like to acknowledge this reality and validate the experiences of all concerned. Ontario has celebrated a legacy of quality psychological (and now ABA) services, and the professional community wants to make sure that this remains. The College shares this passion for safe and competent care.

With the season of Spring upon us, it is time to build bridges and to work together. It is the College's intention to work as collaboratively as possible with interest holders in this complex ecosystem we find ourselves. While we will continue to honour legacy, change is constant and inevitable.

Spring is upon us and with it comes the hope for a bright year ahead!

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

MARCH 2026 BOARD MEETING

QUALITY ASSURANCE POLICY UPDATES

STRATEGIC DIRECTION REFLECTION

*Innovation in Regulation;
Continuous Improvement Culture*

MOTIONS FOR CONSIDERATION

Motion 1: That the amended Policy II – 5(i) be approved by the Board.

Motion 2: That the amended Policy II – 5(ii) be approved by the Board.

Motion 3: That the amended Policy II – 5(iii) be approved by the Board.

Motion 4: That the amended Policy II – 5(iv) be approved by the Board.

Motion 5: That the Board revoke Policy II – 5(v).

PUBLIC INTEREST RATIONALE

As per the [Strategic Direction 2023 - 2028](#), the College is continuously seeking ways to modernize its regulation practices, including applying principles of Right-Touch Regulation.

Reviewing and updating policies at least every three years and modernizing the Quality Assurance (QA) policies to align with principles of Right-Touch Regulation will enable the College to better serve the public interest by applying a proportionate, targeted and agile approach to QA requirements and processes.

BACKGROUND

There are currently five QA policies which address various components of the QA Program. All policies are due for review this fiscal year, which presents an opportunity to align QA requirements and processes with the Strategic Plan.

[Section 80.1](#) of the Health Professions and Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), sets out minimum requirements for quality assurance (QA) programs which all health regulatory colleges must meet. The *Psychology and Applied Behaviour Analysis Act, 2021* sets out the QA Program requirements for the CPBAO under [O. Reg. 194/23: General](#).

Currently, the QA Program utilizes a two-pronged approach to monitor participation and compliance with QA requirements. The first method to monitor participation is through the submission of a *Declaration of Completion* for both the Self-Assessment Guide (SAG) and Continuing Professional Development (CPD) program components. The second approach to monitor compliance is through the CPD audit process,

whereby a registrant must submit supporting documentation to demonstrate satisfactory completion of CPD requirements.

ANALYSIS

A summary of the updates to each policy is described below:

1. Policy II – 5(i): Terms of Reference/Role

Additional details regarding the Committee’s role and mandate have been included in the policy.

2. Policy II – 5(ii): Peer Assisted Reviews (PARs)

- a) The policy has been broadened to include overall Peer Assisted Review participation requirements and therefore specifies that the Committee has discretion to choose PAR volumes and selection methods each year. While this is current practice, the policy also now clarifies explicitly that selection methods used need not be all three listed in accordance with O. Reg 194/23: General.
- b) The selection methods for PARs allow for more staged and targeted selections. Historically, PARs were directed if the registrant failed to participate in self-assessment or by random or stratified random selection. The new policy expands upon the selection criteria to promote risk-based and targeted selection methods.
- c) Circumstances for staff approving deferrals on behalf of the Committee have been reduced to ensure consistency. Staff will no longer grant deferrals for a PAR if a registrant resides or practices outside of Ontario or has no current active practice.

3. Policy II – 5(iii): Audits

- a) Audits will now formally include a review of the self-assessment QA program component in addition to CPD activities, and this is reflected in the revised policy name. This aligns with the objective of further integration between the Self-Assessment Guide and CPD planning and participation.
- b) The selection methods for QA Audits allow for more staged and targeted selections. Historically, audits were directed if the registrant failed to submit their CPD *Declaration of Completion* or by random selection. The new policy expands upon the selection criteria to promote risk-based and targeted selection methods.
- c) Certain classes of certificates are exempt from random and stratified random audit selection. The intent is to focus program resources on value-add audits for participants that are required to fulfill standard QA requirements, such as registrants with an Autonomous Practice certificate, in accordance with Policy 5 – II(iv).
- d) The policy clarifies that registrants who have been selected by random or stratified random sampling to participate in a QA Audit or a PAR within the past 10 years are exempt from the random or stratified random selection methods.

4. Policy II – 5(iv): QA requirements

- a) The policy has been broadened to include all QA program components. Broadening the policy to include all QA components ensures that participation requirements and criteria for exemptions and deferrals are applied consistently and appropriately.
- b) Specified certificate classes, including supervised practice, interim autonomous practice and registrants on inactive status are relieved from completing the standard QA requirements. Rather, they will need to submit their *Declaration of Completion* to demonstrate the extent of their QA program participation. It is expected that these registrants shall engage in self-assessment and CPD appropriate to their certificate type. This change enables an appropriate use of resources by applying proportionate regulatory interventions depending on the risk posed by the registrant.
- c) Staff are authorized to grant deferrals for specified reasons which promotes consistency and agility. These deferral criteria have been expanded to apply to the submission of *Declarations of Completion* and the fulfilment of the Self-Assessment program components.

5. Policy II – 5(v): Requirements for IAP Registrants

The direction contained in this policy will be posted on the College’s website in accordance with Policy – 5(iv), in the same manner as other registrant classes. A stand-alone policy for the IAP certificate class is not required. IAP registrants continue to be expected to fulfill the QA self-assessment and CPD requirements of their home jurisdiction.

RISK

Expanding selection methods for QA Audits and PARs enables the Committee to direct proportionate and targeted interventions based on risk.

While there is inherent risk with relieving certain classes of certificate holders from completing the standard QA requirements or being subject to random/stratified random audits, the Right-Touch approach recognizes that zero risk is unattainable and asks the regulator to determine the tolerable level of risk to avoid undesirable consequences, such as wasted resources or creating unnecessary burdens on those regulated.

BUDGETARY IMPLICATIONS

The proposed changes to the policies have no direct budgetary implications but may free up Committee and staff resources to focus on other initiatives, including conducting more audits and improving the efficacy and engagement afforded by the existing QA components.

NEXT STEPS

If approved, the policies will be updated.

If not approved, staff will make necessary changes to the policies and will consult with the Executive Committee as appropriate.

ATTACHMENTS

1. Current Policy II – 5(i) Quality Assurance Committee: Terms of Reference/Role
2. Proposed Policy II – 5(i) Quality Assurance Committee: Terms of Reference/Role
3. Current Policy II – 5(ii) - Peer Assisted Review: Criteria for Exemption or Deferral
4. Proposed Policy II – 5(ii) - Peer Assisted Review Participation, Exemptions and Deferrals

5. Current Policy II – 5(iii) - Continuing Professional Development Program Audit and Audit Selection

6. Proposed Policy II – 5(iii) - Quality Assurance Audit Participation, Exemptions and Deferrals

7. Current Policy II – 5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral

8. Proposed Policy II – 5(iv): Quality Assurance Program Requirements, Exemptions and Deferrals

9. Current Policy II – 5(v) - Quality Assurance Requirements for Members with a Certificate of Registration Authorizing Interim Autonomous Practice

CONTACT FOR QUESTIONS

Jennifer Kitchen

Director, Professional Affairs



POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Committee: Terms of Reference/Role		
SECTION	Board & Committees	POLICY #	II – 5(i)
DATE CREATED	June 2007	DATE LAST REVISED	May 2024
NEXT REVIEW DATE	2025/2026	DATE LAST REVIEWED	May 2024

POLICY STATEMENT

The Quality Assurance Committee shall exercise its authority and fulfil its responsibilities as set out in the *Regulated Health Professions Act, 1991*, Regulations under the *Psychology and Applied Behaviour Analysis Act, 2021* and the By-laws and policies approved by the Board.

PROCEDURE

1. In addition to its statutory responsibilities and authorities, the Committee will deal with other matters including, but not limited to the development of policies and procedures relevant to the work of the Committee.
2. The Committee normally meets three times per year or at the call of the Chair, as required.
3. Individual Panels of the Committee, comprised of two professional members and one public member of the Committee, will meet, as required. Efforts will be made to have the relevant profession represented on each panel.

POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Committee: Terms of Reference/Role		
SECTION	Council & Committees	POLICY #	II – 5(i)
DATE CREATED	June 2007	DATE LAST REVISED	May 2024
NEXT REVIEW DATE	2028/2029	PAGE #	1 of 1

POLICY STATEMENT

The Quality Assurance Committee shall exercise its authority and fulfil its responsibilities as set out in the *Regulated Health Professions Act, 1991*, Ontario Regulation 193/24: General, under the *Psychology and Applied Behaviour Analysis Act, 2021*, and the By-laws and policies approved by Council.

PROCEDURE

1. In addition to its statutory responsibilities and authorities, the Quality Assurance (QA) Committee will:
 - administer the QA Program for the College;
 - review select registrant participation and compliance with QA Program requirements and determine appropriate actions;
 - approve appropriate assessors to conduct assessments and peer and practice reviews for the purposes of the QA Program;
 - make recommendations to Council as the Committee deems appropriate regarding the development and maintenance of policy or budget related to Quality Assurance; and,
 - at the direction of Council, address any other matters deemed relevant by the Council.
2. The Committee will meet as needed or at the call of the Chair regarding broad program issues.
3. Individual panels may review registrant and assessor related matters. Efforts will be made to have the relevant profession represented on each panel, as necessary.



POLICY AND PROCEDURE MANUAL

POLICY	Peer Assisted Review: Criteria for Exemption or Deferral		
SECTION	Board & Committees	POLICY #	II – 5(ii)
DATE CREATED	June 2018	DATE LAST REVISED	December 2024
NEXT REVIEW DATE	2025/2026	DATE LAST REVIEWED	May 2024

POLICY STATEMENT

All Registrants are eligible to be selected for a Peer Assisted Review, except those listed below. Among those eligible for selection, requests for a deferral of, or exemption from, a review may be granted by the Quality Assurance Committee, in exceptional circumstances.

MEMBERS EXCLUDED FROM PEER ASSISTED REVIEW

- Members holding a Retired or Inactive Certificate of Registration
- Registrants holding a Certificate of Registration Authorizing Supervised Practice
- Registrants that have held a Certificate of Registration Authorizing Autonomous Practice for a total of less than two years.
- Registrants who have undergone a Peer Assisted Review within the past ten years unless the current review is required because the Registrant failed to participate in self-assessment, in keeping with the Quality Assurance Regulation.

PROCEDURE

1. Requests for a deferral for a period of up to six months from the time of notification of review may be granted if the request is based on any of the following:
 - a. Illness of the Registrant or the illness or death of a close family member;
 - b. Significant recent changes in the nature/location of the Registrant’s practice;
 - c. Recent return to practice following an extended absence, e.g., parental leave
 - d. Residence/practice outside of Ontario;
 - e. Intention to retire within the fiscal year;
 - f. No current practice;
 - g. Intention not to practice within the next six months; or
 - h. Current involvement in a College investigation or hearing
2. The criteria for granting a deferral, as outlined in 1. above, will be applied by College staff on behalf of the Quality Assurance Committee. If there are questions about the appropriateness of the request, staff will consult with the Quality Assurance Committee Chair.
3. Any request for an exemption or for a deferral for a period of more than six months, or for any reason not listed above, will be considered by the Quality Assurance Committee. In considering such requests the Committee will consider its public protection mandate and the principle of fairness and equitable treatment of registrants.

POLICY AND PROCEDURE MANUAL

POLICY	Peer Assisted Review Participation, Exemptions, and Deferrals		
SECTION	Council & Committees	POLICY #	II – 5(ii)
DATE CREATED	June 2018	DATE LAST REVISED	December 2024
NEXT REVIEW DATE	2025/2026	DATE LAST REVIEWED	May 2024

POLICY STATEMENT

Peer Assisted Reviews (PARs) may be conducted as part of the Quality Assurance program in accordance with the *Health Professions and Procedural Code (HPPC)*, Schedule 2 of the *Regulated Health Professions Act* and the *Psychology and Applied Behaviour Analysis Act, 2021*.

The PAR aims to assess the registrant’s knowledge, skill and judgement by a College-appointed Assessor that the Committee has deemed satisfactory.

PARTICIPATION

1. Each year, the Quality Assurance Committee shall determine the number and manner of selection for registrants to undergo a PAR while considering current College resources available and Council direction. The PAR process will be conducted in the form and matter required by the Committee.
2. In accordance with O. Reg 194/23 General of the *Psychology and Applied Behaviour Analysis Act, 2021*, registrants may be selected to undergo a PAR based on the following available selection methods:
 - (a) the member’s name is selected randomly from the entire membership;
 - (b) the member’s name is selected by stratified random sampling; or
 - (c) the member has failed to participate in self-assessment.

For further clarity, the method of selection need only be one of the three listed above. All three need not be used every year.

3. If selected based on (b), the Committee shall determine the stratified random sampling method.
4. In addition, if the Committee has broad concerns regarding the registrant’s knowledge, skill and judgment, the Committee may direct a PAR in the following circumstances:
 - a) the registrant has participated in a QA Audit, which includes review of their self-assessment and continuing professional development activities; or
 - b) the registrant has participated in a focused assessment under section 82 of the *Health Professions and Procedural Code*.

EXEMPTIONS

5. The following registrants are exempt from participating in the PAR:
 - a. Registrants holding a Retired or Inactive Certificate of Registration
 - b. Registrants holding a Certificate of Registration authorizing Supervised Practice
 - c. Registrants holding an Interim Autonomous Practice Certificate of Registration

- d. Registrants that have held a Certificate of Registration authorizing Autonomous Practice for a total of less than 2 years
- e. Registrants who have been selected by random or stratified random sampling to participate in a PAR within the past 10 years will be exempt from the random or stratified random selection method

DEFERRALS

6. In consultation with the relevant Director, College staff may grant a deferral for a period of up to six months from the time of notification on behalf of the QA Committee should a registrant disclose the following circumstances:

- a. Illness of the registrant or the illness or death of a close family member;
- b. Significant recent changes in the nature/location of the registrant's practice;
- c. Recent return to practice following an extended absence, e.g., parental leave
- d. Intention to retire within the next 6 months;
- e. Current involvement in a College investigation or hearing.

7. Deferral requests of more than six (6) months, or for any reason not listed above, will be considered by the QA Committee.



POLICY AND PROCEDURE MANUAL

POLICY	Continuing Professional Development Program Audit and Audit Selection		
SECTION	Board & Committees	POLICY #	II – 5(iii)
DATE CREATED	June 2019	DATE LAST REVISED	May 2024
NEXT REVIEW DATE	2025/2026	DATE LAST REVIEWED	May 2024

POLICY STATEMENT

Each year, the Quality Assurance Committee randomly will select a number of registrants to participate in an audit of their continuing education and continuing professional development (CPD) activities. In addition, all registrants who have not attested to the completion of their CPD activities shall be subject to audit. Those registrants who were randomly selected shall not be required to participate in another random audit more than once every ten years.

PROCEDURE

1. Each year, the Quality Assurance Committee shall determine the number of registrants to be randomly selected based upon current College resources available. This will be in addition to all those who have not attested to the completion of their CPD activities.
2. Registrants undergoing the audit shall provide the Committee with a detailed list of their CPD activities as well as supporting documentation, as requested by the College.
3. The Quality Assurance Committee shall, with the assistance of College staff, review the records of CPD activities provided by registrants who have been selected for audit.
4. Should the Committee form a concern that a registrant has not fulfilled the requirements of the mandatory Continuing Professional Development Program, the Committee shall address the concerns in accordance with the provisions of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991*.

POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Audit Participation, Exemptions and Deferrals		
SECTION	Council & Committees	POLICY #	II – 5(iii)
DATE CREATED	June 2019	DATE LAST REVISED	May 2024
NEXT REVIEW DATE	2025/2026	PAGE #	1 of 1

POLICY STATEMENT

Registrants will participate in a review of their self-assessment and continuing professional development (CPD) activities (“QA Audit”) with the aim to monitor compliance and provide education regarding Quality Assurance (QA) program components.

PARTICIPATION AND SELECTION

1. Each year, the QA Committee shall determine the number and method(s) of selection for registrants to undergo a QA Audit while considering current College resources available and Board direction.
2. Registrants participating in a QA Audit shall provide records of their participation in the Quality Assurance Program in the form and manner required by the Committee.
3. The selection methods may be based on the following criteria:
 - a. Registrants that fail to submit a *Declaration(s) of Completion* or Consideration Request for the self-assessment guide and/or CPD program components by the provided deadline (“targeted audit”);
 - b. Registrants that the Committee has identified require a review based upon QA Program participation/compliance (“targeted audit”); or
 - c. Random or stratified random sampling (“random audit”).

For further clarity, the method of selection need only be one of the methods listed above. All need not be used every year.

4. If selected based on (c – stratified random sampling), the Committee shall determine the stratified random sampling method.

EXEMPTIONS

5. The following registrants are exempt from participating in a random audit:
 - a. Registrants holding a Retired or Inactive Certificate of Registration
 - b. Registrants holding a Certificate of Registration authorizing Supervised Practice
 - c. Registrants holding an Interim Autonomous Practice Certificate of Registration
6. Registrants who have been selected by random or stratified random sampling to participate in a QA Audit or a Peer Assisted Review within the past 5 years will be exempt from the random or stratified random selection methods.

DEFERRALS

7. Requests for a deferral for the QA Audit for a period of up to six (6) months from the time of notification may be granted by staff in consultation with the relevant Director on behalf of the Committee if the request is based on any of the following:

- a. Illness of the registrant;
- b. Illness or death of a close family member;
- c. Recent birth or adoption of a child; or
- d. Other extenuating circumstances beyond the registrant's control.

8. Deferral requests for more than six (6) months or for any reason not listed above, will be considered by the Quality Assurance Committee.



POLICY AND PROCEDURE MANUAL

POLICY	Continuing Professional Development Program Audit: Criteria for Exemption or Deferral		
SECTION	Board & Committees	POLICY #	II – 5(iv)
DATE CREATED	March 2021	DATE LAST REVISED	May 2024
NEXT REVIEW DATE	2025/2026	DATE LAST REVIEWED	May 2024

POLICY STATEMENT

All registrants are eligible to be selected to participate in a Continuing Professional Development (CPD) Program Audit except those listed below. Among those eligible for selection, requests for the deferral of the audit may be granted in exceptional circumstances.

REGISTRANTS EXCLUDED FROM CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM AUDIT

- Registrants holding a Retired Certificate of Registration
- Registrants holding a Certificate of Registration Authorizing Supervised Practice
- Registrants who have been selected at random to participate in a CPD audit within the past 10 years unless their selection was due to non-compliance with the CPD completion requirements

PROCEDURE

1. A registrant selected for a CPD audit, in accordance with the policy, may be granted a deferral according to the criteria below. Only registrants listed above are exempt.
2. Requests for a deferral for a period of up to six months from the time of notification of the audit may be granted if the request is based on any of the following:
 - a. Illness of the registrant or illness or death of a close family member;
 - b. Inability to perform professional duties for other medical or compassionate reasons;
 - c. Recent birth or adoption of a child; or
 - d. Other extenuating circumstances preventing the registrant from accessing their CPD records
3. The criteria for granting a deferral, as outlined in 2. above, will be used by College staff on behalf of the Quality Assurance Committee. If there are questions about the appropriateness of a request, staff will consult with the Quality Assurance Committee Chair.
4. Any request for a deferral for more than six months, or for any reason not listed above, will be considered by the Quality Assurance Committee. In considering such requests, the Committee will take into account its public protection mandate and the principles of fairness and equitable treatment of all registrants.

POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Program Requirements, Exemptions and Deferrals		
SECTION	Council & Committees	POLICY #	II – 5(iv)
DATE CREATED	March 2021	DATE LAST REVISED	March 2026
NEXT REVIEW DATE	2028/2029	PAGE #	1 of 2

POLICY STATEMENT

All College registrants are required to participate in the Quality Assurance (QA) Program in the form and manner approved by the Committee. Of those required to participate, deferrals or exemptions may be granted in exceptional circumstances.

The standard QA Program requirements consist of the following components:

- i. **Self-Assessment:** completing the Self-Assessment Guide and Continuing Professional Development Plan (SAG/PDP), which includes a Self-Care Plan;
- ii. **Continuing Education and Professional Development:** completing Continuing Professional Development (CPD) activities; and
- iii. **Declaration(s) of Completion:** for each above component, registrants must submit an attestation to confirm the extent of their participation.

The QA Program requirements may change at the discretion of the Committee/Board, as appropriate.

PARTICIPATION

1. All registrants with an Autonomous Practice Certificate of Registration must complete the standard QA program requirements as described on the College’s website and in accordance with the schedule assigned by the College.
2. Registrants with the following certificate classes must submit *Declaration(s) of Completion* to demonstrate the extent of their program participation as described on the College’s website and in accordance with the schedule assigned by the College.
 - Supervised Practice Certificate of Registration
 - Inactive Certificate of Registration
 - Interim Autonomous Practice Certificate of Registration – Temporary Emergency Class
 - Interim Autonomous Practice Certificate of Registration – Canada Labour Mobility

In addition, a registrant with an Autonomous Practice Certificate of Registration that had a change in certificate status during the relevant cycle must submit *Declaration(s) of Completion* to demonstrate the extent of their program participation as described on the College’s website and in accordance with the schedule assigned by the College.

EXEMPTIONS

3. The following registrants are exempt from completing all of the QA program requirements:
 - Registrants holding a Retired Certificate of Registration, in accordance with O. Reg. 194/23: General of the *Psychology and Applied Behaviour Analysis Act, 2021*; and,
 - Individuals that were registered during the relevant QA cycle but are no longer registered with the College at the *Declaration(s) of Completion* submission deadline.
4. If a registrant with an Autonomous Practice Certificate of Registration is unable to complete the standard QA program requirements by the specified deadlines due to extenuating circumstances, they shall submit a Consideration Request for exemption of specified QA components. Considerations Requests will be reviewed by the QA Committee to determine any further action.

DEFERRALS

5. Deferrals for completion of the Continuing Education and Professional Development (CPD) component of the program requirement may not be granted. If a registrant has been unable to fulfill the CPD component as required, they must submit a Consideration Request for review by the Committee.
6. A registrant may be granted a deferral of up to six (6) months from the original deadline specified by the College for completing the Self-Assessment (SAG/PDP) component and/or submitting Declarations of Completion. In consultation with the relevant Director, College staff may grant a deferral on behalf of the QA Committee should a registrant disclose the following circumstances:
 - Illness of the registrant;
 - Illness or death of a close family member;
 - Recent birth or adoption of a child; or
 - Other extenuating circumstances beyond the registrant's control.
7. Deferral requests of more than six (6) months for the completion of any requirements, or for any reason not listed above, will be considered by the Quality Assurance Committee.



POLICY AND PROCEDURE MANUAL

POLICY	Quality Assurance Requirements for Registrants with a <i>Certificate of Registration Authorizing Interim Autonomous Practice</i>		
SECTION	Board & Committees	POLICY #	II – 5(v)
DATE CREATED	March 2021	DATE LAST REVISED	May 2024
NEXT REVIEW DATE	2025/2026	DATE LAST REVIEWED	May 2024

POLICY STATEMENT

An individual holding a *Certificate of Registration Authorizing Interim Autonomous Practice* must satisfy the self-assessment and continuing professional development requirements of their home jurisdiction or those established for all other registrants of the College.

PROCEDURE

1. Out-of-Province individuals holding a *Certificate of Registration Authorizing Interim Autonomous Practice* must declare that they are in full compliance with the self-assessment and continuing professional development requirements of their home jurisdiction.
2. Holders of a *Certificate of Registration Authorizing Interim Autonomous Practice* may be randomly selected for a Self-Assessment or Continuing Professional Development audit. The Quality Assurance Committee will seek verification from the College or Board of the home jurisdiction that the registrant is in full compliance with the self-assessment and continuing professional development requirements of their home jurisdiction.
3. If verification is not obtained or if the home jurisdiction has no self-assessment or continuing professional development requirements, the individual will be subject to the corresponding requirements set for registrants of the College of Psychologists and Behaviour Analysts of Ontario.

MARCH 2026 BOARD MEETING

UPDATE TO BY-LAW 22: PROFESSIONAL LIABILITY INSURANCE

STRATEGIC DIRECTION REFLECTION

Continuous Improvement Culture

MOTION FOR CONSIDERATION

To update by-law 22.2 to “the amount of **annual** insurance coverage shall be no less than \$2,000,000 **per claim**.”

PUBLIC INTEREST RATIONALE

Professional liability insurance ensures that registrants can cover legal defence costs associated with College disciplinary or civil proceedings. If there is harm done to a client, insurance ensures that the client will have access to fair trial and compensation.

Added clarity for minimum coverage ensures that all registrants are compliant with the College’s expectations for insurance minimums.

BACKGROUND

By-law 22: Professional Liability Insurance is made under the authority of the *Regulated Health Professions Act, 1991*. It was first approved by the Board in December 1999 and was last amended on June 21, 2013, prior to the onboarding of the applied behaviour analysis profession.

Specifically, [by-law 22.2](#) specifies that “*The amount of insurance coverage shall be no less than \$2,000,000.*” This statement lacks clarity regarding the coverage timeframe and whether the minimum amount is intended to be per claim or an aggregate amount.

ANALYSIS

The Board should consider whether the \$2,000,000 minimum insurance coverage is intended to be an annual amount per claim. It is not clear from prior Board meeting materials whether the Board considered this issue.

Although not specified in the by-law, it appears that the minimum insurance limit was intended to be per claim as per the July 2010 [e-Bulletin](#), which states:

b) Minimum Coverage

The Council has proposed that the minimum coverage per occurrence be raised from \$1,000,000 to \$2,000,000...

Further, with the onboarding of applied behaviour analysis, the Board should consider whether the \$2,000,000 minimum coverage should also apply to Registered Behaviour Analysts, or whether a different

amount would be suitable. If a different amount is required, the Board should consider the minimum amount required for registrants of both professions.

RISK

Added clarity to the by-law reduces the risk that registrants will inadvertently not have the required minimum insurance coverage.

BUDGETARY IMPLICATIONS

There are no budgetary implications for the College; however the insurance may cost more for registrants.

OPTIONS

1. Approve the by-law as amended.
 2. Decline to approve the by-law as amended.
-

NEXT STEPS

If approved by the Board, the by-law will be circulated to registrants for 60 days before it is considered by the Board for final approval.

CONTACT FOR QUESTIONS

Jennifer Kitchen
Director, Professional Affairs

BRIEFING NOTE

2026.01.05C

MARCH 2026 BOARD MEETING

PUBLICATION OF THIRD-PARTY ASSESSMENT OF BOARD EFFECTIVENESS

STRATEGIC DIRECTION REFLECTION

Innovation in Regulation; Continuous Quality Improvement Culture

MOTION

TBD

Moved by TBD

PUBLIC INTEREST RATIONALE

The decision of whether to publish a third-party governance effectiveness report should be grounded in the College's statutory mandate to act in the public interest pursuant to the *Regulated Health Professions Act, 1991*. Specific considerations include transparency and public accountability on the one hand, and the ability to have confidential and frank conversations about the College's governance on the other.

Making the decision of whether to publish the report prior to receiving it will allow the Board to proactively balance the need for transparency and accountability with the possibility that sensitive information about the College may be released.

BACKGROUND

At its meeting on December 12, 2025, the Board decided to hire a consultant to commence a third-party assessment of the Board's effectiveness at a minimum every two years. Following this meeting, College staff secured governance consultant, Sam Lanctin, to conduct the Board effectiveness assessment. Mr. Lanctin started the assessment process in January 2026, which is ongoing, and will be comprised of multiple modalities (e.g. interviews, review of a previous meeting recording, observation of a meeting, review of College policies) and multiple informants (Professional Directors, Public Directors, Senior Staff).

To maintain the integrity of the process, the Board should decide whether to publish the report *a priori*, before knowing the results of the assessment.

RISKS

There are risks to both posting and not posting the assessment which require forethought. The risks of posting the assessment report could include reputational damage to the College, however, not posting the report may also have reputational risks, specifically pertaining to a lack of transparency and public accountability. It should also be noted that this decision may also have implications for the Board's ability to discuss the report and its recommendations in a public forum.

BUDGETARY IMPLICATIONS

N/A

NEXT STEPS

Subject to the Board's decision, the report will be treated as public or private upon its submission to the Board.

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

Zimra Yetnikoff,
Deputy Registrar & Director, Investigations and Hearings

MARCH 2026 BOARD MEETING

INTEGRATED RISK MANAGEMENT REPORT TO BOARD

STRATEGIC DIRECTION REFLECTION

Continuous Quality Improvement Culture

PUBLIC INTEREST RATIONALE

To identify and mitigate risks to ensure the College can continue to fulfill its public interest mandate. These include risks to the office/staff, the College’s reputation, and the public.

BACKGROUND

Since 2017, the College has had a Risk Management Plan to identify and mitigate/remove risks in daily operations using tools available through the Healthcare Insurance Reciprocal of Canada (HIROC). The risk assessment included a review of three categories of risk: Risks to Office/Staff, Risks to the College (reputation/self-regulation), and Risks to the Public (from members). An example of an identified risk is, *Termination of an employee resulting in legal action against the College*. The College has an annual performance review process in place to identify any potential issues and obtains legal advice as necessary.

The Risk Management Register is monitored throughout the year, reviewed annually to assess the effectiveness of the strategies applied, and to identify any new risks to be included. In October and November 2025, an assessment was undertaken to review current active risks and to identify any other risks to be added to the Risk Register. This review includes the budgetary implications of any identified risks.

Currently, there are 35 open risks, which include risks carried over from the previous year. For the most part, these are considered “residual” risks and will remain open to ensure continuous monitoring and mitigation. An example is “sexual abuse of a client by a member”. While the College, through the Client Relations Committee, provides educational materials regarding this risk, the College cannot guarantee that even with such mitigation, that the risk will be eliminated. Therefore, this remains on ongoing, “residual” risk.

New Risks

The Risk Management Register review undertaken in 2025 resulted in no closure of previous risks and the identification of two new risks: Use of Artificial Intelligence (AI) and Committee Member Interactions with (Social) Media.

AI:

AI has emerged as a widely available tool for both commercial and private use. The risks identified for the use of AI include private/personal information being leaked to the larger AI environment, receiving or producing incorrect or erroneous conclusions drawn from improperly configured AI, and a lack of guidelines for AI use, resulting in the improper application of the tool (i.e. responding to emails without reviewing the content).

Committee Member Interactions (Social) Media:

Public information on the College website includes names of Board and Committee members who may be contacted regarding College decisions, however, they are not authorized to speak on behalf of the Board. Mitigation includes training and policy.

Previously Closed Risks

Overall, to date, five risks were previously closed as mitigation strategies have been put into effect to reduce the risk to an extremely low level, and a determination has been made that no additional actions are required. Monitoring and ongoing assessment of these risks continued as part of the mitigation strategy. These closed risks include three in the human resources category and two in the financial category. These risks have been returned to the open risk category.

Human Resources

- Whistle-blowing – policy developed, included in orientation

A Policy has been developed which speaks to “whistle-blowing” and the protection of staff who may wish to report concerns about other staff or management. In addition to education regarding legislation related to violence or disruptive behaviour in the workplace, the College has a clear staff behaviour expectation.

- Violence/Disruptive Behaviour – policy developed, staff training provided

Procedures are in place which require managers to monitor staff performance on an ongoing basis. Should concerns arise that are not amenable to remediation, appropriate steps are taken on a case-by-case basis, in conjunction with legal advice to ensure that any termination that may be necessary is conducted in a manner which would not constitute “wrongful dismissal”.

- Wrongful Dismissal – procedures in place and legal advice available on case-by-case need

Procedures are in place which require managers to monitor staff performance on an ongoing basis. Should concerns arise that are not amenable to remediation, appropriate steps are taken on a case-by-case basis, in conjunction with legal advice to ensure that any termination that may be necessary is conducted in a manner which would not constitute “wrongful dismissal”.

Financial

- Financial Malfeasance – controls are reviewed annually by auditor

The College maintains a group of financial controls which are reviewed and adjusted annually. These controls are assessed and commented on as part of the financial audit by the auditors each year.

- Loss of Assets; Theft/Break In – security measure and insurance are in place

This risk is related to the loss of assets within the College office due to theft or break in. Both the office suite and the building in which the offices are located have security measures in place. The office suite has controlled access and building access is restricted outside of regular business hours. With regard to internal theft of assets, in addition to having insurance coverage in place, the College maintains a list of assets and to whom they are assigned.

Risks by Category and Risk Level 2025
Current Open Identified Risks

	Low	Medium	High	Total
External Relations	0	2	1	3
Human Resources	3	3	1	7
Information Management/Technology	2	0	1	3
Leadership	0	1	1	2
Regulatory	0	9	3	12
Facilities	1	1	0	2
Financial	3	1	0	4
Regulation – Professional	0	2	0	2
Total	9	19	7	35

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
 Registrar & CEO

Stephanie Morton,
 Director, Corporate Services



BRIEFING NOTE

2026.01.05E

MARCH 2026 BOARD MEETING

EXECUTIVE COMMITTEE ELECTIONS/BOARD APPOINTMENTS

STRATEGIC DIRECTION REFLECTION

Innovation in Regulation

FOR INFORMATION

By-Law 4: Election of Members of Executive Committee requires that at this meeting, Board members wishing to seek election to the Executive Committee for the upcoming year be advised of the process as outlined in this By-law. The election to the Executive Committee takes place at the first meeting of the Board in the new fiscal year (June 19, 2026). Those interested in seeking election to the Executive Committee must inform the Registrar of their intention at least 25 business days (May 15, 2026) before the meeting at which the election takes place.

By-Law 5: Selection of Committee Chairs and Committee Members requires Board members to be notified of the opportunity to indicate preferences for Committee involvement for the coming year.

Following the elections to the Board taking place on March 31, 2026, an e-mail notification regarding the above will be sent to all Board members.

ATTACHMENTS

1. *By-Law 4: Election of Members of Executive Committee*
2. *By-Law 5: Selection of Committee Chairs and Committee Members*

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & CEO

BY-LAW 4: ELECTION OF MEMBERS OF EXECUTIVE COMMITTEE

[Approved by the Board on June 11, 1994; last amended on June 19, 2009]

This By-law is made under the authority of the *Regulated Health Professions Act, 1991* as amended, and the *Psychology and Applied Behaviour Analysis Act, 2021* as amended.

- 4.1 At the meeting of the Board preceding the annual election prescribed in the By-laws, the Board Chair will advise the Board of the process for seeking election to the Executive Committee.
- 4.2 At least twenty-five (25) business days prior to the first meeting of Council following the annual election, Directors, including those newly elected, will indicate their intention to seek election for a position on the Executive Committee. One may indicate one's interest in being a candidate for one or more Executive Committee positions.
- 4.3 If one indicates interest in being a candidate for Board Chair, one may also indicate an interest in being a candidate for Board Vice-Chair and/or for Registrant Director or Public Director should one be unsuccessful in the preceding election. If one wishes to run for election to one of these other positions, one shall make this intention known at the time that the original expression of interest is submitted.
- 4.4 If one indicates interest in being a candidate for Board Vice-Chair, one may also indicate an interest in being a candidate for Registrant Director or Public Director should one be unsuccessful in the Board Vice-Chair election. If one wishes to run for election to this other position, one shall make this intention known at the time that the original expression of interest is submitted.
- 4.5 The list of candidates will be forwarded to the Board of Directors, along with notification that further names will be accepted until fifteen (15) business days before the first meeting of the Board following the annual election.
- 4.6 All candidates will provide the Registrar with a biographical statement and candidate statement not to exceed one page in length, no later than fifteen (15) business days before the first meeting of the Board following the annual election.
- 4.7 Only, if there is no candidate for a position, Directors may indicate their willingness to run at the first meeting of the Board following the annual election.
- 4.8 At the first meeting of the Board after the annual election as prescribed in the By-laws, the Board shall elect from among the the Board of Directors an Executive Committee in accordance with the By-laws.
- 4.9 The Executive Member Representatives elected in accordance with 4.8 will hold office until the first meeting of the Board after the annual elections the following year.
- 4.10 The Registrar shall be responsible for supervising and administering all elections of the College.
- 4.11 Prior to the balloting, each candidate for office will answer questions from other Directors for a maximum of ten (10) minutes.

- 4.12 The order for the elections to the Executive Committee will be: Board Chair, VBoard Vice-Chair, Registrant Director, Public Director. Unsuccessful candidates in an election, who have indicated their interest in candidacy for other Executive Committee positions as per 4.3 and 4.4, will be included in subsequent elections unless they choose to withdraw their name.
- 4.13 The election of the Executive Member Representatives shall be by secret ballot and, where more than two Directors are running for any position, the Director who receives the lowest number of votes on each ballot shall be deleted from candidacy unless one Director receives a majority of the votes cast. This procedure shall be followed until one Director receives a majority of the votes cast.
- 4.14 The ballots will be counted by the Registrar and a Director not seeking election to office.
- 4.15 In the event of a tie vote, the Board will be afforded the opportunity to question candidates for ten minutes, and then vote again. In the case of a second tie, the Registrar will flip a coin to decide the outcome of the election. The Director who has been assisting in counting the ballots will call the toss (“heads – candidate A; tails – candidate B”) prior to the toss.
- 4.16 If the office of the Board Chair becomes vacant, the Board Vice-Chair shall become the Board Chair for the unexpired term of the office and the office of Board Vice-Chair thereby becomes vacant.
- 4.17 A position of the Executive Committee becomes vacant if the holder of the office dies, resigns, ceases to be a Director or is disqualified from sitting on the Board by a vote of the Board at a special meeting called for that purpose. In addition, the position of Vice-Chair may become vacant, in accordance with subsection 4.16.
- 4.18 The Board shall fill a vacancy in the office of Board Vice-Chair or any other Executive Committee position at a special meeting which the Board Chair shall call for that purpose as soon as feasible after the vacancy occurs.

BY-LAW 5: SELECTION OF COMMITTEE CHAIRS AND COMMITTEE MEMBERS

[Approved by the Board on June 11, 1994; last amended on September 26, 2025]

This By-law is made under the authority of the *Regulated Health Professions Act, 1991* as amended, and the *Psychology and Applied Behaviour Analysis Act, 2021* as amended.

- 5.1 The Board may by resolution establish Committees additional to those established through Section 10 of the Health Professions Procedural Code being Schedule 2 to the *Regulated Health Professions Act, 1991*.

Notification of Committee Positions Available

- 5.2 At least two months prior to the first meeting of the Board following the annual election, College registrants will be notified of the opportunity to put their names forward for possible appointment to a Committee of the College. In addition to other information, College registrants interested in appointment to a Committee are required to submit a statement of qualifications pertaining to the Board & Committees Competency and Suitability Profile and to the mandate of the Committees in which they wish to participate. Prior to the registrant submitting a Committee interest form, the registrant shall complete any orientation program specified by the College relating to the business and governance of the College and the duties, obligations and expectations of the Board and Committee members.

Governance and Nominations Committee

- 5.3 The Governance and Nominations Committee will prepare a list of suggested appointees to the Committees of the College, from College Registrants who have submitted statements of qualification pursuant to section 5.2. This list will be provided to the Executive Committee at the first meeting of the Board following the annual election.
- 5.4 The list of suggested appointees to each Committee will be based upon registrants' statements of qualifications as they relate to the Board & Committees Competency and Suitability Profile, the specific needs of the Committees as identified by College staff, and to the mandate of the relevant Committees. To support the Governance and Nominations Committee in its deliberations, the Governance and Nominations Committee may interview short-listed candidates.

Appointment Process

- 5.5 Immediately after the first meeting of the Board following the annual election, the Executive Committee shall appoint the Chairs and the members of the Committees identified in subsection 5.1 as well as those designated in section 10 of the Code.
- 5.6 Committee Chairs:
a. Each Committee will have a Chair and each Statutory Committee will have a Vice-Chair; with the exception of the Registration Committee which will have Co-Chairs.
- 5.7 Committee appointments will be announced within five business days of the first meeting of the Board following the annual election.
- 5.8 A majority of the members of a Committee, other than a Committee prescribed in section 10 of the Code, constitutes a quorum.

- 5.9 Where one or more vacancies occur in the membership of a Committee during the year, so long as the number is not fewer than the prescribed quorum, the Committee may continue to conduct its business.
- 5.10 The Executive Committee may and, if necessary for a Committee to achieve its quorum, shall, appoint College registrants to fill any vacancies which occur in the membership of a Committee to take effect immediately and to be reported to the Board at its next meeting. These appointments will be based on recommendations from the Governance and Nominations Committee.
- 5.11 Every appointment to a Committee automatically expires on the last Friday in July following the annual elections unless otherwise prescribed in subsection 3(a) of By-law 21: *Committee Composition*; or any provision to the contrary in the Code, the By-laws or the policies of the College.
- 5.12 Both the psychology and applied behaviour analysis professions will be represented on all Statutory Committees.



BRIEFING NOTE

2026.01.05F

MARCH 2026 BOARD MEETING

DRAFT BUDGET: JUNE 1, 2026, TO MAY 31, 2027

STRATEGIC DIRECTION REFLECTION

Continuous Quality Improvement Culture

MOTION FOR CONSIDERATION

That the Board of Directors approve the Draft Budget 2026 – 2027.

Moved By TBD

PROPOSED BUDGET SUMMARY

Please find the proposed College budget for the fiscal year June 1, 2026, to May 31, 2027, accompanying this briefing note. The proposed budget was recommended by the Finance and Audit Committee and the Executive Committee on February 11 & 27, 2026, respectively. For your reference, a budget spreadsheet is attached which presents the following information in the columns from left to right:

- Actual spending for each of the past 4 years as well as the projected year-end for 2025-2026
- Proposed budget for 2026-2027

The proposed budget for 2026-2027 projects a balanced budget. This will be the third consecutive year that the College is expecting a balanced (or surplus) budget following a period of seven consecutive deficit years. The operational costs associated with regulating another profession is reflected across College departments, from Registration, to Investigations & Hearings, to Professional Affairs, and to Corporate Services. Right-sizing human resources will need to continue to be a priority in the coming year to meet KPIs and to avoid staff attrition.

This year will include two in-person Council meetings, in September 2026 and March 2027, and two in-person Council Training Days, the day before each of the respective Board meetings. In-person meetings require financial consideration as it must be recognized that virtual meetings are far more economical, and it is important to carefully consider the value added to hosting in-person meetings. The Board's current direction is to continue to hold two in-person meetings/training days per year as there is added value to discussing some Board matters in-person and supports a sense of team. Two in-person Board meetings provide a good balance between efficiency and social interaction. Committees and working groups have generally functioned extremely well virtually and it is recommended all (other than the exception above) continue this way.

As is the case each year in developing the budget, there are many areas of College work for which the prediction of potential costs is extremely difficult. It is possible to predict fixed costs such as staff payroll, rent, insurance, and association membership fees with reasonable accuracy; this is not possible for many other areas.

Other expense areas are considerably more variable and dependent upon the activity which comes to the College's attention. Costs associated with lines such as legal advice for Investigations, Discipline and Registration; Discipline panels and the hearing facilities; the need for ICRC experts and outside investigators; and requests for funding for therapy are fully dependent on events occurring during the year. Committee *T.A.M.* are also difficult to predict as Committee composition and the number of out-of-town Committee members, or private practitioners claiming the overhead expense allowance, is not determined until after the June Board meeting by which time the budget has been approved.

Below is a description of the main features of each budget area.

Revenue

The primary source of revenue for the College is member *Registration Fees*; this includes both autonomous practice, supervised practice, academic, inactive, and retired. Together with *Application Fees* this accounts for approximately 90% of the College Revenues. The remaining 10% is received from *Incorporation Applications* and *Renewal Fees, Examination Fees, Net Investment Income, Quality Assurance Penalties* and *Discipline Cost Recovery*. As explained in Cost of Sales below, revenue from *Examination Fees* does not offset the cost of administering the examinations. Revenue is relatively stable and reflects modest growth in numbers of registrants.

The budget anticipates a stabilization of annual membership fees, as the College experienced a surge in ABA applications due to the proclamation of the *Psychology and Applied Behaviour Analysis Act (2021)* on July 1, 2024. Thus, ABA examination revenue will appear lower in the budget, as the transition streams close and the College begins to register new graduates with Supervised Practice certificates. Although it was possible to estimate Transition Route 1 with some accuracy (fast-track registration based on BCBA-BCBA-D certification), it is difficult to estimate how many new graduates will choose to be regulated.

Cost of Sales

This area presents the expenses the College incurs in administering the Registration process, such as examinations. The proposed budget anticipates an increase in these costs over the current year's budget. This increase is primarily due to increases in the per diem rates for professional members participating in the Oral Examination, the need to maintain the psychometric properties for the psychology Jurisprudence and Ethics Examination (until transitioned to a low-stakes format), and the maintenance/delivery of the ABA entry-to-practice examination. The budget continues to anticipate that the June and December Oral Examinations will be held virtually. This has been done successfully over the past several years and results in significant savings in examiner *T.A.M.* costs, such as in the rental of hotel rooms and catering.

Governance

The *Governance* budget for 2026-2027 shows a minor decrease over the current budget despite an increase in professional member per diem (Council, Executive and FAC), Council *T.A.M.* expenses for the two, 2-day in-person meetings (Council Meeting + Training), and the re-establishment of the Governance and Nominations Committee. The realization of savings comes from the *Training* line as these expenses were overestimated last year. Not requiring a modernization consultant to complete the Ministry of Health's Form 2 for the potential scope expansion of psychology to include RxP also saved on costs. Funds have also been budgeted for the execution of Equity, Diversity, and Inclusion initiatives.

Registration

The proposed expenditures for this area are similar to last year's with less than a ten-thousand-dollar difference, suggesting emerging stability in ABA registration.

Client Relations Committee

The estimated spending on Client Relations in 2025-2026 will remain relatively stable with a slight decrease in per diem and *Program for Funding for Therapy and Counselling* expenses due to a minor overestimation last year. In planning for the next fiscal year, it is difficult to predict the amount that will be required to support the *Program for Funding for Therapy and Counselling*. Expenses are dependent upon the number of individuals for whom funding is approved, the number of sessions they attend with their chosen therapist or counsellor and the fee charged. The amount budgeted is based on the current year's projected experience, previous expenditures in this area, and the number of individuals currently benefitting from the program.

Quality Assurance

The estimated spending in the Quality Assurance area will decrease due to the Committee's emerging strategic approach to completing PARs in a more targeted manner.

Investigations and Resolutions

The overall budget for this area is estimated to be lower in the next fiscal year due to an adjustment to the expenses for *Investigators* and for *Other Expenses*. This area is among those which is very hard to predict as the costs are dependent on the nature of complaints and the need to go 'outside' to ensure a full and comprehensive investigation. With the recent contribution to the Investigations and hearings Reserve Fund, there is funding to offset unanticipated costs.

Hearings

Overall, the budget for 2026-2027 will be higher than the current year for funding legal expenses for Hearings and Discipline. There are seven cases estimated for the upcoming fiscal year, which is higher than usual.

Liaison

Liaison expenses are primarily associated with the College's membership in a variety of organizations and the associated membership fees. Currently the College is a member of a number of organizations relevant organizations. The budget provides separate lines related to the costs association with the federation of Health Profession Regulators of Ontario (HPRO), the Association of Canadian Psychology Regulatory Organizations (ACPRO) and the Association of State and Provincial Psychology Boards (ASPPB). The budget includes the funds to support the College President's attendance at the four meetings a year held by ACPRO and ASPPB which have associated per diem expenses. The cost of travel to support the President's attendance is difficult to predict as it depends on the location of the meetings.

Membership fees related to the Council on Licensure, Enforcement, and Regulation (CLEAR), the Canadian Network of Agencies of Regulation (CNAR) and the Canadian Society of Association Executive (CSAE) are shown within *Liaison Other* as there are no separate lines for this. Also, funds are budgeted in *Liaison Other* to support the semi-annual meetings hosted by the College for the Directors of Clinical Training and the Internship Directors. It may include other miscellaneous meetings with the government, other interest holders, or other one-time meetings.

Administration

The overall proposed *Administration* budget is higher than the current year. The increase in *Office Net Rent* and *Additional Rent* is anticipated as it is based on the details of the lease which was signed in January 2020. *Bank Charges* in the proposed budget are expected to increase due to the increase in membership, as they fees are primarily incurred when membership and application fees are paid by credit card and EFT.

The *Communications Consultant* line will have a decrease in funding as the College will introduce a full time Communication Officer. The funds in this line item will be applied to translation services and any required PR

services.

Payroll reflects an increase in the proposed budget. Since last year, the College has considered processes and organizational structure to operate effectively and meet KPI objectives. To this end, two new permanent positions were created.

- Registration Assistant
- Communications Officer

There is a continued need to maintain competitive compensation in the human resources marketplace and the Council approved joining HOOPP as a retention strategy. The premiums are reflected in the salary line.

Professional Services shows an increase in the upcoming budget. The College continues work on IT infrastructure which includes new development and upgrades to existing systems.

The budget as presented is the anticipated spending for 2026-2027. As previously noted, many areas, both in revenue (membership and application fees, etc.) as well as Funding for Therapy and Counselling, ICRC and Discipline costs are highly dependent on circumstances that are variable from year to year.

ATTACHMENT

1. Draft Budget 2026-2027

CONTACT FOR QUESTIONS

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Registrar & CEO

Stephanie Morton
Director, Corporate Services

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL	ACTUAL	ACTUAL	Budget	PROPOSED	\$
	2022-2023	2023-2024	2024-2025	2025-2026	BUDGET	CHANGE
					2026-2027	Projected
Ordinary Income/Expense						
Income						
FEEES						
Registration Fees						
40100 · Registration Regular	3,147,100.72	3,239,694.22	4,974,720.81	5,240,400.00	5,268,000.00	27,600.00
40150 · ABA Registration Regular			1,066,054.65	1,244,970.00	1,431,795.00	186,825.00
40200 · Registration Academic	2,783.50	2,436.00	4,249.00	3,000.00	6,000.00	3,000.00
40300 · Registration Inactive	39,390.88	36,976.18	48,740.91	38,740.00	41,124.00	2,384.00
40301 · ABA · Registration Inactive				6,678.00	12,402.00	5,724.00
40400 · Registration Retired	20,647.88	20,599.49	24,970.25	26,937.50	25,625.00	-1,312.50
40500 · Late Penalty	7,249.10	5,686.35	42,157.50	36,000.00	35,000.00	-1,000.00
40550 · Adjustments	0.00	0.00	0.00	0.00		0.00
Total Registration Fees	3,217,172.08	3,305,392.24	6,160,893.12	6,596,725.50	6,819,946.00	223,220.50
40700 · Supervised Practice	129,446.55	154,845.50	174,810.00	121,200.00	135,600.00	14,400.00
40701 · ABA Supervised Practice				2,750.00	13,750.00	11,000.00
Application Fees						
40900 · Mobility Application - AIT	3,500.00	3,500.00	4,200.00	2,000.00	6,000.00	4,000.00
40950 · Mobility Application - IAP	10,000.00	10,800.00	13,100.00	8,000.00	10,000.00	2,000.00
41000 · Registration Application	52,210.00	346,150.00	54,740.00	52,000.00	52,000.00	0.00
41001 · ABA Application Fees			140,990.00	5,750.00	5,750.00	0.00
Total Application Fees	65,710.00	360,450.00	213,030.00	191,700.00	223,100.00	31,400.00
Total FEEES	3,412,328.63	3,820,687.74	6,548,733.12	6,788,425.50	7,043,046.00	254,620.50
INCORPORATION						
41010 · Corporation Application	30,450.00	27,650.00	37,800.00	21,000.00	25,000.00	4,000.00
41020 · Corporation Renewal	137,750.00	148,250.00	170,250.00	150,000.00	150,000.00	0.00
Total INCORPORATION	168,200.00	175,900.00	208,050.00	171,000.00	175,000.00	4,000.00
EXAM FEES						
41100 ABA JEE Fees						
41110 ABA JEE Module		92,400.00	240,000.00	40,000.00	5,000.00	-35,000.00
41120 ABA Entry to Practice Exam			26,400.00	10,000.00	10,000.00	0.00
Total 41100 ABA JEE Fees			266,400.00	50,000.00	15,000.00	-35,000.00
41200 · Jurisprudence Exam	57,000.00	58,400.00	51,600.00	47,000.00	45,000.00	-2,000.00
41300 · Oral Examination	74,800.00	71,500.00	91,300.00	77,000.00	70,000.00	-7,000.00
41400 · Interviews	6,000.00	7,500.00	3,500.00	4,000.00	5,000.00	1,000.00
Total EXAM FEES	137,800.00	229,800.00	412,800.00	178,000.00	135,000.00	-43,000.00
OTHER INCOME						
42100 · Seminar Income	0.00	0.00	0.00	0.00	-	0.00
42200 · Net Investment Income	204,219.29	281,087.51	287,234.97	100,000.00	175,000.00	75,000.00
42400 · Discipline Costs Recovery	13,500.00	9,872.50	42,800.00	10,000.00	21,000.00	11,000.00
42700 · Wage Subsidy Income	0.00	0.00	0.00	0.00		0.00
42800 · Quality Assurance Penalties	9,900.00	2,600.00	7,600.00	5,000.00	5,000.00	0.00
49000 Government Grant Revenue	124,738.16	300,145.13	28,460.70	0.00		0.00
43000 · Unrealized Gains/Losses	0.00	0.00	0.00	0.00		0.00
Total OTHER INCOME	356,499.75	597,362.95	370,275.12	117,500.00	201,000.00	83,500.00
Total Income	4,074,828.38	4,823,750.69	7,539,858.24	7,254,925.50	7,554,046.00	299,120.50

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
Cost of Goods Sold						
COS						
ABA Jurisprudence						
51100 ABA Entry to Practice Exam		21,236.23	77,220.45	48,000.00	70,000.00	22,000.00
51110 ABA Juris Learning Module	18,362.50	281.89	15,204.95	57,872.00	15,000.00	-42,872.00
Total ABA Jurisprudence		21,518.12	92,425.40	105,872.00	85,000.00	-20,872.00
Jurisprudence						
51200 · Juris-Exam Devel Maint	14,331.25	4,875.00	5,893.10	11,400.00	11,400.00	0.00
51210 · Juris - Administration	17,248.32	17,701.45	45,893.08	21,650.00	21,650.00	0.00
51220 · Juris - Contractor Fees & Exp.	39,917.25	32,657.00	32,883.00	40,000.00	32,700.00	-7,300.00
Total Jurisprudence	71,496.82	55,233.45	84,669.18	178,922.00	150,750.00	-28,172.00
Oral						
51300 · Oral Exam - Admin Expenses	225.87	0.00	0.00	4,000.00	-	-4,000.00
51310 · Oral Exam - Per Diem	128,499.71	111,014.44	137,983.13	142,500.00	210,000.00	67,500.00
Total Oral	128,725.58	111,014.44	137,983.13	146,500.00	210,000.00	63,500.00
51400 · Oral Interview Expenses	6,831.25	8,875.00	5,118.75	5,000.00	14,000.00	9,000.00
52000 · Publication Expenses	0.00	0.00	0.00	0.00	-	0.00
52100 · Seminar Expenses	10,363.35	6,566.43	9,698.15	22,000.00	10,000.00	-12,000.00
Total COS	235,779.50	203,207.44	329,894.61	352,422.00	384,750.00	32,328.00
Total COGS	235,779.50	203,207.44	329,894.61	352,422.00	384,750.00	32,328.00
Gross Profit	3,839,048.88	4,620,543.25	7,209,963.63	6,902,503.50	7,169,296.00	266,792.50

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL	ACTUAL	ACTUAL	Budget	PROPOSED	\$
	2022-2023	2023-2024	2024-2025	2025-2026	BUDGET	CHANGE
					2026-2027	
Expense						
GOVERNANCE						
Council Members						
53000 · Per Diems	9,962.50	17,531.25	18,805.75	39,725.00	40,000.00	275.00
53020 · T.A.M. Expenses	0.00	0.00	22,142.45	30,000.00	30,000.00	0.00
53030 · Election Expenses	1,370.00	1,370.00	2,740.00	2,500.00	6,000.00	3,500.00
53040 · Training	10,093.75	15,947.50	19,858.44	60,000.00	30,000.00	-30,000.00
53045 · Special Proj-Other	73,132.81	34,381.25	3,575.00	40,000.00	36,000.00	-4,000.00
53046 · Special Proj-Cmte Audit	0.00	0.00	0.00	15,000.00	15,000.00	0.00
Total Council Members	94,559.06	69,230.00	67,121.64	187,225.00	157,000.00	-30,225.00
Executive Committee						
53100 · Per Diem	2,600.00	4,175.00	6,337.50	10,375.00	9,000.00	-1,375.00
53120 · T.A.M. Expenses	0.00	0.00	0.00	0.00	-	0.00
53140 · Training	0.00	0.00	813.03	0.00	-	0.00
Total Executive Committee	2,600.00	4,175.00	7,150.53	10,375.00	9,000.00	-1,375.00
Finance and Audit Committee						
53180 · Per Diem	650.00	1,287.50	731.25	3,500.00	2,500.00	-1,000.00
53185 · T.A.M. Expenses	0.00	0.00	0.00	0.00	-	0.00
Total Finance and Audit Committee	650.00	1,287.50	731.25	3,500.00	2,500.00	-1,000.00
53200 · President's Admin Stipend	8,499.96	8,499.96	8,499.96	11,000.00	11,000.00	0.00
Governance & Nominations Committee						
53161 Per Diem				0%	3,900.00	3,900.00
Total Governance & Nominations Committee					3,900.00	
70500 · D&O & Travel Accident	6,905.79	7,166.88	7,638.12	7,408.28	8,100.00	691.72
Total GOVERNANCE	113,214.81	90,359.34	91,141.50	219,508.28	195,400.00	-28,008.28

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL	ACTUAL	ACTUAL	Budget	PROPOSED BUDGET	\$ CHANGE
	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	
REGISTRATION						
Registration Committee						
53400 · Per Diem & 53410 - Prep Time	34,237.50	44,518.75	58,443.75	70,000.00	85,000.00	15,000.00
53420 · T.A.M. Expenses	0.00	0.00	0.00	0.00	-	0.00
Total Registration Committee	34,237.50	44,518.75	58,443.75	70,000.00	85,000.00	15,000.00
53440 · HPARB Reviews - Legal	22,601.90	27,321.94	23,828.65	40,000.00	5,000.00	-35,000.00
53450 · Registration Other Expenses	0.00	0.00	3,718.75	5,000.00	15,600.00	10,600.00
Total REGISTRATION	56,839.40	71,840.69	85,991.15	115,000.00	105,600.00	-9,400.00

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

				PROPOSED	\$
ACTUAL	ACTUAL	ACTUAL	Budget	BUDGET	CHANGE
2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	

**CLIENT RELATNS, COMMUN EDUCATN
Client Relations Committee**

53600 · Per Diem	2,437.50	587.50	1,218.75	11,500.00	5,600.00	-5,900.00
53620 · T.A.M. Expenses	0.00	0.00	0.00	0.00	-	0.00
53645 · Prog. For Funding	33,549.00	50,248.38	19,064.50	35,000.00	25,000.00	-10,000.00
Total Client Relations Committee	35,986.50	50,835.88	20,283.25	46,500.00	30,600.00	-15,703.25
54100 · Presentations By Staff To Orgs	34.00	0.00	0.00	500.00	-	-500.00
54200 · Social Events For Members	0.00	0.00	0.00	0.00	5,000.00	5,000.00
Total CLIENT RELATNS, COMMUN EDUCATN	36,020.50	50,835.88	20,283.25	47,000.00	35,600.00	-11,203.25

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
QUALITY ASSURANCE						
Q.A. Committee						
54300 · Per Diem	16,937.50	19,525.00	14,187.50	26,375.00	20,800.00	-5,575.00
54320 · T.A.M. Expenses	0.00	0.00	0.00	0.00	-	0.00
Total Q.A. Committee	16,937.50	19,525.00	14,187.50	26,375.00	20,800.00	-5,575.00
Peer Assisted Review						0.00
54500 · Per Diem	21,662.50	5,850.00	3,250.00	27,000.00	12,000.00	-18,412.50
54520 · T.A.M. Expenses	434.20	1,006.46	0.00	4,000.00	1,000.00	-434.20
Total Peer Assisted Review	22,096.70	6,856.46	3,250.00	31,000.00	13,000.00	-18,846.70
Practice Reviews						0.00
54620 · T.A.M. Expenses	0.00	0.00	0.00	0.00		0.00
Total Practice Reviews	0.00	0.00	0.00	0.00		0.00
Total QUALITY ASSURANCE	39,034.20	26,381.46	17,437.50	57,375.00	33,800.00	-24,421.70

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL	ACTUAL	ACTUAL	Budget	PROPOSED	\$
	2022-2023	2023-2024	2024-2025	2025-2026	BUDGET	CHANGE
	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	
INVESTIGATIONS & RESOLUTIONS						
ICRC						
54700 · Per Diem	27,006.25	29,556.25	35,031.25	50,000.00	55,000.00	5,000.00
54710 · Prep Time	22,181.25	24,293.75	27,787.50	50,000.00	50,000.00	0.00
54720 · T.A.M. Expenses	0.00	0.00	0.00	0.00	0.00	0.00
54750 · Other Expenses	3,390.00	0.00	0.00	0.00	0.00	0.00
Total ICRC	52,577.50	53,850.00	62,818.75	100,000.00	105,000.00	5,000.00
ICRC Training						
54800 · Per Diem	162.50	0.00	406.25	5,000.00	2,000.00	-3,000.00
54820 · T.A.M. Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Total ICRC Training	162.50	0.00	406.25	5,000.00	2,000.00	-3,000.00
Inquiries & Investigations						
54900 · Experts	29,131.98	60,557.88	83,565.86	70,000.00	80,000.00	10,000.00
54910 · Investigators	33,314.62	38,817.81	119,895.70	125,000.00	85,000.00	-40,000.00
54950 · Other Expenses	71,360.66	21,790.80	38,885.36	50,000.00	25,000.00	-25,000.00
Total Inquiries & Investigations	133,807.26	121,166.49	242,346.92	245,000.00	190,000.00	-55,000.00
Total INVESTIGATIONS & RESOLUTIONS	186,547.26	175,016.49	305,571.92	350,000.00	297,000.00	-53,000.00

THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
HEARINGS						0.00
Prosecution/Hearing						0.00
55100 · Legal	654,310.58	587,379.39	727,277.86	600,000.00	650,000.00	50,000.00
Total Prosecution/Hearing	654,310.58	587,379.39	727,277.86	600,000.00	650,000.00	50,000.00
Pre-Hearing Conf.						0.00
55200 · Per Diem	1,706.25	1,075.00	2,575.00	10,000.00	5,000.00	-5,000.00
55220 · T.A.M. Expenses	0.00	0.00	0.00	0.00		0.00
Total Pre-Hearing Conf.	1,706.25	1,075.00	2,575.00	10,000.00	5,000.00	-5,000.00
Discipline Comm.						0.00
55300 · Per Diem	10,843.75	3,168.75	3,025.00	20,000.00	10,000.00	-10,000.00
55320 · T.A.M. Expenses	0.00	0.00	0.00	0.00		0.00
55350 · Other Expenses	17,255.21	0.00	0.00	1,000.00	1,000.00	0.00
Total Discipline Comm.	28,098.96	3,168.75	3,025.00	21,000.00	11,000.00	-10,000.00
Discipline Comm./Fit To Prac						
55400 · Hearing Facilities	14,306.73	4.50	13,888.55	20,000.00	35,000.00	15,000.00
55410 · Experts	2,796.75	19,518.75	0.00	5,000.00	5,000.00	0.00
55420 · Legal	71,335.71	27,038.11	25,622.80	50,000.00	70,000.00	20,000.00
Total Discipline Comm./Fit To Prac	88,439.19	46,561.36	39,511.35	75,000.00	110,000.00	35,000.00
Discipline Comm. Training						
55500 · Per Diem	1,950.00	2,868.75	5,925.00	5,000.00	5,000.00	0.00
55520 · T.A.M. Expenses	0.00	0.00	0.00	0.00		0.00
55550 · Other Expenses	5,800.00	4,500.00	8,600.00	2,500.00	5,000.00	2,500.00
Total Discipline Comm. Training	7,750.00	7,368.75	14,525.00	7,500.00	10,000.00	2,500.00
Total HEARINGS	780,304.98	645,553.25	786,914.21	713,500.00	786,000.00	72,500.00

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
LIAISON						0.00
Federation (HPRO)						0.00
53540 · Membership	8,475.00	9,652.10	12,091.04	11,300.00	15,000.00	3,700.00
Total Federation	8,475.00	9,652.10	12,091.04	11,300.00	15,000.00	3,700.00
ACPRO						0.00
56500 · Council Member P.D.	1,737.50	887.50	3,811.34	2,500.00	1,200.00	-1,300.00
56520 · Council Member T.A.M.	1,528.32	1,267.74	1,264.33	1,500.00	1,500.00	0.00
56530 · Membership	4,089.93	4,089.96	4,660.81	4,200.00	5,400.00	1,200.00
Total ACPRO	7,355.75	6,245.20	9,736.48	8,200.00	8,100.00	-100.00
ASPPB						0.00
56600 · Council Member P.D.	2,581.25	3,218.75	5,950.00	8,500.00	3,500.00	-5,000.00
56620 · Council Member T.A.M.	2,732.32	4,856.57	4,479.96	9,000.00	6,500.00	-2,500.00
56630 · Council Member Regist.	386.94	767.18	388.25	1,200.00	800.00	-400.00
56640 · Membership	3,687.98	3,880.85	3,976.05	3,625.00	4,200.00	575.00
Total ASPPB	9,388.49	12,723.35	14,794.26	22,325.00	15,000.00	-7,325.00
56700 · Liaison - Other	2,372.13	2,969.36	2,538.10	3,000.00	3,200.00	200.00
Total LIAISON	27,591.37	31,590.01	39,159.88	44,825.00	41,300.00	-3,525.00

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
ADMINISTRATION						0.00
Amortization						0.00
70000 · Computer Equip & Software	6,220.40	13,678.29	34,016.03	16,000.00	23,600.00	7,600.00
70010 · Furniture & Office Eqmt	26,060.56	27,598.49	28,082.07	30,000.00	30,000.00	0.00
70020 · Leaseholds	101,169.81	101,169.81	101,169.81	100,000.00	100,000.00	0.00
70030 · Website & Database Devt	0.00	0.00	0.00	0.00	-	0.00
Total Amortization	133,450.77	142,446.59	163,267.91	146,000.00	153,600.00	7,600.00
Insurance						0.00
70510 · Property	1,798.29	2,010.96	2,174.85	2,100.00	2,200.00	100.00
Total Insurance	1,798.29	2,010.96	2,174.85	2,100.00	2,200.00	100.00
Occupancy Costs						0.00
71000 · Net Rent	189,548.52	193,936.17	200,078.88	205,344.17	210,609.40	5,265.23
71010 · Additional Rent	187,362.22	191,497.54	196,056.28	192,306.79	197,571.23	5,264.44
Total Occupancy Costs	376,910.74	385,433.71	396,135.16	397,650.96	408,180.63	10,529.67
71050 Amortn of Deferred LH Inducement	-25,461.74	-25,461.73	-25,461.74	-25,461.74	25,461.74	-25,461.74
Office						
72000 · Bank Charges	77,612.79	119,379.99	182,897.74	100,000.00	120,000.00	20,000.00
72020 · Computer Software <1000	25,291.75	40,766.27	55,771.96	60,000.00	75,000.00	15,000.00
72040 · Courier/Postage/Mail/Email	12,730.09	21,607.82	12,891.39	19,000.00	11,000.00	-8,000.00
72060 · Equipment < \$1000	0.00	615.87	0.00	3,000.00	3,000.00	0.00
72080 · Equipment Leasing & Maintenance	6,684.52	6,806.20	6,684.52	8,000.00	7,000.00	-1,000.00
72140 · Printing	177.01	120.20	200.76	2,000.00	2,000.00	0.00
72160 · Publications For Office Use	2,339.19	4,869.03	6,687.84	4,000.00	4,000.00	0.00
72200 · Supplies & General	24,152.14	30,577.43	33,791.74	32,000.00	40,000.00	8,000.00
Total Office	148,987.49	224,742.81	298,925.95	228,000.00	262,000.00	34,000.00
Payroll						
73000 · Salaries And Wages & RSP	2,058,875.23	2,259,612.93	3,031,763.74	3,131,880.00	3,676,907.00	545,027.00
73100 · CPP Expense	80,605.46	93,684.10	125,200.67	100,000.00	125,000.00	25,000.00
73200 · Ei Expense	31,670.02	34,308.62	46,702.21	80,000.00	48,000.00	-32,000.00
73300 · Employee Benefits	120,315.94	120,182.87	157,253.65	274,117.00	180,000.00	-94,117.00
73500 · Staff Training And Development	4,649.99	5,565.59	15,628.65	40,000.00	40,000.00	0.00
73600 · Staff Travel/Registrn-Mtgs,Conf	7,990.02	15,529.12	16,935.56	24,000.00	25,000.00	1,000.00
Total Payroll	2,304,106.66	2,528,883.23	3,393,484.48	3,649,997.00	4,094,907.00	444,910.00

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
Professional Services						
74000 · Accounting	79,942.52	82,444.80	87,236.00	89,853.08	117,000.00	27,146.92
74010 · Audit	18,817.50	21,162.25	23,381.00	20,475.00	32,000.00	11,525.00
74020 · Legal - General	98,652.62	46,967.68	56,614.95	90,000.00	90,000.00	0.00
74025 · Legal - Indemnifications	0.00	13,103.93	5,037.11	6,000.00	5,000.00	-1,000.00
74030 · Communications Consultant	0.00	11,037.27	4,532.43	40,000.00	10,000.00	-30,000.00
74040 · Computer Consultant	46,104.00	44,923.15	78,883.04	52,000.00	98,500.00	46,500.00
74050 · L.T. Contractors	22,102.80	13,277.50	105,965.75	260,000.00	240,000.00	-20,000.00
74060 · S.T. Contractors & Temp.	0.00	2,116.71	0.00	20,000.00	4,000.00	-16,000.00
74070 · Recruiting	1,683.70	19,871.05	1,237.35	2,000.00	3,000.00	1,000.00
Total Professional Services	267,303.14	254,904.34	362,887.63	580,328.08	599,500.00	19,171.92
Telephone						
75000 · 1-800-Number	143.09	162.54	168.03	150.00	75.00	-75.00
75020 · Internet Service Provider	8,387.06	9,237.17	10,259.03	8,600.00	10,050.00	1,450.00
75030 · Long Distance	11.97	7.47	0.00	0.00	150.00	150.00
75040 · Services	8,998.06	8,310.56	9,429.46	9,000.00	11,400.00	2,400.00
Total Telephone	17,540.18	17,717.74	19,856.52	17,750.00	21,675.00	3,925.00
Website & Database						
76000 · Expenses	127,736.53	68,747.88	52,112.65	170,000.00	110,000.00	-60,000.00
Total Website & Database	127,736.53	68,747.88	52,112.65	170,000.00	110,000.00	-60,000.00
77000 Government Grant Expenses	124,738.16	300,145.13	28,460.70	0.00	-	
80000 · Other Expenses	2,090.50	0.00	106.00	90,000.00	30,000.00	-60,000.00
Total ADMINISTRATION	3,479,200.72	3,899,570.66	4,691,950.11	5,256,364.30	5,656,600.89	374,774.85

**THE COLLEGE OF PSYCHOLOGISTS AND BI
DRAFT BUDGET**

June 2026 - May 2027

	ACTUAL 2022-2023	ACTUAL 2023-2024	ACTUAL 2024-2025	Budget 2025-2026	PROPOSED BUDGET 2026-2027	\$ CHANGE
REVENUE	4,074,828.38	4,823,750.69	7,539,858.24	7,254,925.50	7,554,046.00	299,120.50
COST OF SALES	235,779.50	203,207.44	329,894.61	352,422.00	384,750.00	32,328.00
GROSS MARGIN	3,839,048.88	4,620,543.25	7,209,963.63	6,902,503.50	7,169,296.00	266,792.50
EXPENDITURES						
Governance	113,214.81	90,359.34	91,141.50	219,508.28	195,400.00	-24,108.28
Registration	56,839.40	71,840.69	85,991.15	115,000.00	105,600.00	-9,400.00
Client Relations, Communications & Education	36,020.50	50,835.88	20,283.25	47,000.00	35,600.00	-11,400.00
Quality Assurance	39,034.20	26,381.46	17,437.50	57,375.00	33,800.00	-23,575.00
Investigations and Resolutions	186,547.26	175,016.49	305,571.92	350,000.00	297,000.00	-53,000.00
Hearings	780,304.98	645,553.25	786,914.21	713,500.00	786,000.00	72,500.00
Liaison (Professional Organizations)	27,591.37	31,590.01	39,159.88	44,825.00	41,300.00	-3,525.00
Administration	3,479,200.72	3,899,570.66	4,691,950.11	5,256,364.30	5,656,600.89	400,236.59
Total Expenditures	4,718,753.24	4,991,147.78	6,038,449.52	6,803,572.58	7,151,300.89	347,728.31
EXCESS OF REVENUE OVER EXPENDITURES	-879,704.36	-370,604.53	1,171,514.11	98,930.92	17,995.11	-80,935.81

MARCH 2026 BOARD MEETING**KEY PERFORMANCE INDICATOR (KPI) UPDATE AND NEXT STEPS****STRATEGIC DIRECTION REFLECTION**

Continuous Quality Improvement Culture

MOTION FOR CONSIDERATION

That the Board approve the proposed Key Performance Indicators (KPIs) for the 2026–2027 fiscal year.

PUBLIC INTEREST RATIONALE

KPIs provide objective markers of the College’s functioning which fosters transparency and alignment in the Senior Staff and the Board. Tracking performance with selected metrics will enable a high performing College that better serves the public interest.

BACKGROUND

At the [September meeting](#), Council approved 4 KPIs to track and serve as an indicator of overall performance, in accordance with the requirements set out in the College Performance Measurement Framework (CPMF). The approved KPIs are as follows:

1. Registration applications meet the 30-working daytime limit (70% percentile)
2. Complete 50 Continuing Professional Development audits within the fiscal year
3. Reduce the number of complaint cases open over 210 days by 5%
4. The variance to budget at annual audit is 5% or less

CURRENT STATE

The following table identifies current KPI metrics at the end of Q2 and compares them with Q1 of this fiscal year and Q2 of last fiscal year.

Key Performance Indicators	End of Q2 for this fiscal (Nov 30, 2025)	End of Q1 for this fiscal (Aug 31, 2025)	End of Q2 for last fiscal (Nov 30, 2024)
1. Registration applications meeting the 30-working daytime limit (target: 70% percentile)	82%	85%	82%
2. Continuing Professional Development audits completed* (target: 50 within the fiscal year)	45	0	29
3. % of Complaint Cases Open >210 Days* (target: to decrease by 5% = 52%)	+5% (62%)	+1% (58%)	on target (52%)
4. Budget variance (target: <5% at annual audit)	-3%	-3%	-5%

*Was 57% at beginning of fiscal year.

ANALYSIS OF CURRENT METRICS

1. Registration applications meet the 30-working daytime limit (70% percentile)

Registration Applications refers to all first-time applications for registration in either psychology or applied behavioural analysis, excluding applied behavioural analysis transitional period routes 1 and 2. The 30-working daytime limit is from the day an application is deemed complete to a statement of eligibility is issued. Over 80% of applications were processed within 30 days for Q1 and Q2 of this fiscal year, exceeding the target of 70%. The total number of applications processed was 118 in Q1 and 132 in Q2.

2. Complete 50 Continuing Professional Development audits within the fiscal year

CPD audits are ongoing and currently on track to meet the target number of audits initiated and completed within the fiscal year. CPD audits are initiated at the end of the first quarter following the period where *Declarations of Completion* are due, as each QA cycle runs from July 1 – June 30.

3. The number of complaint cases open over 210 days is reduced by 5%

Complaint cases make up only a subset of all investigation cases. There are several reasons for the increase in the proportion of complaint cases open over 210 days. At the end of the 2023/2024 fiscal year, there were 479 investigation cases open, whereas at the end of the 2024/2025 fiscal year, there were 587 cases open. This shows that the caseload has increased by > 100 cases, which amounts to an 18% increase in case volume. Additionally, in the 2023/2024 fiscal year, the College received 117 new complaint matters, whereas in 2024/2025 fiscal year it received 181 new complaint matters.

4. The budget variance at annual audit is 5% or less

The budget variance is currently on track to be less than 5% at the time of annual audit. A positive variance equals an overspend, whereas a negative variance is an underspend. The variance for both Q1 and Q2 of 2025/2026 were negative variances (underspends). While all areas came in under budget, the largest underspends as of Nov 30, 2025 were in the areas of Governance (-58K), Hearings (-\$108K) and Administration (-80K).

PROPOSED KPIS FOR UPCOMING FISCAL YEAR

1. Registration applications meet the 30-working daytime limit (70% percentile)

This is a metric monitored by government stakeholders and continues to be a key priority for the province as an indicator of fair registration practices. In the coming fiscal year, it is anticipated that there will be many changes to the registration process that will require significant staff and IT development resources. It is prudent to maintain the current KPI as the College works through these anticipated changes.

2. Complete 70 QA audits within the fiscal year

QA audits are an important mechanism for the Quality Assurance Committee (QAC) to monitor compliance with registrants' self-assessment and CPD requirements. The QA program has almost reached its CPD audit target by January for this fiscal year. In the spirit of continuous improvement, a stretch goal of 70 QA audits is proposed. Furthermore, audits will not include a review of both the registrants' self-assessment and CPD activities in accordance with updates to QA policy.

3. Reduce the amount of complaint cases open over 210 days to 60%

This metric continues to be a priority for the College. Rather than proposing a reduction amount for the KPI (e.g. reduce by 5%), a fixed value has been proposed for added clarity and a consistent target. As of January 2026, 64% of complaint cases have been open for greater than 210 days. Reducing the total number of investigation cases will be necessary to achieve this target.

4. The budget variance at annual audit is between -5% and 0

Maintaining a balanced budget is a core requirement that enables the College to function. Of course, underspend (rather than overspend) is the preferred reason for a variance between what was budgeted when compared to actuals. Spending unnecessary funds simply to meet a KPI would be irresponsible, therefore it is proposed that the KPI include this added specificity of a range between -5 and 0.

RISK

3/4 KPIs are on track to meet the required targets, except for #3 due to the high volume of investigation cases and an increase in complaints. As this is the first KPI report, metrics will continue to be monitored to inform improvement efforts in each respective program area.

NEXT STEPS

The KPI metrics will continue to be reported to the Executive Committee and to the Board on a quarterly basis in accordance with the fiscal year.

The Board is being asked to confirm the proposed KPIs for the upcoming fiscal year (2026/2027) to allow for further data collection and improvement opportunities.

CONTACT FOR QUESTIONS

Jennifer Kitchen
Director, Professional Affairs



Annual Report of the Office of the Fairness Commissioner 2024–2025

Building on the Momentum



FAIRNESS COMMISSIONER

COMMISSAIRE À **L'ÉQUITÉ**

**OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ**

An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

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Commissioner's Message

I was initially appointed as Fairness Commissioner in January 2020 and have been privileged to occupy this position for just over five years. In my first annual report, I shared some information on my personal background and motivations for seeking this role, which you are welcome to review in our [2020-2021 Annual Report](#).

This annual report covers the period from April 1, 2024, to March 31, 2025. During this time frame, the Office of the Fairness Commissioner (OFC) embarked upon, or continued, numerous important initiatives designed to achieve better outcomes for applicants to the regulated professions, regulated health colleges and skilled trades.

In many ways, this was a year of momentum building and, hence, the title of this annual report. A growing list of regulators have taken significant steps to modernize and, in some cases, transform their assessment and registration processes. We will provide some inspirational examples later in this report.

Second, the provincial government has continued to methodically revamp the *Fair Access to Regulated Professions and Compulsory Trades Act 2006*, to adjust provisions that were no longer effective, set more stringent compliance obligations and to identify, and surgically address, historical barriers to registration.

As part of this exercise, the government has conferred additional responsibilities on the Fairness Commissioner to review, approve and, if necessary, adjust, a regulated profession's new alternative documentation policy and parallel processing plan. These provisions are noteworthy as they cast the Fairness Commissioner, as opposed to the regulator, as the final arbiter for the contents of these important practices.

Third, there is a growing recognition that fair registration practices and labour market imperatives are closely linked. The convergence of these goals has sparked proactive initiatives to increase the throughput of internationally trained applicants to the professions and skilled trades and to challenge adherence to outdated and risk adverse ways of thinking. In this report, we will highlight initiatives taken by 10 professions that provide a snapshot of the work underway in the sector.

Within this dynamic backdrop, the last 12 months have been a busy time for our office. We were involved in two separate tranches of legislative and regulatory reform. We participated in external consultations with staff from the Ministry of Labour, Immigration, Training and Skills Development (MLITSD or the ministry), provided information, advice and guidance materials to regulators on how to meet the new legal obligations, and actively monitored compliance with these requirements. We elaborate on our collective activities later in the report.

In addition, we entered the off-cycle year of our risk-informed compliance framework (RICF), where our office has worked with seven higher risk regulators on their compliance action plans. Through the adoption of this successful scheme, these regulators have worked to address historical registration barriers, some with impressive results. We document the successes achieved later in this report.

We also worked to enhance the operation of our new data portal, which enables regulators to provide their annual Fair Registration Practices (FRP) reports to us in a streamlined, electronic format. During the year, we leveraged our companion business intelligence tool

to obtain new insights on the evolution of the registration system in Ontario, some of which we present later in this report.

In addition, we produced six editions of our popular *OFC Newsletter* publication and began to disseminate trend-related infographics derived from our 2023 FRP reports. I personally made presentations at ten regulator-organized events.

We also consult regularly with officials at MLITSD, the Ministry of Health and other oversight ministries on matters of common interest. This work became increasingly important during the last quarter of our reporting period, when the impact of U.S. tariffs began to affect the Ontario landscape. I particularly wish to thank Assistant Deputy Ministers Gloria Lee and Dr. Karima Velji, and their officials, for consulting with us on upcoming initiatives and sharing information in a timely fashion.

During the year, my staff and I also met with numerous stakeholders representing internationally trained applicants, the immigration and settlement communities and institutions that offer educational and assessment services to candidates.

The list includes World Education Services, Touchstone Institute and the National Nursing Assessment Service. We benefited greatly from the insights that we obtained during these discussions. We also met with officials from Employment and Social Development Canada to discuss various issues related to foreign credential recognition. We also maintain close links with fairness leads in eight other Canadian jurisdictions.

Despite these many positive developments, there is more work that needs to be done to improve fair registration practices. As a rule, it still takes far too long for applicants to move through the required assessment and registration processes. While some regulators have made material progress, others have not.

In addition, in some professions, internationally trained applicants continue to encounter substantial barriers to registration, which discount the province's immigration and labour market goals by inhibiting the ability of these individuals to fully apply their skills.

Through the vehicle of our risk-informed compliance framework, our educational efforts, our role as strategic advisors and our ability to influence decision-makers, we are committed to build on the successes that we have achieved to enable skilled candidates to contribute meaningfully to Ontario society and to achieve their dreams.

Before concluding, I wish to thank the many individuals involved in the immigration, settlement, licensure, regulatory and governmental sectors for their continuing work to provide information and guidance to applicants and to improve the transparency and fairness of registration processes.

I also wish to commend the work of OFC staff during this very dynamic period. Although we are a modestly sized agency, we have delivered in a huge way over the last year.

The remainder of this report builds upon the themes that I have identified above. I commend the contents to you.

Sincerely,

Irwin Glasberg
Fairness Commissioner for the Province of Ontario

Mission, Mandate, Principles and Regulator Compliance Obligations

i. Introduction

The OFC is a Government of Ontario agency which performs an important oversight role across the province's regulated professions, regulated health colleges and Skilled Trades Ontario (which we collectively refer to as regulators). Its mandate is to help ensure that the registration practices of these organizations are transparent, objective, impartial and fair.

The OFC is led by the Fairness Commissioner (the Commissioner), whose overall authority is set out in section 13(3) of the [Fair Access to Regulated Professions and Compulsory Trades Act, 2006](#) (FARPACTA) and in Schedule 2 of the [Regulated Health Professions Act, 1991](#) (the RHPA). The former statute governs the registration practices adopted by the 15 non-health regulated professions, including Skilled Trades Ontario, while the latter prescribes the practices of the 26 self-regulated health colleges. This year, the government included the Health and Supportive Care Providers Oversight Authority (HSCPOA) under the OFC's FARPACTA mandate.

The work of the OFC is focused on providing better outcomes for applicants who wish to practice in their chosen trade or profession, whether they have been trained domestically or internationally. Our goal is to help ensure, to the extent possible, that qualified professionals can contribute to Ontario society to the full extent of their skills, training and aptitudes.



Under Ontario's legislative framework for self-regulation, a designated regulated profession or regulated health college assumes responsibility for assessing the qualifications of applicants, licencing them and for governing the professional conduct of its members so that the public interest is served. Applicants must meet the stipulated standards to receive a license to legally work in the occupation and / or to use a professional title.

ii. The Four Foundational Principles and General Duty

There are four foundational registration principles set out in section 6 (1) of FARPACTA and section 22 (2) of Schedule 2 of the RHPA, which are collectively described as a general duty. These four principles are summarized below:

Transparency

To be transparent means that a regulator's instructions and guidelines for its registration processes are clear, accurate and straightforward. Transparency also demands the availability of information that can be easily understood with clear milestones to allow applicants to monitor their progress in completing the registration process.

Objectivity

To be objective means that a regulator's tools, assessment criteria, procedures and training processes are designed to enhance the consistency of decision-making across applicants. Such results should be achieved regardless of the individual rendering the decision, the factual context, and / or whether the decision is made by a regulator or a third-party service provider.

Impartiality

To be impartial means that a regulator must make its decisions through a process that is free of bias that, if present, could produce subjective or tainted assessments or decisions. Sources of bias could include actual or perceived conflicts of interest, preconceived notions, or a lack of cultural competency. Each regulator is responsible for identifying sources of bias and for taking appropriate steps to address such bias and ensure impartiality, which would normally include enhanced training and the adoption of standard procedures to follow where an issue of bias is suspected.

Fairness

Fairness must sit at the heart of the registration process for applicants who wish to join a profession, health college, or compulsory trade. Fairness comprises several dimensions. It is often contextual in nature. It can also overlap with the first three principles discussed.

At its core, fairness means that a regulator needs to identify the steps necessary, and the documentation required, for a candidate to complete the registration process. The assessment must be rational and above-board, and not place unnecessary and ill-conceived obstacles in the way of success. Everyone should have the same prospects irrespective of their country of training or background.

The process needs to be expedient, and there must be a chance for an arm's-length review if the individual disagrees with a decision. Processes should be applied consistently, with clear standards, and client-service principles.

In addition, under section 6 (2) of FARPACA, a regulated profession has a duty to work in consultation with its responsible minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated professionals. A similar provision is found in section 2.1 of Schedule 2 of the RHPA.

iii. Specific Duties

The elements of the general duty identified above also provide a philosophical underpinning and interpretative framework for applying the more specific duties outlined in the legislation. These more targeted provisions deal with such requirements as:

- 1) Establishing maximum time periods within which a regulator must complete defined aspects of the registration process.
- 2) Ensuring that assessment decisions made by the regulator, or a third-party service provider, are transparent, objective, impartial and fair.
- 3) Enabling applicants to obtain access to records relevant to their files.
- 4) Prohibiting Canadian experience requirements unless certain specified pre-conditions are met.
- 5) Reducing the number of language proficiency tests that applicants must take during the immigration and professional licencing process.
- 6) Addressing barriers to registration in emergency situations.

In some cases, these requirements are expressed differently in FARPACTA and Schedule 2 of the RHPA.

In 2024, the government enacted a further set of specific legal obligations under FARPACTA, which we will summarize later in this report.

iv. Functions of the Fairness Commissioner

The mandate of the OFC is set out in sections 13 (3) of FARPACTA and 22.5 (1) of Schedule 2 of the RHPA. While the wording of the two statutes differs in certain respects, the Fairness Commissioner's core functions are broadly similar in nature. They are to:

- a) assess the registration practices of regulated professions based on their obligations under the legislation.
- b) specify audit standards, the scope of audits and the times when registration practices shall be reviewed.
- c) monitor third parties relied on by regulated professions to assess the qualifications of individuals applying for registration by a regulated profession to help ensure that their assessments are based on the obligations of regulated professions under this Act and the regulations.
- d) provide information and advice to regulated professions and to professions that may be named as regulated professions to assist them in understanding how to comply with the requirements of the legislation.

- e) advise regulated professions, government agencies, community agencies, colleges, and universities, third parties and others as the Minister may direct with respect to matters under the legislation.
- f) advise ministries with respect to matters under the legislation that affect a ministry or a regulated profession that falls under the jurisdiction of the ministry.
- g) advise the Minister on matters related to the administration of this Act.
- h) report to the Minister on registration practices related to internationally trained individuals and their registration by regulated professions and to other ministers in respect of those same issues as they relate to regulated professions that fall under the jurisdiction of their respective ministries; and
- i) perform such other functions as may be assigned by the Lieutenant Governor in Council.

The OFC oversees the licensing practices of 41 regulatory bodies. These organizations cover virtually every component of the provincial services sector and economy. Our office also performs a variety of other roles consistent with its statutory mandate. These include disseminating best practices through education and outreach and advising regulators and other stakeholders on how to comply with the legislation.

The OFC also works collaboratively with its MLITSD counterparts to help ensure that Ontario's immigration, labour-market, and domestic labour mobility goals for the employment of professionals and skilled tradespersons are met.

While the legislation prohibits the Fairness Commissioner from becoming involved in individual registration decisions, internal reviews or appeals, the office may choose to pursue individually reported fair registration issues that are repetitive in nature or that display a systemic dimension. We continue to remain active in this sphere.

In fulfilling this mandate, the OFC seeks to identify artificial or systemic barriers that can impede the ability of qualified applicants to work in their chosen profession or skilled trade. These barriers are especially problematic for internationally trained applicants whose competencies will be discounted unless regulators incorporate fair and progressive practices into their registration schemes.

Since the OFC was established in 2007, the office's methods of operation have evolved and now focus on applying a risk-informed compliance framework, disseminating best practices, influencing legislative and regulatory change, and consulting with regulators on proposed adjustments to their fair registration practices.

During this continuing journey, our office has taken important steps to become a modern and responsive regulator, and to adopt evidence-based policy initiatives. In addition, as proof of our increasing relevance, the government has provided the Fairness Commissioner with an expanded set of legislative authorities.

The OFC's authority over the health regulatory colleges is nuanced. Whereas the Ministry of Health (MOH) oversees issues relating to the governance and administration of the 26 health regulatory colleges, the OFC assesses their registration practices. Thus, two separate oversight bodies are involved with the same organizations.

While FARPACTA and Schedule 2 of the RHPA are broadly similar in nature, there are substantive differences in wording and one statute may contain obligations not found in the other. Historically, the similarities have outweighed the differences. Recently, this lack of symmetry has become more pronounced through changes made to both statutes. As a result, there are differences between the two legislative schemes; the OFC will continue to monitor implications for applicants and regulators.

v. Statistics Derived from Fair Registration Practices Reports (FRPs)

The provisions of both FARPACTA and the RHPA require that each regulator submit an FRP report at such times as the Fairness Commissioner may specify. These reports, which are typically requested on an annual basis, provide key statistics on applicant and membership trends across professions and skilled trades, along with the steps that regulators have taken to improve their registration practices.

During the period covered by our annual report, the OFC received FRP reports from all 41 regulators for the 2024 calendar year. These included first reports from the Health and Supportive Care Providers Oversight Authority (HSCPOA), which was able to register 415 personal support workers from December 1, 2024, to March 31, 2025.

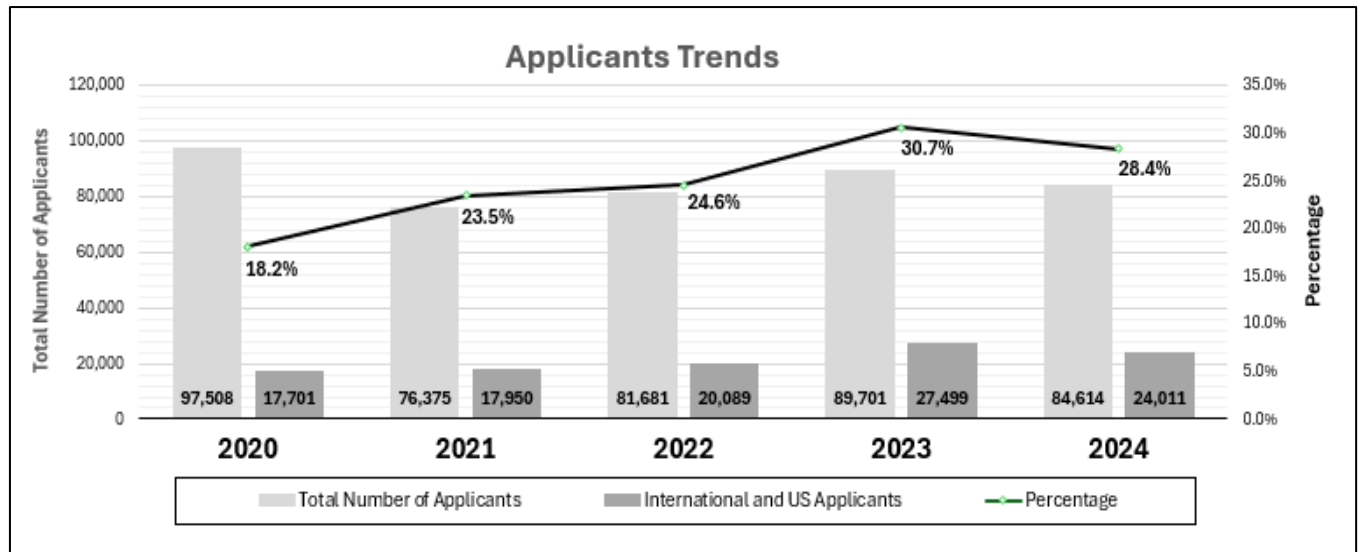
Following the successful launch of OFC's Data Portal in 2024, and through leveraging our PowerBI business intelligence tool, we have enhanced our ability to analyze trends in the sector. What follows is a compilation of some key statistics.

Applicant Trends

In 2024, 84,614 individuals applied for registration with one of the 41 FARPACTA or RHPA regulators. Of this figure, 61.6% were trained in Canada and 28.4% outside the country.

Data derived from the past five years show an upward trend in both the number and percentage of applicants for registration who are internationally educated, from 17,700 (or 18.2%) in 2020, to 24,000 (or 28.4%) in 2024. This increase likely reflects several contributing factors, including post-pandemic recovery, immigration trends, and provincial government initiatives that have promoted targeted immigration and foreign qualification recognition.

A closer examination of the data shows, however, a modest decrease in both the total number of applicants, and the internationally trained component, for 2024. The OFC believes that this anomaly is attributable to a range of factors, including (1) new federal government limits on the number of international students who are admitted into the country and (2) changes to registration practices that some regulators have adopted to respond to new FARPACTA time limit standards.



For example, Professional Engineers Ontario (PEO) has “frontloaded” elements of its registration process starting in May 2023 to require that applicants complete their academic credential assessments, confirmatory examinations, and a competency-based assessment of work experience prior to applying for PEO registration.

This change in practice produced a substantial drop in total PEO applications, from 8,530 in 2023, to 1,442 in 2024. These statistics do not reflect a reduced interest in the profession, but a process change that has impacted the definition of “applicant.” The numbers are expected to return to steady state as this cohort moves through the system.

Of note, internationally trained individuals (ITIs) have strong and stable representation among PEO applicants, at 38% in 2023, and 39% in 2024.

The impact of external influences such as these cast some doubt on the utility of the annual volume of applicants as a reliable measure of the effectiveness of the province’s registration system. Given these external influences, the OFC relies on multiple metrics -- not only annual applicant volume -- to assess registration outcomes.

During this period, the representation of ITIs among applicants varied considerably across professions. In 2024, the five professions with the largest numbers of total domestic and international applicants were nursing, teaching, medicine, early childhood education, and human resources. Among these professions, the ITI cohort ranged from 4.2% of total applicants for the College of Early Childhood Educators (CECE), to 45.9% of applicants for the College of Physicians and Surgeons of Ontario (CPSO). Please see the table below for further details.

As a point of discussion, we would point out that ITI representation is not synonymous with racial identity or immigrant representation.

However, since early childhood educators are not recognized as a discrete profession in most jurisdictions, these individuals are less likely to be registered based on their international credentials, and more likely to complete the two-year education requirement post-arrival in Canada.

2024 Application Data for Five Largest Professions

Profession	Total Number of Applicants	Internationally Trained Individuals	
		Total Number	% of Total
Nurses	18,307	7,728	42.20%
Teachers	9,913	3,166	31.90%
Physicians	7,342	3,372	45.90%
Early Childhood Educators	6,778	283	4.20%
Human Resources Professionals	3,508	833	23.80%

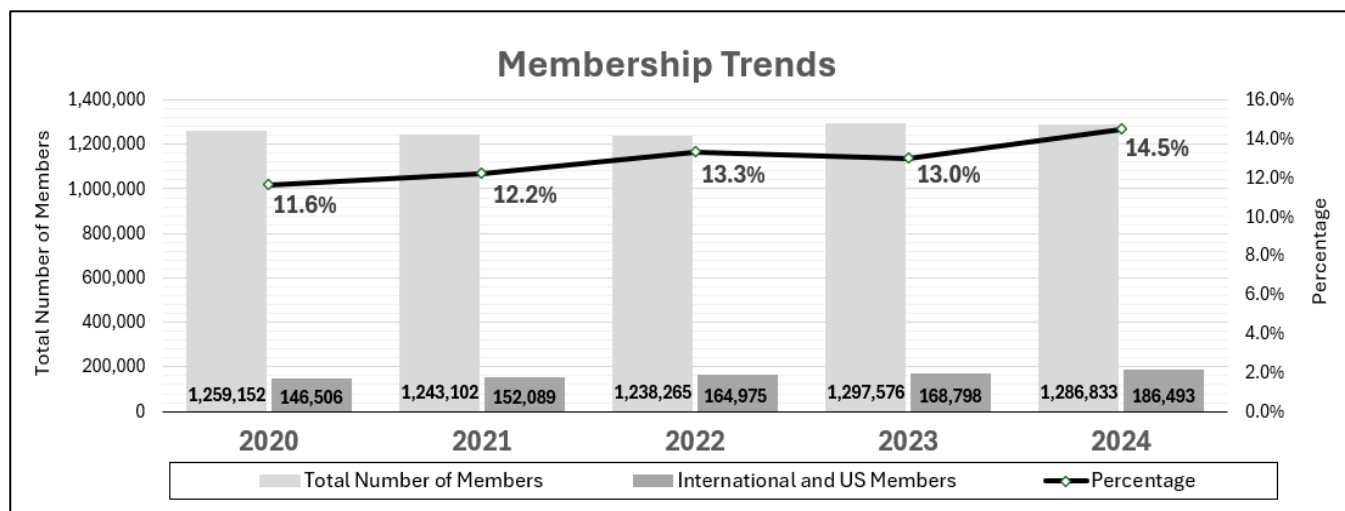
For the purpose of this table, internationally trained individuals (ITIs) are those individuals who have obtained their professional education or trades experience outside of Canada. The term covers both immigrants and Canadians who studied abroad.

Membership trends

In 2024, total membership in the professions and skilled trades stood at almost 1.3 million. Of this figure, 186,493 individuals (or 14.5%) were trained outside Canada, up from 146,506 (or 11.6%) in 2020.

This steady increase demonstrates a gradual diversification of the total pool of regulated professionals, a group historically characterized by predominant representation of Ontario-trained individuals.

The fluctuations in membership over the five-year period shown below reflect both the inflow of new graduates and arrivals to Ontario, and the outflow of those who retire or change professions.



For professions characterized by labour market shortages, monitoring both inflow and outflow of individuals is critical. For example, the nursing profession has drawn particular attention to retention challenges, while Skilled Trades Ontario is contending with an aging workforce, where retirements and attrition outnumber the admission of new certificate holders.

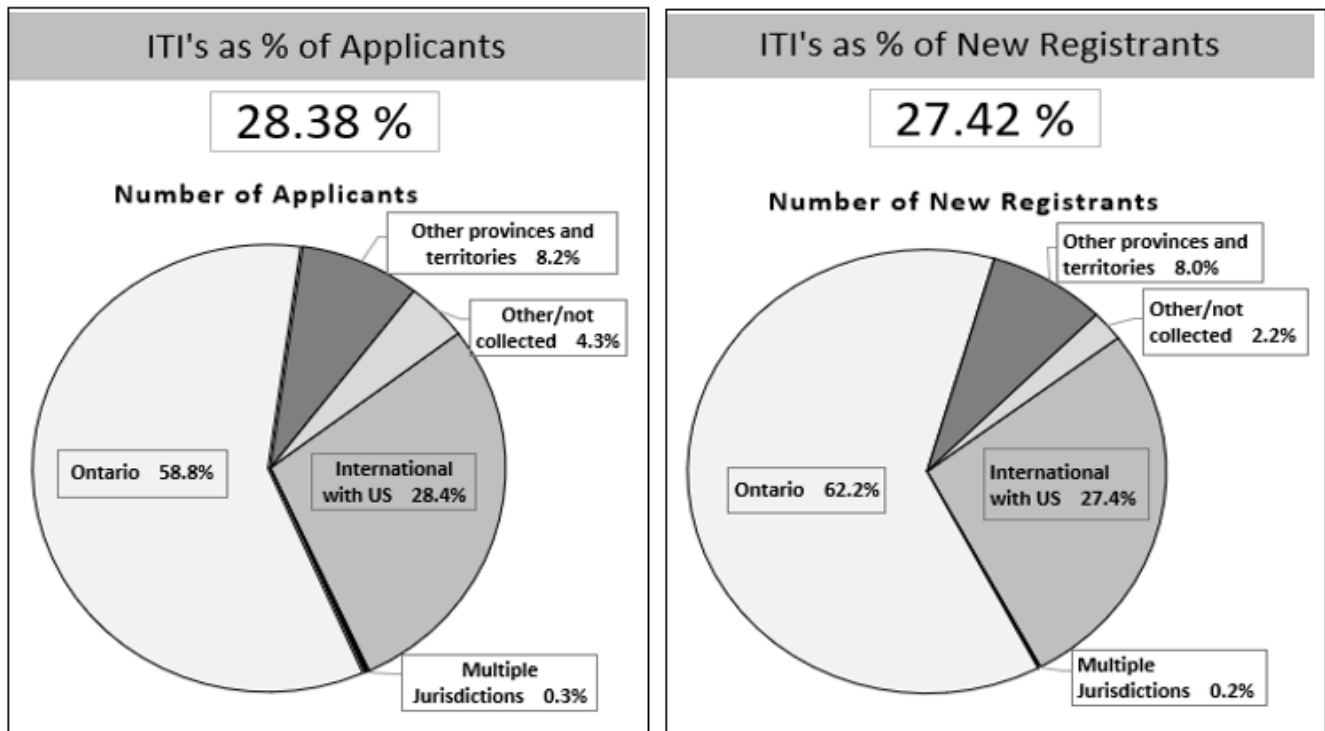
ITI representation among those who are successfully licensed

One objective of a well-functioning registration system is to help ensure that all qualified professionals can contribute their skills to Ontario, irrespective of their place of training. Thus, it is critical for a substantial percentage of ITIs to be successful in the licensure process.

FRP data sheds some insights on the registration outcomes for this cohort of applicants. By comparing the proportion of applicants, and new registrants, who are internationally trained, we can examine whether there exist barriers to licensure and where they are situated.

In the aggregate, the data indicate that there is relative parity between ITI representation among applicants to professions (28.38%) and new registrants (27.4%).

2024: Comparison of ITI Representation among Applicants and New Registrants



The picture shifts somewhat when we examine the breakdown between health and non-health professions. In the aggregate, ITIs are slightly *over-represented* among new registrants for the health professions, and slightly *under-represented* among new registrants for non-health professions and skilled trades.

On the health side, this outcome could reflect the efforts over the last two years of regulatory health colleges such as the College of Nurses of Ontario (CNO) and the College of Physicians and Surgeons of Ontario (CPSO) to expedite registration of internationally educated professionals. These actions were taken in response to the Minister of Health's direction to speed registration processes in the post Covid-19 environment.

2024 Comparison of ITI Representation for RHPA and FARPACTA Professions

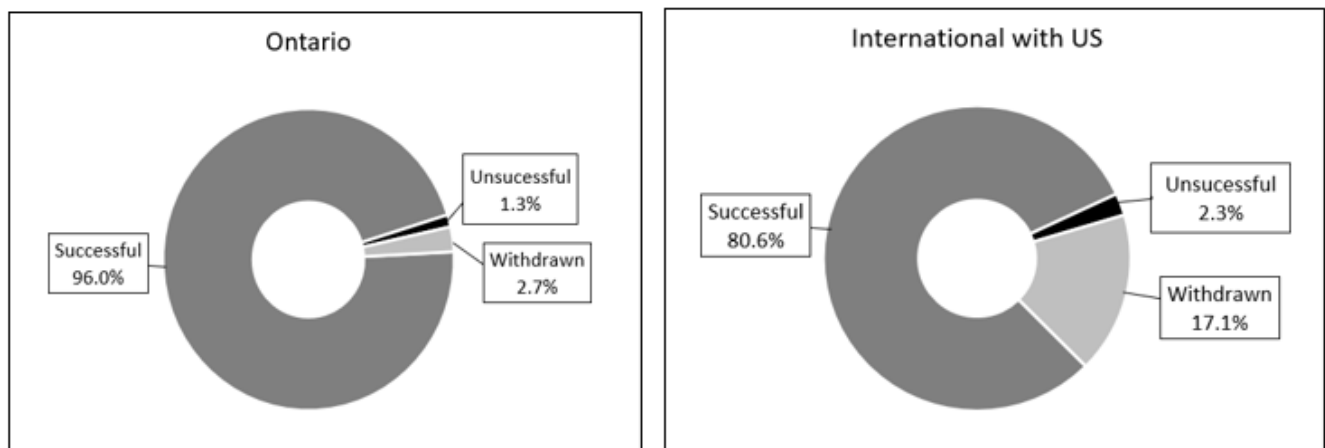
	Applicants		New Registrants	
	Total	% ITIs	Total	% ITIs
Regulated health colleges (RHPA)	40,897	37%	39,898	39%
Regulated professions (FARPACTA)	43,717	20%	41,718	16%

Note: Applicants who apply in one calendar year may be registered in the following calendar year. Numbers should not be used to estimate licensure rates.

Successful registration decisions: Ontario trained vs ITI applicants

Another way to look at the registration outcomes for internationally trained individuals is to compare the percentage of registration decisions that produce full or alternative registration for Ontario trained and ITIs.

2024 Comparison: Successful Registration Decisions by Place of Training



As shown by the figures above, internationally educated applicants are substantially less likely to receive a successful registration decision, at 80.6%, compared to their Ontario trained counterparts, at 96%.

While the number of unsuccessful decisions is negligible, a full 17.1% of ITI applicants (almost one in five) withdraw from the registration process obliging the regulator to close their files. The comparable withdrawal rate for Ontario applicants is only 2.7%. These withdrawals often occur because ITIs may lack the time and resources necessary to

engage in lengthy assessment and registration processes.

This finding aligns with other FRP data indicating that ITI applications remain in the system longer than those of domestic candidates and are much more likely to be still awaiting a registration decision at the end of the reporting year.

These data point to a situation where the province is losing a large cohort of skilled international applicants (about 4,500 in 2024) due to a combination of personal circumstances and what they experience as an arduous assessment and registration process.

Registration Timelines

Because of jurisdictional issues, the OFC only collects data on compliance with registration time frames from FARPACTA regulators. The Ministry of Health is responsible for obtaining similar information from the regulated health colleges.

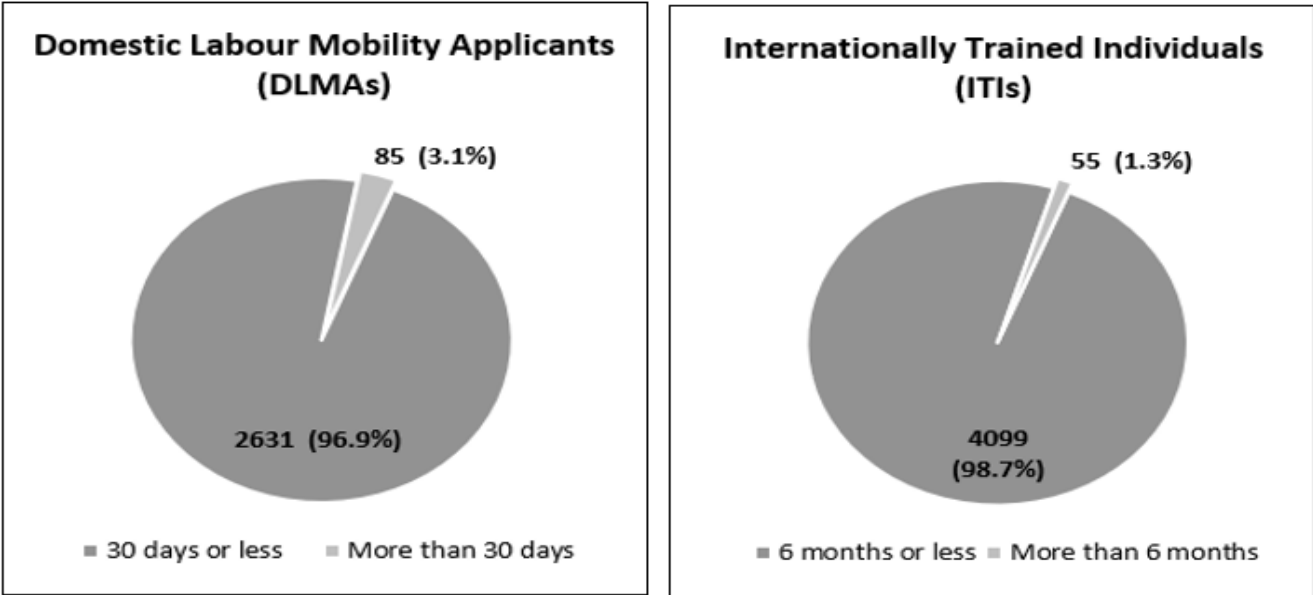
Recently, the Ontario government enacted more stringent time standards under FARPACTA pertaining to the registration of domestic labour mobility applicants (DLMAs) and ITI applicants.

For DLMAs, regulated professions must report on their ability to communicate a registration within 30 days of receiving “everything needed” in respect of the application.

The statistics presented below indicate that regulators achieved this standard in 96.9% of all cases. For ITIs, the comparable standard is six months for 90% of the applications received. The statistics reveal that this target was met in 98.7% of all applications.

Through legislative reform efforts noted earlier in this report, the government has tightened the ITI standard to three months, to take effect on July 1, 2025.

2024: Compliance with DMLA and ITI Registration Time Limits



These data, while important, only measure the time required for a regulated profession to register DMLA and ITI applicants, following receipt of everything required to make a registration decision. In most cases, applicants spend considerably more time in the assessment stage of the process, where educational equivalency evaluations are undertaken, educational credentials are authenticated, and licensing examinations are completed, as required inputs to the registration decision.

The government has recognized the layered nature of the assessment and registration system by requiring in section 6 (1)(b) of Ontario Regulation 261/22 made under FARPACTA that regulated professions report on their ability to register ITIs, who are eligible for registration without conditions, within one year of the date that the regulated profession, or third party, receives everything it requires in respect of the individual's application for registration or assessment purposes, respectively.

While the OFC has received some initial data on compliance with this provision, we plan to expand our data collection and analysis, and will report on the results in the next fiscal period.

As illustrated by the foregoing discussion, measurement of fair registration outcomes is complex. In that respect, OFC data represents a unique resource for government and academic researchers to explore such topics as foreign credential recognition and labour mobility.

In 2024, we signed a data sharing agreement with a university researcher for this purpose. In the future, the OFC hopes to collaborate with other researchers to further explore how to better utilize, and enhance, the available data sets.

The OFC's Accomplishments

i. Removing Registration Barriers: Risk-informed Compliance

The OFC has now completed two iterations of its risk-informed compliance framework (RICF). This is the main modality through which our agency assesses risks that may impact a regulator's ability to achieve fair registration practices and to comply with its legal obligations.

By taking a risk-informed approach, the OFC can more effectively deploy its limited resources to support regulators with the most complex challenges regarding compliance with fair registration practices legislation. During the two risk cycles, the RICEF has proven to be a highly useful vehicle to prioritize our compliance work and to promote informed discussions on innovation and risk mitigation.

Under the RICEF, the OFC assesses each regulator based on five articulated risk factors. For the current risk cycle, these considerations are:

- Organizational capacity.
- The overall control that a regulator exerts over its assessment and registration processes, and its relations with third parties (TPs).

- Impact of major changes to registration practices and relations with TPs.
- Ability of the regulator to comply with newly introduced legislative and / or regulatory obligations.
- Public policy considerations that address labour market shortages and the regulator's ability to promote inclusion and address anti-racism concerns in its registration processes.

The OFC then assigns each regulator one of the following risk ratings:

1. Low.
2. Moderately low.
3. Moderate to high.

In March 2024, we completed our second risk assessment cycle for each regulator and communicated the relevant risk ratings to them at that time. The results are summarized below.

Percentage Distribution of Risk Ratings for the 2024-2026 Risk Assessment Cycle

Risk Rating	Number of Regulators in this Category	Percentage of Regulators in this Category
Low	32	82%
Moderately Low	4	10%
Moderate to High	3	8%
Totals	39	100%

* The OFC did not assign risk ratings to either Skilled Trades Ontario or the Health Supportive Care Providers Oversight Authority since these organizations were either transitioning to organizational maturity or newly established.

Where the OFC identifies a regulator with an elevated risk, it requires that the organization work with our agency to develop, implement, and monitor an action plan to address the specified items. These action plans are designed to produce concrete changes that improve registration practices and, hence, to reduce the regulator's risk profile.

The three most prevalent risk factors that the OFC identified across all regulators during this cycle involve addressing labour market shortages, the control that regulators exercise over TPs, and the impacts of major changes to registration processes.

To address these risks, the OFC proposed two to three action priorities per regulator, to yield a total of 17 action items. The OFC then worked with regulators to develop action plans to address these priorities and to monitor progress.

To date, at the half-way point of the two-year action plan cycle, 5 of the 17 action items are complete (or substantially complete), eight are in progress, and four are at the initiation stage. The table below highlights the progress that the seven elevated risk regulators have made in addressing their action plan items.

Summary of Regulator Progress on RICF Action Plans

Regulator / Risk Rating	Summary of Action Items	Progress / Accomplishments
Professional Engineers Ontario (PEO) – <i>moderate to high risk</i>	<ul style="list-style-type: none"> • Reduce inventory of legacy applications. • Evaluate the experience of internationally educated engineers with the new competency-based assessment (CBA) process and enhance related supports. 	<ul style="list-style-type: none"> • PEO substantially reduced its inventory from 35,000 files in July 2023 to approximately 16,000 in March 2025. • The regulator provided a webinar to help applicants complete the CBA process, and also edited their CBA guidelines to conform to the ISO plain language standard, to facilitate the application process for those international applicants who have English as a second language. This has contributed to relative parity between domestic and internationally trained applicants with respect to successful CBA submissions (98.1% vs 98.6%, respectively, of all CBA decisions).
College of Psychologists and Behaviour Analysts of Ontario (CPBAO) – <i>moderate to high risk</i>	<ul style="list-style-type: none"> • Consider opportunities to develop more flexible approaches to assess and register internationally trained psychologists. • Systematically review the contents of Health Professions Appeal and Review Board (HPARB) decisions and the college's responses to them. 	<ul style="list-style-type: none"> • The College's Council approved removing caps on examination attempts and passed a proposal to introduce approved programs to facilitate future recognition of non-accredited programs, including bridge training. These approval builds momentum for more positive change. • The College's Registration Committee regularly reviews HPARB decisions. In 2024, only three registration related appeals were brought to HPARB.

Regulator / Risk Rating	Summary of Action Items	Progress / Accomplishments
Ontario Association of Architects (OAA) – <i>moderate to high risk</i>	<ul style="list-style-type: none"> • Post information on all pathways to licensure for internationally experienced architects and ensure that alternatives to Canadian experience meet regulatory requirements. • Implement a thoughtful implementation plan to reinstate the licenses of architectural technologists. 	<ul style="list-style-type: none"> • Posting of information completed. A related action priority pertaining to ensuring compliance with regulatory requirements for alternatives to Canadian experience remains in progress. • OAA amended its registration regulation effective January 1, 2025, allowing for the limited license class of Licensed Technologists.
Royal College of Dental Surgeons of Ontario (RCDSO) – <i>moderately low risk</i>	<ul style="list-style-type: none"> • Continue to work with the National Dental Examining Board (NDEB), fellow dental regulators and other stakeholders to further improve the fairness, timeliness, and accessibility of the assessment process for internationally trained dentists. 	<ul style="list-style-type: none"> • The RCDSO has worked with the NDEB through engagement with the Internationally Trained Dentists Association of Canada to understand applicant concerns and initiate a review of all exam blueprints for the equivalency process. Plans are underway to merge two exams. • The College also engaged with the NDEB to achieve a substantial increase of exam availability and seats for internationally trained dentists. • It also worked with the Association of Canadian Faculties of Dentistry to develop an alternative training pathway for internationally trained dentists, to launch in September 2025.

Regulator / Risk Rating	Summary of Action Items	Progress / Accomplishments
College of Nurses of Ontario (CNO) – <i>moderately low risk</i>	<ul style="list-style-type: none"> • Take steps to expedite the processing of applications in CNO’s case inventory. • Develop a client-focused plan to roll out the proposed new standardized training course for internationally educated nurses (IENs). 	<ul style="list-style-type: none"> • CNO has substantially reduced the median time from application receipt to registration for internationally educated nurses by more than 50%, from 730 days, in early 2021, to 344, as of the last quarter of 2024. • The regulator has eliminated the requirement for a lengthier education equivalency process in favour of accepting approved or recognized nursing education from any jurisdiction that prepared the applicant for the category of nurse to which they have applied and which meets a required credential. • The regulator implemented a Transition to Practice requirement through the completion of a 12-week course. It engaged in proactive communication with system partners and applicants to plan the new course, effective April 1, 2025.
College of Physicians and Surgeons of Ontario (CPSO) – <i>moderately low risk</i>	<ul style="list-style-type: none"> • Consider opportunities to further remove barriers for international medical graduates (IMGs) and accelerate assessment and registration processes for this cohort. • Work with the Canadian Association of Physician Assistants (CAPA) and other stakeholders to implement fair assessment and registration processes for internationally trained physician assistants. 	<ul style="list-style-type: none"> • The CPSO worked with the Ministry of Health and Touchstone Institute to develop, refine, and scale up the Practice Ready Ontario program. • It also collaborated with the Canadian Association of Physician Assistants (CAPA) and the Ontario Ministry of Health to put in place the regulatory framework for regulation of Physician Assistants effective April 1, 2025.

Regulator / Risk Rating	Summary of Action Items	Progress / Accomplishments
College of Optometrists of Ontario – <i>moderately low risk</i>	Engage stakeholders to: <ul style="list-style-type: none"> • Discuss strategies to ensure adequate supply of optometrists. • Consider alternatives to current requirement that most internationally trained optometrists complete both a five- month bridging program and the final two years of the Doctor of Optometry Program. 	<ul style="list-style-type: none"> • The College has conducted outreach sessions to Canadian students at U.S. optometry schools. • The regulator has committed to a stakeholder engagement strategy to address registration barriers and labour market pressures in the sector, in collaboration with the OFC.

Overall, regulators have worked constructively with the OFC to respond in creative and meaningful ways to complex fair registration and labour market risks. We have been particularly impressed by the engagement of senior leadership within the regulated professions and regulated health colleges and by the willingness to engage in frank dialogue.

For more information about the RICF, please refer to our updated [Risk-informed Compliance Framework and Policy](#), and to [Appendix A](#) of this document for details on risk categories and associated compliance tools.

As a supplement to the new framework, the OFC has made available two *Legislated Obligations and Fair Registration Best Practices Guides*, one for the regulated professions and compulsory trades, and the second for the regulated health colleges:

- [Legislated Obligations and Best Practices Guide - Regulated Professions and Compulsory Trades](#)
- [Legislated Obligations and Best Practices Guide - Health Regulatory Colleges](#)

The OFC is currently updating these guides and providing supplementary guidance documents to address new legislative and regulatory obligations for FARPACTA regulators.

ii. Overseeing the Implementation of New Legislative Amendments

On March 21, 2024, Bill 149, *Working for Workers Four Act, 2024*, received Royal Assent. The legislation introduced two important, interrelated amendments to FARPACTA.

The amendments allow for minimum standards to be prescribed in regulation that regulated professions would have to meet to ensure that their assessments of qualifications are transparent, objective, impartial and fair. They also provide that a regulated profession must, at a minimum, meet the requirements prescribed by regulation to be considered to have taken reasonable measures to ensure that third parties meet the same assessment standards.

On October 28, 2024, Bill 190, Working for Workers Five Act, 2024, received Royal Assent. This legislation introduced further sets of legal obligations to require that regulators establish alternative documentation policies and develop parallel processing plans.

On November 29, 2024, O. Reg. 479/24 amended O. Reg. 261/22, both made under FARPACTA. This regulation particularized the four legal obligations introduced in the Working for Workers Four and Five Acts and amended existing registration decision time limits for ITIs. The regulatory amendments were the following:

1. Setting out the specific steps that a regulated profession must take to ensure that its *assessment of applicant qualifications* is done in a way that is transparent, objective, impartial and fair (such as the provision of information, stipulating the frequency of examinations, and making appeal processes available).
2. Specifying the reasonable measures that a regulated profession must take to ensure that its *third parties* (TPs) make their assessments in a way that is transparent, objective, impartial and fair, including a requirement for the regulator to enter into an agreement with each of its TPs to address certain prescribed matters.
3. Requiring the regulated profession's *alternative documentation policy* to identify the types of reasonable alternatives that it will accept under various situations if the documentation that it ordinarily requires cannot be obtained for reasons beyond an applicant's control.
4. Requiring the regulated profession's parallel processing plan to include steps that set out how the regulated profession will enable registration processes to take place concurrently, where feasible, including when there are delays.
5. Requiring that each regulated profession communicate its registration decisions to internationally trained individuals within three months of receiving complete applications, in at least 90% of all cases. The previous standard was six months.

Regulators have until January 1, 2026, to submit alternative documentation policies and parallel processing plans to the Fairness Commissioner. Similarly, new regulatory amendments concerning assessment of qualifications and third-party accountability come into force effective January 1, 2026, including requirements for TP agreements.

These amendments specify the steps regulators must take to meet new obligations. First, through the enactment of detailed regulatory provisions, they identify the way in which regulators must meet these specific duties. Second, in the context of alternative

documentation polices and parallel processing plans, they require that regulators submit these documents to the Fairness Commissioner for review and approval.

In our view, the requirement that regulated professions enter into agreements with third parties is particularly important since the new requirement for regulator-third-party agreements standardizes fairness, timeliness, and client-service expectations across processes.

Following the enactment of the new legislative and regulatory provisions, the OFC held a webinar with regulators to explain the nature of the new legal requirements, answer questions, and solicit input to inform the development of new guidance materials. This documentation will include materials on developing alternative documentation policies and parallel processing plans, and the desired contents of agreements between regulators and their third parties.

The OFC will monitor compliance with the new legal obligations through our risk-informed compliance framework and, as appropriate, targeted surveys and compliance-related activities.

iii. The OFC's New Data Portal

As part of its oversight role, the OFC requires that regulators submit FRP reports for review, typically on an annual basis. For several years, the OFC has worked towards developing a data portal to digitize and streamline this process.

Following the successful launch of the portal in March 2024, this vehicle has enhanced the integrity, security, and quality of regulator reporting, and has created a “user-friendly” interface for both internal and external clients. More particularly, the data portal:

- Enables regulators to submit data for multiple professions or trades in a single report.
- Allows multiple users to enter the organization's information at the same time.
- Permits regulators to download a copy of the report to assist them with final internal reviews and approval of data before they submit their final forms.

The data portal has also allowed the OFC to manage, analyze and disseminate, the data that we obtain from regulators more strategically. The accompanying Microsoft PowerBI dashboards also enable us to calculate both aggregate and specific regulator performance against metrics that track fair registration outcomes, as well as registration timelines.

With these tools, the OFC is now able to undertake more targeted data analysis and engage with regulators about the implications of our findings, thereby allowing us to create a stronger evidentiary basis for our work.

OFC Outreach Initiatives

During 2024-25, the OFC continued to rely on a variety of communications vehicles to provide timely information to our many stakeholders. We issued six editions of our popular *OFC Newsletter* publication, made presentations to regulators at numerous council meetings, and participated with stakeholders at conferences and related events.

The *OFC Newsletter* editions featured more than 13 articles. The topics that we covered included the Data Portal launch, infographics highlighting FRP data, new legislation updates, and several profiles on regulators that are making a difference. Our *OFC Newsletter* publications can be accessed by clicking on [OFC Newsletter Archives](#) on our internet site.

The analysis of RICF results and common risk factors shaped the focus of our education and outreach activities in 2024-25. We addressed:

- Ways to manage major changes to registration practices, including implementation of new approaches to the assessment of work experience.
- Best practices in addressing labour market risk, including collaboration between oversight ministries and regulators.
- Regulator experiences and best practices in preparing for the collection and analysis of race-based data to inform diversity, equity and inclusion plans / strategies.

With respect to the first item, on June 4, 2024, the OFC organized a session with four regulated professions, entitled “Knowledge Exchange on Assessing Work Experience Competencies”. This event provided insights on how to eliminate any lingering Canadian experience requirements or introduce alternatives that met the criteria outlined in O. Reg. 261/22 made under FARPACTA.

Regarding the second item in late November 2024, the OFC hosted two meetings with oversight ministries and a follow-up webinar for regulated professions on their duty to consult with their oversight ministries on labour market supply and demand dynamics in their professions. The events were well attended by representatives of both groups.

Finally, the OFC began preparations for organizing a webinar on the collection and analysis of race-based data. Given the interaction of this topic with the Ministry of Health’s College Performance Measurement Framework, we sought input from the ministry on our webinar proposal, before engaging with the regulated health colleges. This webinar is planned for July 2025.

In addition, as previously indicated, the Fairness Commissioner has spoken at 10 regulator organized events, including council meetings and gatherings of registration committees. During these sessions, the Commissioner will typically discuss the role of the OFC, breakthrough registration practices and opportunities for regulators to enhance their practices.

Examples of Regulator Leadership and Innovation

In this section of our annual report, we highlight some noteworthy initiatives that Ontario regulators and their affiliated organizations have undertaken to improve fair registration practices, address labour market pressures and stream applicants into the work force more quickly.

Collaborating to Solve Registration Challenges

Regulators are increasingly stepping up their efforts to address the shortage of professionals in critical roles across the province. The *College of Early Childhood Educators (CECE)* is one regulated profession that exemplifies this approach.

A current challenge in the profession involves a significant shortfall in the number of Registered Early Childhood Educators (RECEs) required to meet the federal government's childcare goals.¹ To address this shortfall, the CECE has worked proactively with the *Ministry of Education's* Early Years Branch to develop a multifaceted response, which includes:

- Undertaking collaborative research to understand retention challenges relating to low wages and equity considerations for a highly gendered and racialized workforce.
- Engaging with post-secondary institutions and employers to develop bridge training and upskilling programs.
- Working with the provincial government to remove immigration barriers for the entry of qualified educators and aligning approval requirements for private career colleges.

CECE's proactive approach to data collection, analysis and sharing has been critical to developing a strategy to address recruitment and retention challenges. College data showed that a focus on recruitment alone would not be sufficient to address the labour shortage, given substantial annual losses of registered early childhood educators. This has led to a collaboration with academic researchers to explore why RECEs leave the profession and what would incent them to return. This work is ongoing.

Along a similar theme, the Ontario College of Teachers (OCT) has partnered with school boards across the province to host information sessions for internationally educated teachers. College staff provide information and respond to questions about the process of applying for registration, leaving hiring and employment questions to School Boards.

The objective of these sessions is to assist internationally educated applicants to navigate both licensure and hiring processes. This direct engagement with applicants helps to reduce the time-period between licensure and employment.

¹ Ministry of Education workforce projections note that about 14,700 new RECEs will be needed by 2025-26. While annual growth in membership is expected to address part of this need, without interventions related to recruitment and retention, there could be an estimated shortage of 8,500 RECEs by 2026.

Leveraging Specialty and Limited Licences to Expedite Registration

Regulators increasingly recognize that licensure requirements that focus on generalist knowledge and skills may be less appropriate for mid-career professionals with more experience in a particular field. In that respect, several regulators have developed pathways that focus on specialized knowledge to tap into these attributes and address labour shortages.

For example, the *College of Medical Laboratory Technologists of Ontario (CMLTO)*, in collaboration with the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR), has developed a process to licence professionals based on field-specific competencies.

This is an important initiative, given the shortage of laboratory technologists, and pressures placed on existing staff, exacerbated by the Covid-19 pandemic. These imperatives drove the college to explore ways to bring individuals with specialized skills into the work force more quickly.

Given the broad scope of the profession, and the variability in education and training of medical laboratory technologists (MLTs), the College saw a need to develop clear pathways for registration to practice in one or more specialties of medical laboratory sciences.

To address this need, CAMLPR developed field specific competency profiles and associated field of practice assessments. The initiative will roll out throughout 2025, with full implementation expected by March 2026.

The parties anticipate that the new process will increase the number of qualified individuals in the profession and enable internationally educated MLTs with experience in a single specialty to register and practise more quickly.

Similarly, the College of Veterinarians Ontario (CVO) is working with national partners on a Limited Licensure Assessment project to enable experienced internationally trained veterinarians to practice within a defined scope. In 2024, the CVO pilot tested a combination of portfolio assessment and supervised clinical evaluations for applicants with at least five years of experience in specialties such as small animal, equine, and production animal care.

The results of the pilot were disseminated in early 2025 and will inform the launch of new limited licence pathways providing targeted solutions for underserved sectors.

In other professional fields, such as teaching, regulators have used *temporary*, *provisional*, or *transitional* registration approaches to enable applicants to enter the workforce more quickly while they work towards completing any outstanding requirements for full registration. As an example, the OCT has employed transitional certificates to move student teachers into the classroom more quickly. Under this scheme, teacher candidates who have successfully completed at least 30 credits and 40 practicum days of their initial teacher education program can apply for a Transitional Certificate of Qualification and Registration (TCQR).

With this certificate, they can begin teaching, while completing their teacher education program.

The TCQR came into effect on August 30, 2023. The certificate is valid for 18 months, with the possibility of a one-time, six-month extension. As of March 31, 2025, the college has issued 7,195 TCQRs.

These models reflect an important, shared understanding that the licensure process need not be viewed as binary. By moving beyond *‘all or nothing’* approaches and offering specialty-specific licences or graduated, supervised or conditional registration classes, regulators can unlock a significant talent pool while maintaining a strong degree of public protection.

Dismantling Labour Mobility Barriers and Enabling Cross-Provincial Practice

With the current tariff-related challenges, there is an increasing imperative to dismantle barriers to labour mobility. To address this issue, regulators have increasingly embraced initiatives to enable cross-provincial practice and virtual care alternatives.

These measures allow professionals to practice across borders, address workforce shortages and meet the needs of remote and underserved communities. Some key enablers of labour mobility and cross-provincial involve:

- Collaborative discussions among regulators on interjurisdictional practice, “as of right” mechanisms, simplified registration processes and engagement of professional associations and educational institutions.
- The proliferation of tools and registration categories to support virtual and cross-border practice, often with a modified fee structure.

The mental health professions have become leaders in developing innovative practices to facilitate labour mobility and cross-provincial care. They have also leveraged virtual service delivery to enhance access to care, and connect clients to professionals who share their language, cultural or racial identities.

In 2024, for example, the College of Psychologists and Behaviour Analysts Ontario (CPBAO) approved the signing, in principle, of a Memorandum of Understanding between Ontario and Manitoba to enable telepsychology care to residents of Northwestern Ontario.

The MOU would permit individuals who are in good standing with the Psychological Association of Manitoba and employed by a provincial health authority (Shared Health), to provide psychological services to residents of a specified region of Northwestern Ontario via telepsychology following initial hospital service. This model should enhance access to care in border communities with a high Indigenous population. Implementation is expected to begin in 2025.

Similarly, the Ontario College of Social Workers and Social Service Workers (OCSWSSW) has implemented an application process for social workers registered in good standing in another Canadian jurisdiction who wish to deliver social work services, exclusively by

electronic means, to clients living in Ontario. Since implementation of the pathway in 2019, there has been steady growth in applications for electronic practice, with a total of 619 professionals included in this registration category as of December 31, 2024.

Similarly, social work regulators in other Canadian provinces also allow Ontario-based social workers to apply for registration to engage in electronic practice with clients living in their jurisdiction. These processes rely on registration in the home province to confirm qualifications, check for disciplinary concerns, and communicate expedited decisions.

Finally, the College of Registered Psychotherapists of Ontario (CRPO) permits individuals from other jurisdictions to apply for registration following the same process as Ontario applicants, supporting both physical and virtual cross-border practice.

Practitioners residing in another jurisdiction do not need to register with CRPO to work with a client in Ontario virtually, provided that Ontario clients do not form a substantial proportion of their workload. Therapists working with clients in Ontario must comply with both Ontario and local laws, ensuring ethical and legal integrity.

CRPO's Cross Border Therapy Tool supports access to care by helping registered psychotherapists, as well as out-of-province practitioners, decide whether they can continue to provide care to clients who move out of their home province and wish to remain with their provider.

This is particularly helpful for individuals who leave their province temporarily. Out-of-province practitioners can also continue to provide care to their clients who move to Ontario.

Addressing the Needs of Under-served Communities in the Province

Given the size and diversity of Ontario, there are situations where certain communities lack dependable access to an adequate supply of trained professionals. In this context, several regulators have taken proactive steps to extend professional services to these locations, through innovative approaches to assessment and licensing.

A flagship example of this approach is the Practice Ready Ontario (PRO) program, which continues to enhance physician supply and access to care in high needs rural and remote communities by providing a new pathway to registration for experienced internationally trained family physicians and general practitioners.

The multi-phase program considers qualifications and experience, in a clinical setting, to determine the readiness of applicants for independent practice. This program includes a 12-week clinical field assessment in a designated Ontario community and culminates in a three-year return-of-service in rural or underserved Ontario communities.

A collaborative initiative of the Ministry of Health, College of Physicians and Surgeons (CPSO), Touchstone Institute, and other system partners, the program has added over 50 new family physicians to the health workforce to date and targets a cumulative total of 100 by the end of 2025.

The initiative demonstrates how regulatory bodies can play a key role in improving access to health care by collaborating with other system partners on new pathways to registration that balance high standards with equitable opportunities for entry into the profession. The Royal College of Dental Surgeons of Ontario (RCDSO) is also supporting better access to care by enhancing its registration pathways. The college continues to work with the National Dental Examining Board (its third party) to improve timely access by applicants to examinations, while also supporting the Canadian Dental Regulatory Authorities Federation of Canada's plan to pilot a new alternative pathway for internationally trained dentists.

Through these initiatives, the RCDSO is seeking to facilitate access to oral health care at a time of increased demand arising from the introduction of the Canadian Dental Care Plan (CDCP). The college is further working to facilitate access to oral health care for those without workplace benefits through a number of tactics, including by providing up to date information to dentists and the public about CDCP coverage.

Finally, the Law Society of Ontario (LSO) continues to explore strategies to address differential access to justice for under-served geographic communities through a range of initiatives. One such area of need is family law, due to affordability challenges.

The LSO has leveraged its dual role in regulating both lawyers and paralegals to address this gap by launching the Family Legal Services Provider program to authorize paralegals to offer certain family law services.

The LSO also funds equity-related research, to further understand and dismantle systemic barriers to justice. Projects include research addressing successes and stigmas related to internationally trained lawyers, systemic barriers to the retention and advancement of women and racialized lawyers in criminal law practice, and ways to advance reconciliation in the legal profession.

These examples underscore that regulators are interpreting their public interest mandates more broadly by actively considering how their registration processes can help to address service delivery gaps.

Regulator Survey and OFC Performance Measurement Framework

In 2024, the OFC administered its second regulator survey and developed a more comprehensive key performance indicator (KPI) framework. The data collected from the survey were then used to populate several of the KPI metrics.

The section below describes the results of the 2024 survey, and then provides an overview of the KPI framework, including a comparison of targets and actual values for each KPI in 2024-25.

The 2024 Regulator Survey

As part of our ongoing commitment to improve fair registration practices and our working relationships with regulators, the OFC conducted its second client satisfaction survey in Fall 2024.

The OFC provided the survey to 41 professional regulatory bodies. The overall response rate was an impressive 93%.

Unlike the previous survey that our office conducted, this iteration solicited responses anonymously. This approach appears to have influenced responses in two principal ways. First, the response rate increased substantially, to 93% in 2024. Second, satisfaction scores were lower for some questions. Together, these findings suggest that regulators were more apt to respond and to express their views more frankly.

Key Findings

The survey consisted of 18 questions, four of which were open-ended and focused on proposed future OFC priorities. The key results are summarized below:

Eighty-five percent of respondents agreed that the OFC provided the resources and learning opportunities necessary to understand our office's Risk-Informed Compliance Framework (RICF).

Seventy-one percent agreed that the OFC's educational resources and events were relevant and timely.

On the topic of availability, 64% agreed, or strongly agreed, that the OFC was available to provide insights and/or advice on issues that regulators identified as urgent or important.

This result may reflect the OFC's enhanced emphasis on the implementation of new legal obligations, which left less time and resources available for working with regulators on issues that they considered important. Nevertheless, half of all respondents reported regular touch points with OFC staff, with the remainder indicating that they engage with our office on an ad hoc basis.

In 2024, a key OFC initiative involved the launch of our office's new data portal. Eighty-five percent of respondents expressed satisfaction with the opportunities provided for input into the design of the project, while 64% agreed or strongly agreed that the portal had saved them time and resources on their reporting obligations.

The table below provides the responses of regulators to selected questions posed in the 2024 survey.

Results for Key Questions Posed in the 2024 OFC Survey

Survey Question	The percentages below indicate an affirmative/favourable response for OFC
The OFC has been timely and responsive in addressing your questions and requests.	90%

The OFC has provided our organization with the materials/learning opportunities necessary to understand the risk-informed compliance framework	85%
The OFC's educational events, resources, and communications products provide relevant and timely information	71%
The OFC was available to provide insights and/or advice on issues that we identified as urgent or important.	64%
The OFC is an effective regulator and service delivery agency.	74%

The OFC also provided regulators with the opportunity to provide open-ended feedback on our office's services. Some of the most salient comments, both positive and negative, are quoted directly below.

Regulator feedback: areas of strength

- “The OFC has been highly professional and responsive in helping us align with the new compliance frameworks. Their guidance has been invaluable.”
- “The new portal is a significant improvement. It's clear the OFC is listening and incorporating feedback from past challenges.”
- “We appreciate the OFC's efforts in providing a preliminary report of the risk assessment and offering an opportunity for regulators to respond prior to issuing a final rating. We remain committed to working collaboratively with the OFC to serve the public interest and ensure fair registration practices.”
- “Continue sharing best practices in the regulatory space, as well as consulting and providing support to regulators when new requirements are implemented”.

Regulator feedback: areas for improvement

- “Regulators are facing increasing administrative demands. More lead time and targeted resources would greatly help in managing these requirements.”
- “Consider workshops or case studies showcasing how regulators are successfully implementing changes—this would foster shared learning across professions.”
- “A new initiative could be to present what OFC does with the FRP data collected, the 'why' behind the data collection, and how it is used. This would allow us the opportunity to provide the best data to answer the 'why'”.
- “Share what has worked with other regulators and ensure that small regulators have equal access to bridge training funds”.

Key Takeaways

- Respondents found the OFC to be prompt, respectful and responsive in addressing questions and requests.
- Regulators appreciated that the OFC incorporated feedback about the design of the new portal and were given a further opportunity to comment on the risk assessment process.
- Regulators were open to advice from the OFC and had implemented one or more changes to their registration practices inspired by a best practice that the OFC shared.
- On the other hand, respondents encouraged the OFC to reduce reporting burdens and provide lead times for compliance with new amendments.
- They also asked for more tailored guidance materials, including templates, and individual engagement on complex regulatory issues.
- In addition, regulators expressed interest in further analysis and sharing of FRP data insights to enhance collective knowledge and improve registration practices.

In a typical survey, an organization declares success when it achieves ever higher scores of client satisfaction. In the case of the OFC, which is an oversight body for professional regulatory bodies that operate in the public interest, this trend must be viewed with some caution.

For example, very high scores may suggest that the OFC is not taking steps to proactively pursue its compliance mandate, thus giving the organizations that it oversees a free ride. On the other hand, overly low scores may mean that the OFC's compliance-based priorities are not effective and that it has lost touch with the entities that it regulates. Both extremes are undesirable.

Overall, the OFC believes that the survey scores and comments provided point to a balanced scenario – where our practices are relevant and effective. We are both respected and making progress, as we continue to add value in a complex and ever-changing environment.

KPI Framework

In 2024, the OFC developed a new KPI framework. We completed this document in Fall 2024, following internal discussions and consultation with a regulator working group. We considered the input of regulators to be important since this group is ultimately accountable for registering applicants and one of our key goals is to positively influence that behaviour.

The resulting consultation process yielded both (1) a new set of OFC KPIs and (2) a

preliminary set of fair registration metrics. The new set of KPIs carry forward two key indicators from our previous performance measurement framework. They then update the remaining metrics to reflect our compliance role and that of an influencer in a more nuanced manner. Further details and reporting against past KPIs are provided in Appendix C.

The preliminary fair registration metrics, which are drawn from FRP data points are important as they provide insight into regulator and system outcomes. This approach, in combination with our ongoing engagement with regulators and other stakeholders, will further inform OFC performance and planning.

A prominent component of the KPI framework involves the use of survey data to measure the success of our advisory and compliance work with regulators. The table below presents the performance measurement framework, with a focus on OFC KPIs, derived targets, and actual performance for 2024-25.

OFC Performance Measurement Framework

Themes	Outcomes	OFC KPIs	Target(s) and 2024-25 Actuals
Collaboration to Improve Fair Registration Practices	<p>The OFC influences positive change through engagement with oversight ministries, regulators, and / or other stakeholders to address government priorities related to fair registration practices and labour market issues.</p> <p>Regulators address fair registration and labor market supply risks by improving registration processes and proactively consulting with stakeholders to respond to current or anticipated shortages.</p>	Number of legislative or regulatory proposals, and/or instances where the OFC provided input and / or advice to regulators on major initiatives, amendments to legislation, regulation, bylaws or policies.	<p>Target: Six touch points per year</p> <p>Actual: OFC collaborated with MLITSD on legislative and regulatory amendments that introduced five new legal obligations.</p> <p>OFC also provided input or advice to seven regulators on initiatives involving amendments to their legislation or registration regulation.</p>
Compliance and Oversight	<p>The OFC's compliance activities are effective, proportionate, responsive and deploy available resources strategically.</p> <p>Regulators take prompt and appropriate actions to comply with the legislation, address risks, and thereby enhance fair registration practices.</p>	<p>Percentage of action plan items for higher- risk regulators that are successfully completed in response to OFC oversight.</p> <p>Percentage of regulators and other stakeholders who respond "agree" or "strongly agree" with the statement that "the OFC is an effective regulator and service delivery agency."</p>	<p>Target: 80% by end of risk / action plan cycle.</p> <p>Actual (mid- cycle): 30% complete or substantially complete, 47% in progress by end of first year of a two-year action plan.</p> <p>Target: 80%</p> <p>Actual: 74%</p>

Themes	Outcomes	OFC KPIs	Target(s) and 2024-25 Actuals
Evidence-Based Guidance and Strategies	<p>The OFC promotes evidence-based responses to emerging registration and labour market risks and trends, by collecting, analyzing and sharing its data and conclusions with regulators, oversight ministries and other stakeholders.</p> <p>Regulators leverage knowledge gained from mining their own data and from considering OFC data insights to enhance fair registration practices.</p>	Regulator and stakeholder satisfaction scores regarding the statement “The OFC uses data collected from FRP reports to inform analysis of key trends, and advice to regulators.	<p>Target: 80%</p> <p>Actual: 69%</p>
	Education and Awareness Raising	<p>The OFC builds trust as a leading educator and aggregator of best practices, and by offering value-added advice and support to regulators to help address key registration barriers.</p> <p>Regulators increasingly accept OFC advice and adopt best practices, such as bringing an applicant focused lens to change management initiatives and collaborating with third-party service providers to help ensure fair, seamless, and accountable assessment of qualifications.</p>	Percentage of regulators and other stakeholders who respond “agree” or “strongly agree” to the statement that “the OFC’s educational events resources and communications products provide relevant and timely information.”
		Number of events and publications produced, or contributed to, by the OFC on an annual basis.	<p>Target: 24 touch points annually</p> <p>Actual: 30 (eight publications and 22 presentations, events or meetings with regulators, third parties, fairness officials, or government)</p>

As shown in the table above, the OFC met or exceeded KPIs in two focus areas: collaboration to improve fair registration practices, and education and awareness. During the year, we placed emphasis on promoting legislative and regulatory amendments, and educating regulators on their new legal obligations.

The OFC also demonstrated strong performance on the KPI for action plan completion, with 77% of action items complete, substantially complete or in progress at the mid point of the two-year action plan cycle.

The OFC fell slightly under target on two KPIs relating to our agency's performance. These related to regulator perspectives on the effectiveness of the OFC as a regulator and service delivery agency, and our use of data to inform analysis and advice to regulators.

The shift to an anonymous survey in 2024 yielded both an increased response rate but slightly lower satisfaction scores on some questions, including the one on OFC effectiveness.

The 74% score achieved on the 2024 survey under this category could also reflect regulator fatigue with a succession of new legally mandated reporting requirements, as this theme was specifically alluded to by regulators in their open-ended responses. Put differently, a dynamic regulator and compliance-focused environment may not always generate high client satisfaction scores.

With respect to our use of data to inform analysis and advice to regulators, the OFC established this KPI as a stretch target for a relatively new area of work, as we began to reap the benefits of investments in our new data portal and business intelligence tool. More work will be done on this topic during the next fiscal year.

It should be noted that, since these new KPIs were introduced midway through the 2024-25 reporting period, the OFC did not have the opportunity to focus on them to enhance performance. We thought, however, that it would be useful to report on our initial performance to create a baseline for future reporting. The OFC conducts its regulator surveys every two years, with the next iteration scheduled for 2026.

The OFC also appreciates that regulators represent one of several important stakeholder groups in the assessment and registration ecosystem. These include applicants, newcomer serving agencies, third party assessment bodies, bridging programs and oversight ministries. During the year, we began to develop outreach strategies to engage these groups more effectively, which we plan to implement in the coming year.

Appendix A: Risk-based Continuum Categories with Associated OFC Compliance Tools

Compliance Tools	Risk Category		
	Low	Moderately Low	Moderate to High
Meetings with regulators	Annual	Quarterly	Bi-Monthly
Provision of education and best practices	✓	✓	✓
Completion and submission of Fair Registration Practices Reports	✓	✓	✓
Completion of compliance action plan and other reports		✓	✓
Letter from Fairness Commissioner to the CEO / Registrar, Council and / or responsible minister		✓	✓
Publicizing non-compliance issues / opportunities for improvement in annual report or other publications		✓	✓
OFC initiated review of registration practices			✓
Compliance assessment			✓
Audit			✓
Compliance order (for FARPACTA regulators)			✓

Appendix B: Individual Regulator Risk Ratings for the 2024 - 2026 Risk Cycle

The table below describes how individual regulators fared during the second cycle of the RICF process. To contextualize the contents of this table, it would be important to elaborate on the broader meaning of these risk ratings.

The first point is that the designation of a regulated profession or regulated health college as higher risk does not mean that the regulator is failing to take reasonable measures to improve its registration practices. It may, in some cases, indicate that a regulator's mandate is particularly dynamic with numerous change management initiatives underway. Such work necessarily attracts implementation risks, which constitute discrete components of the OFC's risk-informed compliance framework.

In fact, several of the regulators identified on this list have made significant strides to enhance their registration frameworks and / or to work with their third-party service providers to achieve similar objectives. In some cases, however, these initiatives will take substantial periods of time to complete, which necessitates a higher risk profile for these organizations.

As well, certain of our risk factors, particularly the one that involves addressing labour market shortages, can be idiosyncratic to individual professions and not easy to resolve. For clarity, the OFC recognizes that individual regulators cannot solve labour market shortages on their own, but we look to them to address unreasonable barriers in the registration process and to actively work with other parties in the ecosystem to help ensure an adequate supply of competent professionals.

The OFC also wishes to reinforce that a principal objective of this framework is to help our office allocate its finite resources to regulators where we believe that we can achieve the best and highest value outcomes.

Table of Individual Regulator Risk Ratings for the 2024 - 2026 Risk Cycle

FARPACTA Regulators	Low Risk	Moderately Low Risk	Moderate to High Risk
Association of Ontario Land Surveyors	✓		
Chartered Professional Accountants of Ontario	✓		
College of Early Childhood Educators	✓		
College of Veterinarians of Ontario	✓		
Human Resources Professionals Association	✓		
Law Society of Ontario	✓		
Ontario Association of Certified Engineering Technicians and Technologists	✓		
Ontario College of Social Workers and Social Service Workers	✓		
Ontario College of Teachers	✓		
Ontario Professional Foresters Association	✓		
Professional Geoscientists of Ontario	✓		
Ontario Association of Architects			✓
Professional Engineers Ontario			✓

RHPA Regulators	Low Risk	Moderately Low Risk	Moderate to High Risk
College of Audiologists and Speech-Language Pathologists of Ontario	✓		
College of Chiropodists of Ontario	✓		
College of Chiropractors of Ontario	✓		
College of Dental Hygienists of Ontario	✓		
College of Dental Technologists of Ontario	✓		

College of Denturists of Ontario	✓		
College of Dieticians of Ontario	✓		
College of Homeopaths of Ontario	✓		
College of Kinesiologists of Ontario	✓		
College of Massage Therapists of Ontario	✓		
College of Medical Laboratory Technologists of Ontario	✓		
College of Medical Radiation and Imaging Technologists of Ontario	✓		
College of Midwives of Ontario	✓		
College of Naturopaths of Ontario	✓		
College of Occupational Therapists of Ontario	✓		
College of Opticians of Ontario	✓		
College of Physiotherapists of Ontario	✓		
College of Registered Psychotherapists of Ontario	✓		
College of Respiratory Therapists of Ontario	✓		
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	✓		
Ontario College of Pharmacists	✓		
College of Nurses of Ontario		✓	
College of Optometrists of Ontario		✓	
College of Physicians and Surgeons of Ontario		✓	
Royal College of Dental Surgeons of Ontario		✓	
College of Psychologists and Behaviour Analysts of Ontario			✓

Appendix C: Key Performance Indicators

For ease of reference, the earlier version of the OFC’s key performance indicators included in its 2024 – 27 Business Plan is set out below, and then mapped to the updated indicators in the OFC’s new KPI Framework.

KPIs – 2024 – 27 Business Plan	New KPI framework
<p>Reduction in the number of professions that the OFC places in its medium to high-risk compliance categories</p> <p>Target: 20% reduction</p> <p>Actual (2024-25): As reported in last year’s annual report, the College of Physiotherapists of Ontario moved from the moderate to high risk in the first risk biannual assessment cycle to the low-risk category effective April 1, 2024, following the successful development and administration of a new clinical examination.</p> <p>Thus, the 20% reduction target was achieved.</p>	<p>Percentage of action plan items for higher-risk regulators that are successfully completed in response to OFC oversight.</p> <p>Rationale for change: It is the role of the OFC to identify and work with regulators to act on risks where they exist. The new KPI focuses more explicitly on actions completed to better reflect concrete changes to improve fair registration practices.</p>
<p>Number of best practices that the OFC collects and disseminates to the professions on an annual basis.</p> <p>Target: 20 annually</p> <p>Actual (2024-25): The Fairness Commissioner’s standard presentation deck for meetings with Councils and Registration Committees includes 18 best practices.</p> <p>Individual presentations are tailored with additional best practices relevant to particular risks or challenges for that profession. Thus, the OFC exceeded target of 20 best practices.</p>	<p>Percentage of regulators and other stakeholders who respond “agree” or “strongly agree” to the statement that “the OFC’s educational events, resources and communications products provide relevant and timely information.”</p> <p>Rationale for change: Best practices are narrative in nature and can be difficult to quantify. They can also be shared in multiple ways, through publications and meetings with individual regulators. The new KPI focuses on quality over quantity, by measuring whether regulators feel that they receive timely and relevant information from the OFC.</p>
<p>Number of events, webinars, and publications that the OFC completes on an annual basis.</p> <p>Target: 22 touchpoints annually</p> <p>Actual (2024-25): 30</p>	<p>This KPI has been retained, with minor modifications to reflect the number of client-focused initiatives that the OFC sponsors. This metric specifically counts the number of events and publications that the OFC produces, or contributes to, on an annual basis.</p>
<p>Percentage of regulators and other stakeholders who identify the OFC as an effective or highly effective regulator and service delivery agency.</p> <p>Target: 80%</p> <p>Actual (2024-25): 74%</p>	<p>Retained</p> <p>For further details, please see page 34 of the annual report.</p>

Appendix D: Financial Statements

Office of the Fairness Commissioner: Statement of Operations

Period from April 1, 2024, to March 31, 2025

Expenses:

Year Ended March 31, 2025

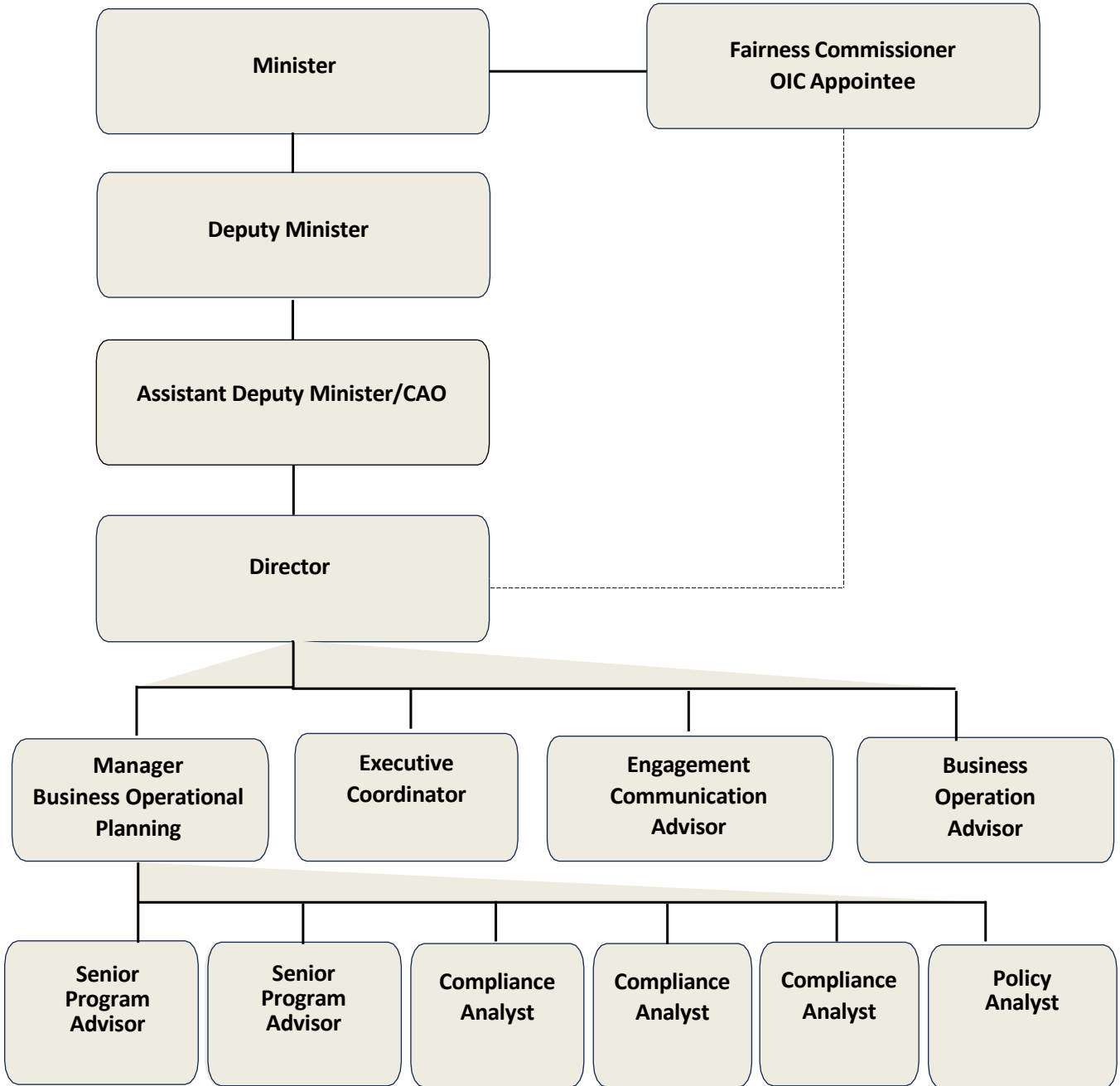
Ministry of Labour, Immigration, Training and Skills Development

Standard Account Expenditure	Printed Estimates	In-Year Board Approvals	2024-25 Budget	2024-25 Year-End Actuals	Variance	% Variance
Salaries and Wages	\$800,300	\$91,200	\$891,500	\$1,083,105.82	(\$191,605.82)	-21%
Employee Benefits	\$119,500	-	\$119,500	\$177,946.36	(\$58,446.36)	-49%
Other Direct Operating Expenses (ODOE)	\$934,900	-\$30,000	\$904,900	\$415,498.67	\$489,401.33	54%
Total	\$1,854,700	\$61,200	\$1,915,900	\$1,676,550.85	\$239,349.15	12%

* The salary and wages budget line reflects the recruitment and hiring practices of the office during the period. It also includes the salary and benefit payments made to the Fairness Commissioner for part of the year as a full-time appointee, and per diem amounts paid to the Fairness Commissioner when he was re-appointed on a part-time basis on August 10, 2024. The Fairness Commissioner was initially appointed on January 10, 2020, on a part time basis, then assumed the role on a full-time basis on August 10, 2020. The Fairness Commissioner was subsequently reappointed on August 10, 2024, for three years, ending on August 13, 2027. For the period between April 1, 2024, to March 31, 2025, the Fairness Commissioner's total remuneration was \$123,950.35.

Appendix E: Organization Chart

Office of the Fairness Commissioner: Organizational Structure





FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ

180 Dundas Street W., Suite 300, Toronto ON M7A 2S6
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

ofc@ontario.ca
www.FairnessCommissioner.ca

STRATEGIC DIRECTION 2023-2028

2026.01.06C

MISSION *[Why we exist]*

To protect the public through the responsible regulation of psychological and behavioural care.

VISION *[What we aspire to be]*

Excellence in self-regulation and quality psychological and behavioural care for the people of Ontario.

VALUES *[What we uphold in all our activities]*

Beneficence: The College functions in service of the public good.

Dignity: The College treats all persons and peoples with dignity.

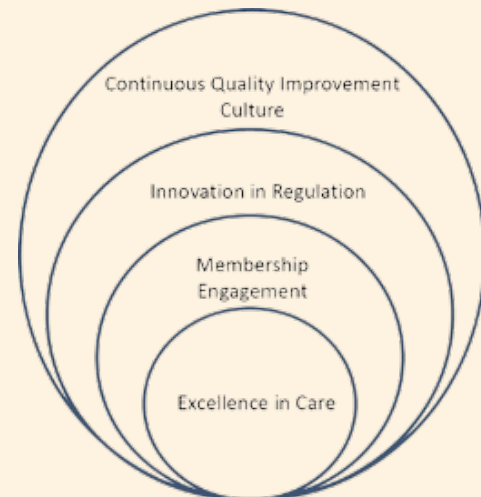
Fairness: The College approaches decisions in a just, reasonable and impartial manner.

Accountability: The College acts as a self-sustaining, responsible steward of resources grounded in the fiduciary duty to the public.

Integrity: The College acts honestly, ethically, and responsibly.

STRATEGIES *[How we accomplish our Mission]*

Strategy 2023-2028 is an ecological model that will focus on four interrelated priorities. At the core of the strategy is excellence in care, ensuring that the public receives ethical, safe, and high-quality services. Quality care is delivered through our registrants/members who have expertise to impart upon their peers and who participate on College Council, Committees, and Workgroups. The College will need to continue to modernize its regulation practices to best meet the needs of the public, now, and into the future (including “Right-Touch Regulation”). Encapsulating the overall strategy is a commitment to continuous quality improvement of College processes with a focus on maximizing value and minimizing waste.



This work will be informed by principles that will guide the College in all of its activities:

- Cultivate a College culture of humility grounded in a growth mindset.
- Apply innovative and proportionate approaches to regulation.
- Engage members to impart expertise to each other and the communities they serve.
- Remain agile in responding to advancements in society, technology, and the profession to meet the needs of Ontarians.

2023-2028 IMPLEMENTATION CHART - UPDATED MARCH 27, 2026

Agenda Key	Strategies	Recent Activities	In Development
S1	Excellence in Care	<ul style="list-style-type: none"> • CPMF “EDI”/Human Rights Plan (March 2025) • USA to Ontario Labour Mobility Expansion (March 2025) 	<ul style="list-style-type: none"> • Scope of Practice (Ministry Consultation distributed to registrants on September 17, 2025 and closed on November 3, 2025) – Awaiting Further Information from the Ministry • Demographic Data Collection (go-live expected at upcoming renewal cycle)
S2	Membership Engagement	<ul style="list-style-type: none"> • Approved further amendments to Per Diem and Expense Claims Policy. (September 2025) • Governance Modernization Strategies including amendments to By-laws and College Policies. (September 2025) 	<ul style="list-style-type: none"> • Proposed Membership Engagement and Communications Strategy (In-Process, Communications Officer has been onboarded)
S3	Innovation in Regulation	<ul style="list-style-type: none"> • Governance Modernization Updates (December 2025) • As of Right – successful launch on January 1, 2026 	<ul style="list-style-type: none"> • Pursue amendments to O.Reg. 74/15 under the Psychology Act, 1991 to discontinue Master’s level registration and at that time, grant the title Psychologist to all existing Psychological Associates. (September 2019) <ul style="list-style-type: none"> • Research & Report Approved by Council (March 2024) • Registration Modernization (Regulatory Amendments Submitted to Ministry- Awaiting Next Steps)

			<ul style="list-style-type: none"> • Third-party Board effectiveness assessment (Consultant retained; in process)
S4	Continuous Quality Improvement Culture	<ul style="list-style-type: none"> • Amendments to the College Conflict of Interest Policy • Review and Amendments to College' Policies related to Client Relations Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Finance and Audit Committee. (September 2025) • Maintenance of Ontario Examination for Professional Practice in Applied Behaviour Analysis (OEPPABA) • Approval of Key Performance Indicators (KPI) 	<ul style="list-style-type: none"> • Financial analysis of College processes (November 2023; on agenda) • Jurisprudence and Ethics Examination Re-Imagining (Approved; Council December 2024; on agenda)

The items shown in BLUE have been added by the Registrar since November 2025 as activities undertaken in service of the College's Strategic Directions 2023-2028.



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