



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

**Meeting of the College Council
2019.04**

Date: December 13, 2019

Time: 9:00AM – 4:00PM

**Location: 110 Eglinton Ave West, Suite 300
Toronto, Ontario**



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

COUNCIL MEETING AGENDA

2019.04

December 13, 2019

9:00 AM to 4:00 PM

Agenda Item	Topic	Action	Page #	Strategic Direction*
.00	CALL TO ORDER			
.01	APPROVAL OF AGENDA & MINUTES			
.01a	Review & Approval of Agenda	Decision	2	
.01b	Declarations of Conflicts of Interests	Discussion	--	M8
.01c	Review & Approval of Minutes - Council Meeting 2019.03 September 27, 2019	Decision	4	
.01d	Review & Approval of IN CAMERA Minutes - Council Meeting 2019.03 September 27, 2019 ¹	Decision	--	
.01e	Review of Action List	Discussion	12	
.02	CONSENT AGENDA ITEMS		Information	
.02a	Registrar's Report		13	
.02b	Staff Presentations		16	
.02c	Committee Reports	--	--	
	(1) Discipline Committee		17	
	(2) Quality Assurance Committee		18	
	(3) Client Relations Committee		21	
	(4) Fitness to Practice Committee		22	
	(5) Finance & Audit Committee Report		23	
	(6) Jurisprudence and Ethics Examination Committee Report		27	
.03	POLICY ISSUES			
.03a	Change to Jurisprudence and Ethics Examination (JEE) Pass Point	Decision	29	M1/M8
.03b	Changes to the College's Guidelines for Completing the Declaration of Competence	Decision	31	M1/M8
.03c	Registration Regulation Change re: Closure of Psychological Associate Class	Update	--	M1
.03d	Regulation of Health Professions in British Columbia	Discussion	36	M7
.04	BUSINESS ISSUES			
.04a	Registration Committee Quarterly Report	Information	63	M9
.04b	Inquiries, Complaints and Reports Committee Quarterly Report	Information	66	M9
.04c	Integrated Risk Management Report	Information	69	M9
.04d	Directors of Clinical Training Programs Meeting Report	Information	--	--
.04e	ASPPB Activities	Information	71	M7

¹ Material Not Included in Public Package – Property Acquisitions (s.7(2)(d) of the Health Professions Procedural Code being Schedule 2 of the *Regulated Health Professions Act, 1991*)

Agenda Item	Topic	Action	Page #	Strategic Direction*
.04f	Creative Brief re: College Visual Identity – IN CAMERA ² (11:00AM)	Decision	--	M4
.05	STRATEGIC ISSUES			
.05a	Strategic Direction Implementation: Chart Update	Discussion	75	All
.06	OTHER BUSINESS			
.06a	Set Election Date Proposed Date March 31, 2020	Decision	--	
.06a	Next Council Meeting: <ul style="list-style-type: none"> Thursday March 12, 2020 – The March Council Training Day will be Cancelled 	Information	--	
.06b	Proposed Council Meetings: <ul style="list-style-type: none"> June 12 or 19, 2020 	Decision	--	
.07	ADJOURNMENT			

*In accomplishing our Mission, the College promotes excellence in the practice of psychology by:

- M1 - *Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of qualifications for individuals seeking registration,*
- M2 - *Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of practice and professional ethics for all members,*
- M3 - *Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members;*
- M4 - *Communicating clearly and effectively with stakeholders, particularly applicants, members and the public;*
- M5 - *Supporting and assisting members to meet high standards;*
- M6 - *Responding to changing needs in new and emerging practice areas;*
- M7 - *Collaborating in shaping the regulatory environment;*
- M8 - *Acting in a responsibly transparent manner; and,*
- M9 - *Advancing the Council's governance practices.*

*Reminder: The College of Psychologists of Ontario is a scent-free environment.
Thank you for your cooperation.*

² Material Not Included in Public Package – Property Acquisitions (s.7(2)(d) of the Health Professions Procedural Code being Schedule 2 of the *Regulated Health Professions Act, 1991*)



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

**COUNCIL MEETING
2019.03
September 27, 2019**

Present:

Michael Grand, Ph.D., C.Psych., President
Janice Currie, Ph.D., C.Psych., Vice-President
Judy Cohen, Public Member
Christine DiZazzo, M.Ps., C.Psych.Assoc.
Graeme Goebelle, Public Member
Emad Hussain, Public Member
Joyce Isbitsky, Ph.D., C.Psych.
Marjory Phillips, Ph.D., C.Psych.

Marilyn Keyes, Ph.D., C.Psych.
William Middleton, Public Member
Denise Milovan, Ph.D., C.Psych.
Patricia Minnes, Ph.D., C.Psych.
Melanie Morrow, M.A., C.Psych.Assoc.
Philip Ricciardi, Ph.D., C.Psych.
Cory Richman, Public Member
Wanda Towers, Ph.D., C.Psych.

Guests:

Mr. Doug Ross, MOH
Ms. Liana Bell, Hilborn LLP

Staff:

Rick Morris, Ph.D., C.Psych., Registrar & Executive Director
Barry Gang, MBA, Dip.C.S., C.Psych.Assoc., Deputy Registrar / Director, Professional Affairs
Lesia Mackanyn, Director, Registration
Stephanie Morton, Manager, Corporate Services
Caitlin O'Kelly, Administrative Assistant: Office of the Registrar, Recorder

2019.03.00 Call to Order

The President called the meeting to order at 9:01AM.

2019.03.01 Approval of the Agenda and Minutes

.01a Approval of Agenda

It was MOVED Hussain

That the agenda be approved as distributed.

CARRIED

.01b Declarations of Conflicts of Interests

The professional members of Council acknowledged their conflict of interest regarding item .03c Use of Title *Psychologist*

.01c Minutes Council Meeting 2019.02 on June 21, 2019

It was MOVED Goebelle

That the minutes from the Council Meeting 2019.02 of June 21, 2019 be approved as presented.

CARRIED

47 **.01e Review of Action List**

48 The Council reviewed the Action List from the minutes of the previous meeting and noted items that were
49 completed, outstanding or on the agenda at this meeting.

50

51 The Registrar discussed the item:

52

- 53 • To discuss the issue related to posting the full name of every direct supervisee, who is not a
54 member of the College at a future date

55

56 The Registrar informed Council on the background of this item as resulting from a conversation at the
57 June 2018 Council meeting. This item has remained as deferred on the Action List as a place holder so that
58 it can be a future topic for discussion.

59

60 **2019.03.02 Consent Agenda**

61

62 The consent agenda was received.

63

64 **2019.03.03 Policy Issues**

65

66 **.03a By-Law 18: Fees**

67 At its June 21, 2019 meeting, the Council agreed to permit the College to issue a Certificate of Registration
68 Authorizing Interim Autonomous Practice to psychological practitioners registered in other Canadian
69 Jurisdictions or those holding a CPQ from ASPPB:

- 70 a) for the sole purpose of providing direct and continuous psychological service in Ontario to an
71 existing client who has moved to Ontario temporarily up to one year; and,
- 72 b) at a reduced fee given the temporary and limited nature of the service to be provided.

73

74 Council determined that the reduced membership fee would be \$240 in addition to the standard \$100
75 application fee and, as with other Certificates, this would be prorated monthly for the period it was in
76 force. To implement the reduced fee necessitates a change to *By-law 18: Fees*. Any change to this By-law
77 requires circulation of the proposed amendment to the membership for 60 days, prior to final approval.
78 The Consultation was distributed on July 12, 2019 and a reminder published in the *eBulletin*. The deadline
79 for responses was September 10, 2019. The consultation was distributed to 4381 members and the
80 College received 28 responses. The Council reviewed and discussed the consultation feedback.

81

82 In response to a concern that a practitioner might use this as a 'loophole' to build their practice in Ontario,
83 the Registrar commented that for each client seen by an out-of-jurisdiction practitioner, they will have to
84 sign an Agreement and Undertaking. This will allow the Registrar to monitor these members to ensure
85 that they are not taking advantage of the system. If the Registrar has concerns, those cases will be referred
86 to the Registration Committee for review.

87

88 **It was MOVED DiZazzo**

89 **That the amendments to *By-law 18: Fees* be approved authorizing the College to charge a reduced fee**
90 **for Certificates of Registration Authorizing Interim Autonomous Practice to individuals who wish to**
91 **offer services in Ontario for a brief time to existing clients who move to Ontario for school or work.**

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CARRIED

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Action Item Staff

To update the College *By-Laws* to include the amendments to *By-Law 18: Fees*.

.03b Policy II-10(i): Jurisprudence and Ethics Examination Committee: Terms of Reference/Role

Over a year ago, the Nominations and Leadership Development Committee reviewed the Terms of Reference/Role for all Committees. At that time, it made a number of recommended changes regarding that of the Jurisprudence and Ethics Examination Committee. Several changes were to make it consistent with other Committee Terms or Reference/Role such as the removal of a “Background” section while others were updating to reflect the Committee’s practice. The Council reviewed and discussed the proposed amendments.

It was MOVED Minnes

That the amended *Policy II-10(i) Jurisprudence and Ethics Examination Committee: Terms of Reference/Role* be approved. CARRIED

Action Item Staff

To amend *Policy II-10(i) Jurisprudence and Ethics Examination Committee: Terms of Reference/Role* in the *College’s Policies and Procedure Manual*.

.03c Use of Title *Psychologist*

For the past year, Council has been discussing decisions taken at the September 21, 2018 meeting regarding two matters: closure of the Psychological Associate class of registration as approved in March 2013; and, continued Master’s level registration but granting these members use of the title *Psychologist*. Following a member and stakeholder consultation undertaken in February 2019 Council made some final decisions with respect to the College position on these matters.

To assist Council in its deliberations, Council received a summary of responses from the consultation and the section of the approved minutes from the meeting of September 21, 2018 which provided a summary of the discussion undertaken by Council in arriving at its decisions. As well, Council was provided with a flowchart entitled “Use of Title Decision Process for Council” to assist in following the process to be undertaken in discussing this matter.

The first matter for Council consideration was to reaffirm or rescind the September 2018 decision to continue registration of individuals with a Master’s degree plus 4 years of supervised experience and to grant them the title of *Psychologist*. In reviewing these issues Council was reminded that their decisions were to be made in the interest of the public and that the quantitative data from the consultation should not be viewed as a vote by the membership.

Council discussed what led to the September 2018 decision to grant the use of title *psychologist* to all psychological practitioners. One of these reasons was the single scope of practice for all members of the profession. That is, members with a Master’s degree have the same scope of practice and access to the same authorized acts as their Doctoral colleagues. As well, all members must maintain the same professional responsibilities and accountability and are held to the same professional standards. After any candidate has successfully completed the year of College authorized supervised practice, the EPPP, JEE and the Oral Examination, they have satisfied the College requirements to practice autonomously

139 regardless of their educational entry. It was reasoned that having two titles may lead to misunderstanding
 140 of the public as could imply that there are two professions.

141
 142 It was also noted, that as a result of the Canadian Free Trade Agreement (CFTA), formerly the AIT, Master's
 143 level psychologists from other Canadian jurisdictions are being registered in Ontario as psychologists and
 144 that a number of Ontario registered psychological associates are using CFTA to gain access to the title in
 145 Ontario, leading to further public confusion.

146
 147 Council discussed the obligation to revisit this decision considering the breadth and depth of the
 148 consultation responses. Council noted the differences in training between a Doctoral program and a
 149 Master's program. It was stated that the entry level for Master's level practitioners is not as fulsome as
 150 those who have completed a Doctorate. There is a rigorous accreditation process for Doctoral programs
 151 but there is nothing equivalent to this process for a Master's program. It was reasoned that since the
 152 training is not equivalent, they should not share a single title as it would misrepresent a member's
 153 qualifications to the public.

154
 155 **It was MOVED Philips**
 156 **That the motion of September 21, 2018 that the College continue registration of individuals with a**
 157 **Master's degree plus 4 years of supervised experience and grant them the title of *Psychologist* and**
 158 **investigate a mechanism to accomplish this be rescinded. CARRIED**

159
 160 The following asked to have their vote recorded:

IN FAVOUR

Keyes
 Isbitsky
 Milovan
 Towers
 Grand
 Phillip
 Minnes
 Ricciardi

OPPOSED

Goebelle
 Hussain
 Currie
 Cohen
 Middleton
 DiZazzo

161
 162 Having rescinded the September 2018 motion, the Council decided to revisit the decision to rescind the
 163 March 2013 motion which directed the College to move toward only registering candidates with a
 164 Doctoral degree.

165
 166 In 2013, the motion that was passed combined both discontinuing Master's level registration and, as
 167 part of the implementation of this, granting the title of *psychologist* to all practitioners. After discussion,
 168 Council decided that they wanted to address these issues separately and first discussed the issue of
 169 discontinuing Master's level registration. The Council discussed that the College currently sets the
 170 minimum requirements for registration to the profession and to ensure public protection the College
 171 should be striving for excellence by setting the highest standards. The public puts trust in the College to
 172 register qualified practitioners. It was reasoned that because Doctoral training is more rigorous it results
 173 in more competent practitioners. This would be in line with the national movement towards a Doctoral
 174 standard.

175

176 In response to a question, it was explained that Master's level psychology programs are designed as a
 177 progression with the expectation that those within these graduate programs will continue on to complete
 178 a Doctorate. As a result, many candidates who exit this stream and continue to as Master's level
 179 registrants are not fully prepared for practice. This often requires the Registration Committee to assign
 180 retraining plans for them to meet the requirements.

181
 182 One concern raised related to the number of available practitioners. If Master's level entry to the
 183 profession is closed this could result in fewer practitioners in Ontario at a time when mental health
 184 services are needed. This could have the most impact in rural areas and in Northern Ontario.

185
 186 Council inquired as to the reason for the delay in implementing the to discontinue Master's level
 187 registration made in 2013. It was explained that a decision was made to seek informal consultation with
 188 the various Ministries potentially effected before undertaking the labour intensive work required in
 189 submitting a formal regulation amendment. A Briefing Note was provided to the Ministry of Health for
 190 use in discussing this matter. While the College followed up regularly on the status of the proposal, little
 191 information was forthcoming with respect to its merits and concerns.

192
 193 There was also discussion regarding the timeline for implementation. It was noted that it would be very
 194 difficult to predict how long it would take to have such a regulation amendment approved after
 195 submission. It would be important in planning for the transition to ensure that no one was disadvantaged
 196 or unable to complete their registration should they have embarked on the path to becoming a
 197 Psychological Associate prior to proclamation.

198
 199 Initially, the Council considered a complex motion similar to the one passed in March 2013. This motion
 200 would discontinue Master's level registration as of a set date, grandparent currently registered
 201 Psychological Associates as Psychologists on a fixed date, or within a fixed time period; and, develop a
 202 mechanism for evaluating internationally trained applicants' competencies for substantial similarity to a
 203 CPA accredited program and remediation as needed.

204
 205 After some discussion it was decided to split the motion into two parts.

206
 207 **It was MOVED DiZazzo**
 208 **That the College pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to**
 209 **discontinue Master's level registration. CARRIED**

210
 211 After making the decision to pursue amendments to discontinue Master's level registration, the Council
 212 discussed granting the title *Psychologist* to all Psychological Associates at the time that the class was
 213 closed.

214
 215 **It was MOVED DiZazzo**
 216 **That, as of closure of the Master's level registration, all existing *Psychological Associates* be**
 217 **grandparented with the title *Psychologist*. CARRIED**

218
 219 **Action Item College**
 220 To pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to discontinue
 221 Master's level registration and at that time, grant the title *Psychologist* to all existing *Psychological*
 222 *Associates*.

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.03d Applied Behavioural Analysis (ABA) Regulation

The Ministry of Children, Community and Social Services (MCCSS) in conjunction with the Ministry of Health (MOH), is undertaking “consultations with key stakeholders to seek feedback on the oversight framework” with respect to the regulation of Applied Behavioural Analysis (ABA). This was announced on August 13, 2019 in the Press Release from Minister Todd Smith of MCCSS. The Press Release also referenced, and provided a link to, the recently released Health Professions Regulatory Advisory Council (HPRAC) *Report on Applied Behavioural Analysis*. The Press Release stated that: “The Health Professions Regulatory Advisory Council report recommends ABA providers in a clinical supervisory role be regulated as part of a health regulatory college, governed by the Regulated Health Professions Act, 1991.”

In 2017, HPRAC undertook a review of this issue. In response to a consultation request, the College submitted a letter in December 2017. In this letter the College made a compelling case for regulation within our College should the government choose to move to regulate ABA.

On September 19, 2019 the College received a letter signed by Minister Todd Smith of the MCCSS and Minister Christine Elliott of the MOH acknowledging the College’s offer to ‘undertake the regulation of ABA as part of our governance structure’ and invited the College to confirm this interest.

At this time there are many questions to be answered and details to be worked out as the College engages in further conversations with the Ministries and, as noted in the Ministers’ letter, stakeholder consultations and discussions are held.

It was MOVED Minnes

That the Council confirm the offer to undertake the regulation of Applied Behavioural Analysis within its governance structure as described in the December 2017 letter to the Health Professions Regulatory Advisory Council. **CARRIED**

2019.03.04 Business Issues

.04a Annual Reports

The Council reviewed the Annual Reports for the Committees for the 2018-2019 year.

It was MOVED Richman

That the Annual Reports for 2018-2019 be approved. **CARRIED**

.04b Registration Committee Quarterly Report

The Council reviewed the fourth quarter report from the Registration Committee.

.04c ICRC Quarterly Report

The Council reviewed the fourth quarter report from the Inquiries, Complaints and Reports Committee.

.04d Audit 2018-2019

Presentation of Audited Financial Statements by Ms. Liana Bell from Hilborn LLP.

269 The President welcomed Ms. Liana Bell, Auditor with Hilborn LLP, to the Council meeting and invited her
 270 to present the Audited Financial Statements for the year ending May 31, 2019. The Finance and Audit
 271 Committee (FAC) and the Executive Committee had reviewed the draft Audited Financial Statements with
 272 Ms. Bell at their meeting on September 12, 2019. Ms. Bell discussed the following documents that had
 273 been provided to Council:

- 274 - Audit Findings Report
- 275 - Draft Audited Financial Statements

276
 277 Ms. Bell congratulated the College on a clean audit. She noted that the College is in a healthy financial
 278 position with several Reserve Funds available for contingencies.

279
 280 Ms. Bell commented that the College staff and management were well prepared for the audit. The College
 281 has appropriate internal controls and that all accounting estimates were appropriate and reasonable.
 282 There were no unusual transactions and no disagreements with management.

- 283 • In response to a question the auditor clarified the process for taking money from the premises
 284 reserve fund. In the next year the College will use funds from the Premises Reserve Fund for
 285 renovations. After these funds have been used the Council can decide to replenish this fund over
 286 time or to re-organize the amounts in other Reserve Funds.
- 287 • The Registrar explained to Council that over the next year the amount in the Reserve Funds will
 288 look different as much of the Premises Reserve Fund will be used on renovations and much of the
 289 Website and Database Fund will be used in re-doing the College website.

290
 291 **It was MOVED Goebelle**
 292 **That the draft Audited Financial Statements for 2018-2019 be accepted.** **CARRIED**

293
 294 **It was MOVED Hussain**
 295 **That the firm of Hilborn LLP be appointed as the Auditors for the College for the year 2019-2020.**
 296 **CARRIED**

297
 298 **.04f Lease Extension – IN CAMERA**

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 300 **It was MOVED Middleton**
 301 **That the Council go IN CAMERA to discuss the Lease Extension.** **CARRIED.**

302
 303 At the end of the **IN CAMERA** meeting,

304
 305 **It was MOVED Cohen**
 306 **That the IN CAMERA meeting be ended and the open meeting of the Council be resumed.** **CARRIED**

307
 308 It was reported that while IN CAMERA, the Council approved the College's Lease Extension Agreement.

309
 310 **.04g Barbara Wand Seminar Report – June 2019**

311 Council received and reviewed the report on the Barbara Wand Seminar which took place in June 2019 in
 312 Ottawa. The next Barbara Wand Seminar will be held in Toronto on Wednesday December 11, 2019. A
 313 recording of the Ottawa Seminar is available on the College website.

314
 315

316 2019.03.05 Strategic Issues

317

318 .05a Strategic Direction Implementation Update

319 The Registrar provided the Council with the updated *Strategic Direction Implementation Table*. Items
320 added since the Council Meeting of June 21, 2019 were shown in **Bold**.

321

322 2019.03.06 Other Business

323

324 .06a EPPP-2

325 The Association of State and Provincial Psychology Boards (ASPPB) has developed a “Skills Examination”
326 (EPPP-2) to complement the current Examination for Professional Practice in Psychology (EPPP)
327 “Knowledge Examination”. To date, the College has decided not to adopt the EPPP-2 as an additional
328 requirement for registration. Rather, the College has taken a ‘wait and see’ approach, wishing to have
329 more information about the nature and content of the exam before deciding if it would add value to the
330 current registration process.

331

332 Recently, ASPPB offered the opportunity for a person from each jurisdiction to take the current version of
333 the EPPP-2 to better understand the nature and content of the exam. Dr. Michael Grand took advantage
334 of this opportunity for Ontario and discussed his experience with the Council. It was noted that the EPPP-
335 2 would not eliminate the College’s need for an oral exam.

336

337 Action Item Staff

338 To send out the ASPPB EPPP-2 Validity Article to Council.

339

340 .06b Next Council Meeting

- 341 ○ December 13, 2019
- 342 ○ March 12 – 13, 2020

343

344 2019.03.07 Adjournment

345

346 There being no further business,

347

348 **It was MOVED DiZazzo**

349 **That the Council Meeting be adjourned.**

CARRIED

350

351 The Council Meeting was adjourned at 1:57PM.

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Michael Grand, Ph.D., C.Psych., President

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358

Janice Currie, Ph.D., C.Psych., Vice-President

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Minutes approved at the Council Meeting on December 13, 2019



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Action List

College Council 2019.03 – September 27, 2019

Item:	Responsibility:	Action:	Status:
2018.02.03b	Council	To discuss the issue related to posting the full name of every direct supervisee, who is not a member of the College at a future date.	Deferred
2019.01.03d	Client Relations Committee	Establish a set of parameters for how the Funding for Therapy restrictive fund will be used.	In Process
2019.02.03a	Council	To review the process for allowing temporary practice in Ontario in 1 year, this will ensure that if there are any unintended consequences they can be addressed. (June 2020)	To be Completed June 2020
2019.03.03a	Staff	To update the College By-Laws to include the amendments to By-Law 18: Fees.	Completed
2019.03.03b	Staff	To amend Policy II-10(i) Jurisprudence and Ethics Examination Committee: Terms of Reference/Role in the College's Policies and Procedure Manual.	Completed
2019.03.03c	College	To pursue amendments to O.Reg 74/15 - Registration under the <i>Psychology Act, 1991</i> to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates.	In Process
2019.03.06a	Staff	To send out the ASPPB EPPP-2 Validity Article to Council.	Completed



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

**Registrar & Executive Director's Report to Council
December 2019**

Regulation of Applied Behavioural Analysis (ABA)

At the September meeting, Council confirmed that the College would undertake the regulation of Applied Behavioural Analysis within its existing governance structure. This decision was conveyed to the Honourable Christine Elliott, Deputy Premier and Minister of Health and the Honourable Todd Smith, Minister of Children, Community and Social Services Minister of Health on October 3, 2019 (see attached). Since that time the College has been communicating with the Ministries regarding a consultation they plan to undertake. The Ministries are preparing a consultation with stakeholders which will include Regulatory Colleges, Professional Associations, advocacy and service provider organizations, and other Ministry partners such as Education, Corrections, Training and Colleges, and Long-Term Care. The consultation will inquire about areas such as: members of other Colleges who provide ABA services; practice settings as well as the training and experience of behavioural clinicians; titles currently in use; current modes of oversight; and, expected standards practice and codes of ethics. Further work to implement the regulation of ABA is awaiting the outcome of the consultation which will be undertaken soon.

Ministry of Health College Performance Management Framework

A Working Group comprised of Ministry staff, College representatives, subject matter experts and public members is currently exploring the development of a measurement framework that would strengthen accountability and oversight of Ontario's 26 health regulatory colleges by providing transparent and consistent information across all College on their performance in acting in the public interest. Ministry staff presented to one of CPO's previous Council meetings about this initiative. Earlier in October, all 26 Colleges, subject matter experts and Ministry staff came together for a preliminary discussion about what a potential framework would measure. It is anticipated that the Working Group will finalize its recommendations to the Ministry in early 2020. Ministry staff have offered to provide a follow-up presentation to Council about the recommendations once it is finalized, at the request of Council.

Internationally Educated Applicants – ACPRO Project

The Association of Canadian Psychology Regulatory Organizations (ACPRO) has been working on a project funded by the Federal Government - Employment and Social Development Canada, formerly Human Resources and Skills Development Canada to develop an online application process for internationally educated individuals seeking registration. With the completion of the project, information about the practice of psychology in Canada and a universal application form will be available through a single portal, hosted on the ACPRO website, through which all internationally educated applicants will apply to practice in Canada. A third party company has been engaged to develop the system and will collect all application information and verify authenticity of documents (identity, transcripts, etc.). Once the application is complete and all documents verified, the applicant will select the jurisdiction in which they are seeking registration and the completed application, verified documents and academic equivalence determination will be forwarded to that jurisdiction. From this point on, the jurisdiction will proceed with its registration process as it does with any other applicant.

The company involved currently provides this service for the Canadian nursing profession. In addition to collecting the application information and verifying documents, the service will provide a 'customer support service' to assist applicants with questions they may have. The project is in develop and launch is anticipated in the late spring/early summer.

Office Lease and Leasehold Improvements

Following approval by Council at the September meeting, the lease extension agreement has been signed. Final plans are being prepared by the designers and once they are ready, they will go to tender for construction firms. It is anticipated that renovations will begin early in the new year. The construction will be phased as the office will need to remain throughout. During the construction, the 3rd floor Council Chamber will be needed as temporary staff work space which will likely mean relocating the March Council meeting.

Contact for Questions

Dr. Rick Morris, Registrar & Executive Director

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO

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October 3, 2019

Honourable Christine Elliott, Deputy Premier and Minister of Health
Office of the Deputy Premier and Minister of Health
777 Bay Street, 5th Floor
Toronto ON M7A 1N3

Honourable Todd Smith, Minister of Children, Community and Social Services
Minister's Office
438 University Avenue, 7th Floor
Toronto, Ontario M5G 2K8

Dear Ministers:

Thank you for your letter of September 19, 2019 regarding the College of Psychologists of Ontario's interest in regulating Applied Behavioural Analysis (ABA) within its existing regulatory framework. This matter was discussed at the meeting of the Council of the College held on September 27, 2019. I am pleased to report that the Council past a motion confirming the offer to undertake the regulation of ABA within its governance structure as indicated in the January 2018 Health Professions Regulatory Advisory Council report.

Thank you for this opportunity and we look forward to working with the many stakeholders and the ministries in this very important endeavour.

Sincerely,

Rick Morris, Ph.D., C.Psych.
Registrar & Executive Director

- c: Helen Angus, Deputy Minister – Ministry of Health
Janet Menard, Deputy Minister – Ministry of Children, Community and Social Services
Patrick Dicerni, Assistant Deputy Minister – Strategic Policy and Planning Division, Ministry of Health
Jennifer Morris, Assistant Deputy Minister – Children with Special Needs Division, Ministry of Children, Community and Social Services
Dr. Michael Grand, President, College of Psychologists of Ontario



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Staff Presentations Report to Council

September 1, 2019 – December 31, 2019

Dr. Rick Morris, Registrar & Executive Director

- October 4, 2019 *Ethical Issues in Profession Practice* – GTA Interns Consortium, Toronto
- October 4, 2019 *Tricky Issues in Professional Practice* – The Therapy Centre, Oakville
- November 7, 2019 Town Hall Meeting with Members in Hamilton at Executive Committee Reception, Hamilton
- November 18, 2019 *Professional Issues in the Practice of Psychology* – Queen's University Ph.D., Ethics Class, Kingston
- November 28, 2019 *Professional Issues in the Practice of Psychology* – OISE Ph.D., Ethics Class, Toronto
- November 28, 2019 *Professional Issues in the Practice of Psychology* – Ryerson University Ph.D., Ethics Class, Toronto
- December 4, 2019 *Oral Examiners Briefing*, December Oral Examinations, Toronto
- December 11, 2019 *Tricky Issues in Professional Practice*, Barbara Wand Seminar, Toronto
- December 12, 2019 *Tricky Issues in Professional Practice*, – Oakville Centre for Cognitive Therapy, Oakville

Mr. Barry Gang, Deputy Registrar & Director of Professional Affairs

- November 19, 2019 *Ethical Challenges When Working with Children, Adolescents and Families*, Child, Adolescent, and Family Centre of Ottawa

Ms. Lesia Mackanyn, Director of Registration

- October 10, 2019 *Registration Presentation*, OISE, Toronto



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Discipline Committee Report to Council

Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Janice Currie (Chair)	Council	Nina Josefowitz	College
Rixi Abrahamsohn	College	Marilyn Keyes	Council
Clarissa Bush	College	Maggie Mamen	College
Judy Cohen	Public Member	William Middleton	Public Member
Christine DiZazzo	Council	Denise Milovan	Council
Lynette Eulette	College	Patricia Minnes	Council
Robert Gauthier	College	Melanie Morrow	College
Graeme Goebelle	Public Member	Mary Ann Mountain	College
Michael Grand	Council	Marjory Phillips	Council
Jan Heney	College	Donna Reist	College
Anthony Hopley	College	Philip Ricciardi	Council
Emad Hussain	Public Member	Cory Richman	Public Member
Joyce Isbitsky	Council	Wanda Towers	College

Referrals

There were no referrals to Discipline in the second quarter.

Hearings

There were no hearings scheduled in the second quarter, however the Hearing panel had imposed an Order, which included a Reprimand in the following matter which was delivered on November 4, 2019.

1. Dr. Reuben Schnayer: https://members.cpo.on.ca/public_register/show/328

Ongoing matters

There is one outstanding matter before the Discipline Committee:

1. Dr. Ian Manion : https://members.cpo.on.ca/public_register/show/1002

A referral was made to the Discipline Committee on May 31, 2019. At issue are allegations of professional misconduct in that Dr. Manion breached professional boundaries and engaged in a personal and sexual relationship with an individual who was a client. The hearing for this matter is scheduled for December 3, 2019.

Respectfully submitted,

Janice Currie, Ph.D., C.Psych.
Discipline Committee Chair
December 3, 2019



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Quality Assurance Committee Report to Council

Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Judy Cohen (Chair)	Public Member	Michael Minden	College
Marilyn Keyes	Council	Patricia Minnes	Council
Maria Kostakos	College	Cory Richman	Public Member
David Howard	College		

Staff:

Barry Gang, Deputy Registrar, Director Professional Affairs
Julie Hahn, QA Coordinator, Professional Affairs
Madeleine Lee, Administrative Assistant

The full Committee met on October 10, 2019. David Howard, a new member, was welcomed to the Committee and a thorough orientation to the work of the Committee was conducted by Barry Gang.

In addition, a three-member panel of the Committee met on November 28, 2019 where it considered member specific cases.

Peer Assisted Reviews Summary

There are **61** Reviews planned for 2019-2020 which includes **35** from Stratified Random selections, with the focus this year on **Supervision**. The remainder were carried over from previous years (**19**) and those resulting from a failure to comply with SAG requirements (**9**). Two cases carried over were removed from the list because the members, who are no longer practicing, were exempted from review.

When Peer Assisted Reviews associated with the 2018-19 Stratified Random sampling of **Solo Practitioners** have been completed, the Committee will be given a summary of the findings and the membership will be updated and informed about the aggregate findings through the *e-Bulletin*.

During this quarter, the Committee reviewed four Peer Assisted Reviews (PAR) reports which had been conducted since the last quarter. In three cases, the members were notified that there were no outstanding concerns and that the Committee would be taking no further action. In some of these cases the Committee did recommend that the members consider the reviewers' minor suggestions to consult with colleagues and/or to look for opportunities available for Continuing Professional Development (CPD) related to the member's practice.

One member for whom the Committee previously recommended a second assessment, submitted fulsome documentation of the changes she had put in place in the interim and of her consultation with an experienced practitioner. The Committee decided that based upon her submission, a second PAR would not be necessary.

In one other case, the Committee considered submissions by a member in response to concerns identified in a PAR report previously considered. Following review of the submissions the Committee decided to require the member to undergo a second Peer Assisted Review.

Peer Reviewers

Peer Assisted Reviewer Training Sessions were conducted on November 4, 6 and 12 by webinar. A total of 71 members attended. Three members who were unable to participate in the live webinar were provided with a recording of the webinar to view.

SAG/CPD Declaration- Extension Requests

July 1, 2019 was the deadline for members holding odd numbered Certificates of Registration to submit their Declarations of Completion for both the Self Assessment Guide (SAG) and completion of the mandatory CPD program. The Committee reviewed 6 requests for extensions to submit their Declarations. (The Committee has no authority to exempt members from their obligations to submit their Declarations.)

Upon review of these requests, the Committee permitted extensions ranging from one month to three months, depending upon the circumstances, including: parental leave, illness, imminent retirement, family obligations and serious medical problems.

Due to the circumstances described in the requests, the Committee waived the \$100 late fine for five members but required the sixth member to pay \$200 for missing both the SAG and the CPD Declaration deadlines.

SAG Review

The Committee reviewed complete SAG documentation of four members who were required to provide it because they did not make their Declarations of Completion by the final deadline. The Committee decided to Take No Further Action in three of these cases. In the remaining cases, the Committee asked for clarification from the members about information in the materials submitted.

CPD Audit

The Committee plans to audit the CPD activities of 50 members who have completed the inaugural CPD two years cycle this year. This includes 23 who did not make their Declarations of Completion by the final deadline, as well as 27 randomly selected members.

Requests for Exceptions:

The Committee received 10 requests from those asked to submit their CPD materials for exemption from the CPD audit, extension of the timelines to complete the mandatory credits and/or deferral of the requirements to submit their information for auditing.

The Committee asked staff to inform members that, except for members with a Retired Certificate of Registration, the requirement to complete the required credits within the specified two-year period is non-exemptible and that it is not permissible to count credits earned in a subsequent cycle. It also asked staff to request that seven of these members submit whatever information they have about their CPD activities to date for consideration by the Committee. In two cases in which it was clear that the requirements could not be met because of exceptionally difficult personal circumstances, the Committee decided not to take action regarding failure to satisfy the requirements during this cycle. In one additional

case involving extenuating personal circumstances, the Committee provided an extension to the deadlines for submitting the information requested.

Audit Findings - Members who had not made Declarations by the required date:

The Committee reviewed the materials submitted by six members who were required to submit CPD documentation for audit because they did not make their Declarations of Completion by the final deadline. The Committee was of the view that all the requirements of the program were met by five of these members. In one of these cases, the Committee wished to provide remedial feedback about the way the CPD activities were documented. In the remaining case, the member had completed a greater overall number of credits than was required, however, due to the maximum number of credits per category, did not obtain the required number of credits overall. The Committee provided feedback to the member about this for use in the future.

Audit Findings - Random Selection:

The Committee reviewed the submissions of 15 members who were selected at random for auditing. In all cases, the members satisfied all the requirements of the program. In many of these cases, the members acquired many more credits than were required. The Committee wished to provide some remedial feedback in some cases. In four of those cases, members were asked to collect more formal documentation of some activities and/or provide more detailed and specific information about informal professional activities in the future. In two cases, after reviewing members' past CPD goals, the Committee suggested that future CPD goals be more detailed and specific.

Additional Meetings

This is the first year that the new CPD requirements are being audited with documentation reviewed, and the number of credits tabulated. Given the increased responsibility of reviewing 50 CPD Audits, the Committee made a motion to increase the number of meetings per year to six, with any additional ones called at the Chair's discretion.

Two additional full meetings had already been scheduled, so it was decided that the additional meetings would take place by teleconference (or in person) by panels of three Committee members, each including two Professional members and one Public member.

The Committee is looking ahead to a Plenary Session on January 7, 2020 to consider QA programs, policies and procedures and to plan for any changes required. It will be reviewing the Auditor's report at that time.

The Committee expresses appreciation for the work done by staff, both in preparation for as well as follow-up to meetings. Madeleine Lee, the new Administrative Assistant, has already proven to be an asset to the staff.

Judy Cohen, Chair
Quality Assurance Committee
December 3, 2019



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Client Relations Committee Report to Council

Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Ester Cole (Chair)	College	Christine DiZazzo	Council
Rosemary Barnes	College	Emad Hussain	Public Member
Kofi-len Belfon	College	William Middleton	Public Member
Janice Currie	Council		

The Committee met on October 24, 2019 beginning with a Committee Orientation. Following the orientation, Mr. Middleton was acclaimed Vice-Chair of the Committee.

Funding for Clients Who Have Been Sexually Abused by Members

There are three individuals currently receiving funding in relation to sexual abuse by members. No new applications have been received.

Committee Initiatives

The Committee discussed several initiatives, including:

- Advice from the Privacy Commissioner concerning the language of records provided for the purpose of granting access to personal health information;
- Member responses to the new Sexual Abuse Discussion Guide and ways of encouraging utilization of this resource ;
- Possible ways to enact the calls to action by the Truth and Reconciliation Commission of Canada; and,
- Formalizing practices to support those who allege sexual abuse by members while they are involved in various College procedures from first contact with the College until the completion of the Hearing process.

In its work this year, the Committee will continue to consider ways in which to address these issues.

Policy Review

The Committee discussed the College Policies which were due for review this year. It determined that the following Policies did not require revision and directed that they be reviewed again in three years:

- Client Relations Committee Terms of Reference/Role
- Privacy Policy
- French Language Services

Respectfully submitted,

Ester Cole, Chair
October 31, 2019



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Fitness to Practice Committee Report to Council
Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Christine DiZazzo (Chair) Council
Philip Ricciardi Council
Duncan Day College

Graeme Gobelle Public Member
Sandra Jackson College

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



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Finance and Audit Report to Council

Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Michael Grand (Chair)	Council	Alana Holmes	College
Denise Milovan	Council	Graeme Goebelle	Public Member
Cory Richman	Public Member		

The Finance and Audit Committee met by teleconference on September 28, 2019. The Committee reviewed the Unaudited Financial Statements, the Variance Report, and the Investment Report, all to August 31, 2019, the end of the first quarter.

In considering the *Statement of Revenue & Expenses*, the FAC reviewed the *Variance Report* which explained items that deviated from budget by the level of materiality set by Council; items which exceed the expected budget by \$5,000 or are underspent by \$10,000. The Registrar brought to the Committee's attention the projected year end deficit of about \$327,313 in contrast to the planned budget deficit of \$127,475. The Registrar explained that this resulted from three unplanned expenses.

1. The Committee audits scheduled for 2018-2019 were not fully completed and invoiced until June 2019 resulting in payments carried forward.
2. To handle complaint cases in a timely manner, a Case Manager, hired on contract to fill a parental leave, was extended to year end.
3. In 2017-2018, at the Council's direction, a Communication Strategy and Modernization Review was undertaken. The College is embarking on implementation of the recommendations made. This includes modernizing the College's logo, the overall look of the College's electronic and paper communications including the *e-Bulletin* and Annual Report, establishing a social media presence and preparing a plan for the redevelopment of the College website.

The Committee was satisfied with the information presented to explain the variances and voted to receive the reports presented.

The memorandum confirming the remittances of Taxes to Canada Revenue Agency and the Ontario Employer Health Tax for the period June 1, 2019 to August 31, 2019 was received.

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.

Attachments

1. Statement of Revenue and Expenses to August 31, 2019
2. Balance Sheet to August 31, 2019 (unaudited)

Respectfully submitted,
Michael Grand, Ph.D., C.Psych., Chair

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
STATEMENT OF REVENUE & EXPENSES
June 2019 through August 2019

	Annual Budget	Budget YTD	Actual YTD	\$ Variance YTD	2019-2020 % YTD	Expected % YTD	% Variance YTD	Year End to 31 May-20
REVENUE	3,553,400.00	900,263.00	872,948.00	-27,315.00	25%	25%	-1%	3,553,400.00
COST OF SALES	314,950.00	124,250.00	116,052.85	-8,197.15	37%	39%	-3%	314,950.00
GROSS MARGIN	3,238,450.00	776,013.00	756,895.15	-19,117.85	23%	24%	-1%	3,238,450.00
EXPENDITURES								
Governance	99,075.00	19,519.00	26,381.29	6,862.29	27%	20%	7%	111,138.00
Registration	92,500.00	23,125.00	22,358.11	-766.89	24%	25%	-1%	92,500.00
Client Relations, Communications & Education	28,600.00	8,400.00	6,453.00	-1,947.00	19%	25%	-6%	28,600.00
Quality assurance	46,950.00	11,737.00	1,305.30	-10,431.70	3%	25%	-22%	46,950.00
Investigations and resolutions	149,200.00	37,300.00	26,487.21	-10,812.79	18%	25%	-7%	149,200.00
Hearings	337,400.00	84,350.00	55,022.55	-29,327.45	16%	25%	-9%	337,400.00
Liaison (Professional Organizations)	38,300.00	7,150.00	5,332.07	-1,817.93	14%	19%	-5%	38,300.00
Administration	2,573,900.00	643,474.50	609,746.77	-33,727.73	24%	25%	-1%	2,761,675.00
Total Expenditures	3,365,925.00	833,805.50	749,555.05	-84,250.45	22%	25%	-3%	3,565,763.00
EXCESS OF REVENUE OVER EXPENDITURES	-127,475.00	-57,792.50	7,340.10	65,132.60	-6%	25%	-31%	-327,313.00

The College of Psychologists of Ontario
Balance Sheet Prev Year Comparison
As of August 31, 2019

	Aug 31, 19	Aug 31, 18	\$ Change
ASSETS			
Current Assets			
Chequing/Savings			
10000 · Petty Cash	200.00	200.00	0.00
10100 · Bank	320,327.57	418,551.63	-98,224.06
10250 · Cash Equivalents	432,467.56	7,480,411.70	-7,047,944.14
Total Chequing/Savings	752,995.13	7,899,163.33	-7,146,168.20
Accounts Receivable			
10400 · Accounts Receivable - Control	19,948.91	42,593.70	-22,644.79
Total Accounts Receivable	19,948.91	42,593.70	-22,644.79
Other Current Assets			
10300 · Short Term Investments	7,226,996.88	50,105.00	7,176,891.88
10410 · Accounts Receivable - Other	0.00	0.00	0.00
10550 · Interest Receivable	557.89	1,981.89	-1,424.00
10600 · Prepaid Expenses	41,870.91	40,663.17	1,207.74
Total Other Current Assets	7,269,425.68	92,750.06	7,176,675.62
Total Current Assets	8,042,369.72	8,034,507.09	7,862.63
Fixed Assets			
12000 · Furniture & Equipment			
12010 · Furniture & Equipment - Cost	54,210.55	54,210.55	0.00
13000 · Accum Amort Furniture & Equip	-51,107.60	-47,944.15	-3,163.45
Total 12000 · Furniture & Equipment	3,102.95	6,266.40	-3,163.45
12100 · Computer Equipment			
12110 · Computer Equipment - Cost	93,491.53	72,719.88	20,771.65
13100 · Accum Amort Computer Equipment	-79,663.86	-68,595.69	-11,068.17
Total 12100 · Computer Equipment	13,827.67	4,124.19	9,703.48
12200 · Leasehold Improvements			
12210 · Leasehold Improvements - Cost	201,445.38	201,445.38	0.00
13200 · Accum Amort Leaseholds	-154,572.18	-141,460.40	-13,111.78
Total 12200 · Leasehold Improvements	46,873.20	59,984.98	-13,111.78
12300 · Website Development			
12310 · Website Development - Cost	190,944.88	190,945.36	-0.48
13300 · Accum Amort Website Devt	-190,944.88	-169,486.25	-21,458.63
Total 12300 · Website Development	0.00	21,459.11	-21,459.11
Total Fixed Assets	63,803.82	91,834.68	-28,030.86
Other Assets			
10302 · Long Term Investment	43,640.96	-6,693.48	50,334.44
Total Other Assets	43,640.96	-6,693.48	50,334.44
TOTAL ASSETS	8,149,814.50	8,119,648.29	30,166.21

	Aug 31, 19	Aug 31, 18	\$ Change
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
21000 · Accounts Payable - Control	58,326.00	47,530.85	10,795.15
Total Accounts Payable	58,326.00	47,530.85	10,795.15
Other Current Liabilities			
21100 · Accounts Payable - Other	199,488.64	152,696.03	46,792.61
22000 · Employee Tax Deductions Payable	20,913.06	19,223.36	1,689.70
23000 · Prepaid Fees	2,285,718.12	2,248,784.00	36,934.12
24000 · Peer Mentorship - Clearing	-1,350.00	0.00	-1,350.00
Total Other Current Liabilities	2,504,769.82	2,420,703.39	84,066.43
Total Current Liabilities	2,563,095.82	2,468,234.24	94,861.58
Total Liabilities	2,563,095.82	2,468,234.24	94,861.58
Equity			
31000 · Retained Earnings	1,405,567.89	1,457,355.79	-51,787.90
31100 · Investigtns&Hearing ReserveFund	850,000.00	850,000.00	0.00
31200 · Contingency Reserve Fund	1,000,000.00	1,000,000.00	0.00
31300 · Fee Stabilization Reserve Fund	1,000,000.44	1,000,000.44	0.00
31400 · Website&DatabaseDevrtReserveFund	243,810.25	243,810.25	0.00
31500 · Premises Reserve Fund	1,000,000.00	1,000,000.00	0.00
31600 · FairRegn Practices Reserve Fund	80,000.00	80,000.00	0.00
Net Income	7,340.10	20,247.57	-12,907.47
Total Equity	5,586,718.68	5,651,414.05	-64,695.37
TOTAL LIABILITIES & EQUITY	8,149,814.50	8,119,648.29	30,166.21



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

**Jurisprudence and Ethics Examination Committee (JEEC)
Report to Council, December 2019**

Committee Members:

Mary Ann Mountain(Chair)	College	Gilles Hébert	College
Judy Cohen	Public Member of Council	Michele Peterson-Badali	College
Audrey Cooley	College	Pierre Ritchie	College
Donna Ferguson	College	Carol Sinclair	College
Tae Hart	College	Angela Troyer	College

The JEEC meets twice per year. Most recently, the Committee met on October 21 and 22, 2019, with all members in attendance. The Committee is made up of nine members of the profession and one public member of the Council. With the appointment of Dr. Donna Ferguson, the Committee is now at full complement.

Jurisprudence and Ethics Examination (JEE) – September 2019

The JEE was administered in five locations across the province with 104 candidates writing the examination. Ninety-four candidates were successful, which is a pass rate of 90%. The JEEC thanks both the staff of the College and the members of the College who proctored the examination administered outside of Toronto.

The JEEC has reviewed the statistics of this administration of the examination and determined that the examination items and results are reasonably consistent with previous administrations.

Jurisprudence and Ethics Examination Pass Point

The Committee reconsidered the outstanding auditor's recommendation from the 2013 audit regarding the reference group upon which the JEE pass point is determined. As recommended by the auditor, the Committee agreed that the reference group should be "Ontario trained first-time test takers" rather than using the full group of test takers. Following much discussion, it was decided that this matter should be forwarded to the Executive Committee for consideration as a recommendation to Council.

[NOTE: A Briefing Note regarding this is available in the Council materials (2019.04.03a)]

French Translation of the JEE

Candidates who write the French translation of the examination have commented that the language used in some of the items is not typical of French spoken in Ontario. Dr. Gilles Hébert reviewed the French language item bank and has made suggestions for some minor word changes that would reflect more typical usage in Ontario. Dr. Pierre Ritchie and Dr. Hébert are continuing their review of the full French language item bank to make more substantial revisions.

Sample Items

Drs. Pierre Ritchie and Carol Sinclair have continued their review of the sample items available to candidates on the College website to ensure that the references to legislation, Standards of Professional Conduct, 2017 and the Canadian Code of Ethics for Psychologists (4th Edition) are accurate and up-to-date. In addition, some new sample items have been created.

List of Legislation

The JEEC has been revising the list of legislation and other documents that are useful to candidates in preparing to write the examination. This includes providing more specific reference to the sections of the legislation that are of particular relevance. This work is ongoing as legislation is amended or new statutes, relevant to the practice of psychology in Ontario, are passed.

Survey of Internationally Educated Candidates

Candidates trained outside of Ontario and, in particular, candidates trained outside Canada, tend to perform more poorly on the JEE. The Committee is developing a survey for international educated candidates in an effort to determine which of the resources provided on the website they find helpful in preparing to write the examination and what they perceive to be the main barriers in writing the JEE.

Review and Revision of Examination Items

At each meeting of the JEEC, examination item statistics are reviewed for reliability and if necessary, “re-Angoffed”. New items developed at the item writing workshop and items identified for revision due to poor test performance are also reviewed and re-written. At the October 2019 meeting, 83 items were reviewed and either rewritten or, if necessary, discarded. All new and revised items undergo the Angoff procedure.

Next Meeting

The next meeting of the Jurisprudence and Ethics Examination Committee is scheduled for April 14 and 15, 2020.

Respectfully Submitted,

Dr. Mary Ann Mountain, Ph.D., C.Psych. ABPP
Chair



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Briefing Note – December 2019 Council Meeting

Jurisprudence and Ethics Examination Pass Point

Strategic Direction Reflection

Developing, establishing and maintaining standards of qualifications for individuals seeking registration; Supporting and assisting members to meet high standards; Acting in a responsibly transparent manner

Motion

That the passing mark reference group for the Jurisprudence and Ethics Examination (JEE) be changed from “all test takers” to “Ontario trained first-time test takers”.

Background

The Jurisprudence and Ethics Examination Committee (JEEC) underwent an audit in 2013. This audit evaluated the Committee’s policies, procedures, practices and documentation and reviewed the processes related to the development, administration and scoring of the JEE itself. The auditor evaluated the Committee and the JEE using *ISO/IEC 17024: 2012 Standard for Bodies Operating Certification of Persons*.

The audit identified 19 areas in which policies, procedures and documentation were in full compliance with the *ISO/IEC Standard*. Twenty areas were identified in which the JEEC was in compliance, but for which the policy or practice was not fully documented and 39 areas in which the practice and documentation was not in compliance. Since receiving the audit report, the JEEC and College staff have devoted substantial time and effort in making the recommended changes to ensure compliance.

At the recent meeting of the JEEC, it was noted that one of the auditor’s recommendations remains outstanding. This was the recommendation to change the current practice of using the full data set of scores from any given examination to develop the pass point to using only the scores of Ontario trained first-time test takers.

The recommendation to change the reference group for the pass point of the examination was previously sent to the Executive Committee in May 2016. At that time, the decision was made to maintain the pass point reference group as it was; that is to continue to consider the scores of all candidates taking the examination. The JEEC asked the Executive to reconsider this matter which it did at its November 2019 meeting at which time it passed a motion to recommend to Council that the passing mark reference group for the Jurisprudence and Ethics Examination be changed from “all test takers” to “Ontario trained first-time test takers”.

Public Interest/Protection

In making this recommendation, the auditor noted that the standard for passing the examination should be the performance of candidates trained in Ontario who pass the exam on their first attempt. Given that the purpose of the examination is to assess the level of knowledge that candidates require to practice in this province, Ontario trained candidates represent the most valid picture of what that

knowledge base should be. That is, those individuals wishing to provide service in Ontario should have the same level of knowledge of the legislation, standards and ethical codes as those trained in Ontario. It was noted as well that, over the years, the performance statistics for non-Ontario trained candidates were very different from their Ontario trained colleagues suggesting that they are not a homogeneous group that can be combined for comparative purposes.

The Committee believes, very strongly, that this recommendation of the auditor is a matter of public protection. In agreeing with the auditor, the Committee believes that to ensure the public receive safe and ethical services, the College should expect all candidates to have the level of knowledge of those trained in Ontario. When it comes to legislation, standards and ethical codes, the bar should not be lower for those trained out of province.

Impact

The consequence of the change in reference group is that there will likely be a higher failure rate, since the statistics gathered over the years show that candidates trained outside of Ontario, or Ontario trained candidates who have had to take the exam more than once, tend to do more poorly. The data for examinations from 2005 to September 2019 is shown in Table 1. This indicates that the failure rates for the different categories of candidates is consistently different; Ontario trained candidates have the fewest failures, next are the other Canadian trained candidates, followed by American trained candidates, with internationally trained candidates having the highest failure rate. The passing mark is currently determined based on the entire group taking the test.

Table 1 - Failure Rate by Location of Training (24 Examinations: 2005 – 2019)

	Total Candidates	Ontario	Other Canadian	USA	International
All Candidates	1845	953	345	332	188
Failing Candidates	229	53	36	52	85
Percent	12%	6%	10%	16%	45%

The results from the most recent exam are shown below.

Table 2 - Failure Rate by Location of Training (September 2019)

	Total Candidates	Ontario	Other Canadian	USA	International
All Candidates	104	45	30	15	14
Failing Candidates	10	5	0	1	4
Percent	10%	11%	0%	7%	29%

When previously considered, the Executive Committee raised concerns regarding how this might be viewed by the Office of the Fairness Commissioner or under the Canadian Free Trade Agreement (CFTA). If questions were raised however, it is felt this move would be fully defensible as it relates to the College's mandate of public protection and the responsibility to ensure safe services. That is, the standard to ensure that services to clients comply with the legislation, standards and ethical codes, as required in Ontario, should not be less if received from non-Ontario trained individuals.

Contact for Questions

Dr. Rick Morris, Registrar & Executive Director



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Briefing Note – December 2019 Council Meeting

Changes to the College's Guidelines for Completing the Declaration of Competence

Strategic Direction Reflection

Developing, establishing and maintaining standards of qualifications for individuals seeking registration; Supporting and assisting members to meet high standards; Acting in a responsibly transparent manner

Motion

That the modifications to the *Guidelines for Completing the Declaration of Competence* pertaining to areas of practice or populations declared and a candidate's academic background and training be approved.

Background

The Registration Committee began its review of the current *Guidelines for Completing the Declaration of Competence (Guidelines)* in May 2019 and completed this work at its recent September 2019 Plenary Session. The review was initiated due to concerns regarding the amount of retraining that some applicants were being required to complete during the registration process. The Committee noted that, in completing the *Declaration of Competence*, some applicants were selecting areas of practice and/or client groups that were not based upon on their academic background and training, which resulted in extensive retraining requirements.

The Committee noted examples where an applicant with a degree in child clinical psychology would declare adult clinical psychology, even though the applicant did not complete graduate level coursework or training in adult clinical psychology. Such an applicant would require extensive retraining, typically completed during the supervised practice period, and typically via supervised readings. In reviewing such situations, the Committee agreed that the *Guidelines* need to be clearer in advising applicants of what is acceptable/not acceptable to declare based on their academic background and training.

Public Interest/Protection

In making this recommendation, the Registration Committee believes that, in keeping with the College's role of establishing standards of qualifications for individuals seeking registration, authorized areas of practice should only include those for which the applicant has documented academic background and training. To permit applicants to request authorization in areas in which they are not clinically trained is not in the public interest. Even an extensive retraining plan, is not equivalent to formal education and training. Should an individual wish to expand their authorized areas of practice beyond that for which they were formally trained, they can take advantage of the College's post-registration process, already in place.

Amendments

A number of the changes to the *Guidelines* are housekeeping in nature in an effort to make the document less wordy and clearer. In addition, there were some minor wording changes such as consistently using the term "Applicant" rather than sometimes the term "Candidate".

The substantive changes relate to the issue noted above in which Applicants will be directed to select only areas of practice in which they have formal academic coursework or client groups in which they have formal training and experience. As well, examples for “Training and Areas of Practice” and “Client Groups” were incorporated into the *Guidelines* from other sources, to add clarity.

The attached copy of the revised *Guidelines for Completing the Declaration of Competence* is shown with the substantive changes “tracked” and/or highlighted.

Contact for Questions

Lesia Mackanyn, Director, Registration

GUIDELINES FOR COMPLETING THE DECLARATION OF COMPETENCE

Each applicant must complete a *Declaration of Competence (Declaration)* as part of their application to the College. The *Declaration* identifies and indicates to the College the area(s) of practice and client group(s) in which the applicant believes they are competent to provide services during their period of authorized supervised practice, and eventually as an autonomous practice member.

The Declaration of Competence is used in the following ways:

- In reviewing the application, the Registrar will evaluate the applicant's *Declaration* considering the applicant's education, training, and proposed practice. If the *Declaration* is not congruent with the applicant's education, training, and proposed practice, the Registrar will refer the application to the Registration Committee, pursuant to Section 15.(3) of the *RHPA* Code. A panel of the Committee will conduct a further review of the applicant's education, training, and proposed practice in relation to the *Declaration*;
- During the period of authorized supervised practice, the candidate must be practising in the declared area(s) of practice, activities, and client group(s). The *Declaration* informs the candidate's Primary and Alternate supervisors regarding the areas for supervision and evaluation of the candidate; and
- The College's oral examiners use the *Declaration* as one of the determinants of the questions to be asked in the candidate's Oral Examination.

How to Complete the Declaration of Competence

In completing the *Declaration*, the applicant **must**:

- Specify Only select the area(s) of practice, activities, and the client group(s) in which they will be practising during the period of authorized supervised practice;
- Only select area(s) of practice and client group(s) in which the applicant has received formal academic training (graduate level coursework, and practica/internship):
- Normally, select no more than two areas of practice;
- Select both Assessment/Evaluation and Intervention/Consultation for any area(s) of practice selected.

Prior to completing the *Declaration*, applicants should review it with their proposed Primary and Alternate supervisors. This should be done at the time that the supervisory arrangements are made to ensure the proposed supervisors agree with what is being declared.

Area(s) of Practice: The eight areas of practice, recognized by the College, are described in *Appendix C* of these Guidelines. Applicants should review these carefully prior to completing the *Declaration*. Normally, applicants should not select more than two areas of practice as it is not feasible for an entry level practitioner to gain enough breadth of experience in more than two areas during the period of authorized supervised practice.

Applicants must only select areas of practice in which they have received formal academic training. In all cases, it is not appropriate to use the period of authorized supervised practice to undertake training in a new area of practice in which the applicant has not received formal academic training.

It is also important that the period of authorized supervised practice offer the applicant broad experience in the declared practice area(s) and client group(s). It is not enough to work within a very narrow range of

presenting problems, (for example only sleep disorders or eating disorders in clinical psychology, or only traumatic brain injury in clinical neuropsychology), since candidates will be expected to demonstrate a reasonable breadth of knowledge in both assessment/evaluation and intervention/consultation in their declared area(s) of practice at the Oral Examination.

It is mandatory to select both Assessment/Evaluation and Intervention/Consultation for all areas of practice chosen. Research and Teaching should be selected **only** if the candidate will be engaging in those activities during the period of authorized supervised practice.

Client Group(s): As with areas of practice, candidates must only select those client groups with whom they have received formal academic training and to whom they will be providing direct services during the period of authorized supervised practice. **In all cases, it is not appropriate to use the period of authorized supervised practice to undertake training with a new client group with whom the candidate has not received formal academic training.**

Requesting a Change to the Declaration of Competence during Authorized Supervised Practice

At times, it may be necessary for a candidate to request a change to their *Declaration*. This may be occasioned by a change in employment, in the type of work available, or because the candidate or supervisors realize that the nature of the supervised practice is different from what was anticipated. **In all cases, it is not appropriate for the candidate to request the addition of a practice area(s) or client group(s) in which the candidate has not received formal academic training.**

Before requesting a change, the candidate must discuss, and obtain agreement for, the proposed changes with the Primary and Alternate Supervisors. Once agreement has been reached, the candidate must submit a revised *Declaration* to the College together with a written acknowledgement of the change by the supervisors.

~~Generally, t~~The College will not accept additions to the *Declaration* in the six months prior to the Oral Examination since the supervisors will not have had adequate time to evaluate the newly added activity, practice area or client group.

Any proposed changes to the *Declaration* will be reviewed by a panel of the Registration Committee who may require additional training and experience. Normally, a period of at least six months of authorized supervised practice will be required after a practice area or client group has been approved to be added to the *Declaration*. In no case will a candidate be permitted to attend an Oral Examination before a change to the *Declaration* of Competence has been approved by the Registration Committee.

The following examples may be of assistance to applicants when completing the Declaration of Competence:

Training and Areas of Practice

If an applicant has formal academic training in both clinical psychology and clinical neuropsychology *but* will be practising only in clinical psychology during the period of authorized supervised practice, only clinical psychology should be selected.

In deciding how much experience during the period of authorized supervised practice period is enough for a selected area, it is important to consider experience gained to that point. For example, if an applicant's internship was primarily in clinical neuropsychology, with very little clinical psychology, but solid coursework in clinical psychology as well as several practica, and the proposed supervised practice setting will offer four days per week of clinical with one day per week of neuropsychology, it will likely be

appropriate to select both clinical neuropsychology as well as clinical psychology, in light of the extensive internship experience.

Client Groups

An applicant whose authorized supervised practice will take place in elementary and secondary schools should select only *children* and *adolescents*, but not *adults*, since they will not be providing services directly to an adult population. It is anticipated that the applicant will be interacting with the teachers and parents of their clients; however, they will not be the recipients of client service.

Similarly, applicants whose authorized supervised practice includes feedback and education to the parents and families of some of their clients, should not select *families* as a client group unless they are formally trained in working with families and will be engaging in family assessment and family intervention. The College recognizes that working with children and adolescents as declared client groups often involves meetings with parents or families. It is important to distinguish between *families* as a specific client group with whom one works, and family involvement in the context of working with the *child* or *adolescent* clients within the family.

The College does not specify concrete age boundaries between the various client populations, that is between *children* and *adolescents*; *adolescents* and *adults*; and, *adults* and *seniors*. Rather, conventional definitions are used. That is, children to age 12 or 13; adolescents to age 19; and adults to 65 or 70. In general, while age is not an issue when considering providing service to a client who falls within conventional age groups, careful consideration must be given when working with clients at the boundary ages.

It may be appropriate for an applicant who has selected *adults* on their *Declaration*, but not *adolescents*, to provide service to an 18 to 20-year-old client during the period of authorized supervised practice as such a client might be considered to be a young adult, dependent upon the evaluation of their level of development and maturity.



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Briefing Note – December 2019 Council Meeting

Regulation of Health Professions in British Columbia

Strategic Direction Reflection

Collaborating in shaping the regulatory environment

On April 11, 2019, the [Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#) written by Mr. Harry Cayton was released. In May 2019, Ms. Rebecca Durcan of Steinecke Maciura LeBlanc prepared a brief overview entitled *The Cayton Report: The Wolf Finally Arrives*. This was distributed to Council in June 2019.

On November 27, 2019, a BC All-Party Steering Committee, formed to respond to the Cayton Report, released its consultation report entitled *Modernizing the provincial health profession regulatory framework: A paper for consultation* (attached).

Ms. Erica Richler of Steinecke Maciura LeBlanc posted a brief summary of the recommendations from the consultation paper as follows:

1. **Governance.** Regulatory Colleges should be governed by a Board consisting of 8-12 people, half of whom should be members of the public. Board members would be fairly compensated so that they are no longer viewed as volunteers. The Board would be selected through a competency-based process overseen by an independent oversight body.
2. **Reduction in the Number of Colleges.** The twenty current Colleges would be combined into five Colleges: Nursing, Medicine, Pharmacy, Oral Health Professions, and all of the other currently regulated professions would be governed by the Health and Care Professions College.
3. **Oversight Body.** An independent oversight body would be established. It will have a broader mandate than even the Professional Standards Authority of the UK. Its functions will include auditing, reviewing and investigating the performance of regulatory Colleges, creating template standards, approving regulatory College bylaws, recommending changes to the regulation of health professions, and operating a single public register of all practitioners.
4. **Complaints.** Complaints would still be conducted by the Colleges through a more streamlined process with timelines for individual stages in the process. Agreements disposing of complaints will be public and placed on the public register. Colleges will also be able to make limited public comments about the nature and status of pending investigations. The complete prior complaints history of the practitioner must be considered by the Inquiries Committee. Colleges can share information and coordinate actions with other “health system stakeholders”. For example, a complaint about a health care team could be coordinated by the affected Colleges so complainants only have to deal with one College and a consistent outcome results.
5. **Discipline.** Discipline hearings will be removed from the Colleges and be conducted by independent, unified, discipline panels managed by the oversight body.

More information about the announcement is available on the Ministry of Health [news](#) webpage, and the Ministry has provided more information as well as a means for public input and commentary in response to the consultation paper on the [Regulating Health Professions](#) webpage. The public consultation period extends until January 10, 2020.

Attachments

- *Modernizing the provincial health profession regulatory framework: A paper for consultation*

Prepared by

Rick Morris, Ph.D., C.Psych., Registrar & Executive Director

Modernizing the provincial health profession regulatory framework: A paper for consultation

Steering Committee on Modernization of Health Professional Regulation
November 2019



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Introduction

The purpose of this consultation paper is to seek feedback from British Columbians and health-sector stakeholders that will assist the Steering Committee on Modernization of Health Professional Regulation to refine their proposal on how to modernize the regulatory framework for health professions in British Columbia.

Regulation of health professionals¹ is part of the foundation of safe health care and ensures that trust in health professionals is maintained. The public must be comfortable seeking care from health professionals and have confidence that these professionals will deliver safe, effective, ethical care. Regulation is one of the key mechanisms that assures patients that the care they receive is provided by qualified, capable and competent professionals.

On March 8, 2018, the Honourable Adrian Dix, Minister of Health appointed Harry Cayton, a leading expert in the field of professional regulation, to undertake an inquiry into the College of Dental Surgeons of British Columbia. The inquiry examined concerns about the College of Dental Surgeons' governance and operations, as well as reviewing the *Health Professions Act* and the model of health profession regulation in B.C.

On April 11, 2019, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (the Cayton report) was released to the public. The report contains two parts:

- Part One focuses on the inquiry into the College of Dental Surgeons²; and,
- Part Two suggests approaches to modernize B.C.'s overall health profession regulatory framework.

In response to the suggestions outlined in Part Two of the Cayton report, the minister established and chairs the Steering Committee on Modernization of Health Professional Regulation. Committee members include Norm Letnick, health critic for the official Opposition, and Sonia Furstenau, health critic and house leader for the BC Green Party caucus. The steering committee was established to provide advice on an approach to modernize the regulatory framework for health professions. The authority to modernize the regulatory framework rests with the cabinet and the Legislative Assembly.

In developing this consultation paper, the steering committee has considered research, expert guidance, evidence from other jurisdictions and feedback gathered from an initial phase of [public consultation](#).

¹ Terms defined in Appendix A first appear in **bold font**.

² The recommendations contained in Part One of the Cayton report related to the College of Dental Surgeons were accepted by the Minister of Health in April 2019. The minister directed the college to implement the recommendations. Information on the college's progress toward implementation of the recommendations is available [online](#).

Scope of consultation

To modernize B.C.'s health profession regulatory framework, the steering committee is seeking feedback from stakeholders and the public. This consultation paper proposes wide ranging changes, including to current structures and the creation of new structures to strengthen the province's framework for health profession regulation.

In considering how to modernize health profession regulation, the steering committee is guided by three objectives:

1. Improve patient safety and public protection.
2. Improve efficiency and effectiveness of the regulatory framework.
3. Increase public confidence through transparency and accountability.

The Ministry of Health's most recent service plan explains that "underpinning the work of all ministries are two shared commitments: reconciliation with Indigenous peoples and consideration of how diverse groups of British Columbians may experience our policies, programs and initiatives."³ In addition to the consultation outlined below, the steering committee supports implementation of the *Declaration on the Rights of Indigenous Peoples Act* and commits to honouring the United Nations Declaration on the Rights of Indigenous Peoples.

The steering committee supports cultural safety, diversity and accessibility of the regulatory system as foundational to increasing public trust and ensuring public protection for all British Columbians. Based on engagement completed to date, improvements to cultural safety have been most frequently linked to changes to the complaints and discipline process, ensuring leadership including board membership reflects the diversity of the people and communities that make up B.C., and creation of standards that promote cultural competence of health professionals and regulatory organizations.

Ways to participate

Members of the public, community groups and health-sector stakeholders are invited to submit feedback on the proposals outlined in this consultation paper.

Feedback is accepted from Nov. 27, 2019 to Jan. 10, 2020 via:

- Online survey [here](#).
- Written submissions may be provided by email to PROREGADMIN@gov.bc.ca using the subject line 'Feedback – Regulating health professionals.' An email confirming receipt of the submission will be sent, but personalised responses will not be provided.

This engagement opportunity is at the level of *consult* on the [spectrum of engagement](#).

³ [Ministry of Health 2019/2020-2021/22 Service Plan](#), p.1.

Background

In B.C., health profession **regulatory colleges** are responsible for ensuring that regulated health professionals provide services in a safe, competent, and ethical manner. Regulatory colleges hold a register of professionals, set standards of practice, set and maintain standards of education and training, and investigate complaints and discipline **registrants**. Regulatory colleges' role in setting and enforcing standards of competence and conduct for the professions they regulate influences patients' and families' interactions with health professionals. Regulatory colleges also protect certain titles - like doctor, nurse, traditional Chinese medicine practitioner, and dentist - that help the public to recognize qualified professionals who have demonstrated the requirements to practice safely.

There are 20 regulatory colleges established under B.C.'s *Health Professions Act*. This legislation provides a common regulatory framework for 25 health professions.⁴ There have been criticisms that the current model of regulation, set out in the *Health Professions Act*:

- has enabled cultures that can sometimes promote the interests of professions over the interests of the public;
- is not keeping up with the changing health service delivery environment, particularly in relation to interprofessional team-based care;
- is not meeting changing patient and family expectations regarding transparency and accountability; and
- is inefficient.

Further to this, there has been growing concern regarding the performance of some regulatory colleges in carrying out their mandate to protect the public from harm.

Cayton report findings

The Cayton report finds that the provincial regulatory framework for health professionals fails to support regulatory colleges in fulfilling their mandate, stating that the *Health Professions Act* "is no longer adequate for modern regulation."⁵ Deficiencies with the current regulatory model are highlighted, including issues related to the governance of regulatory colleges, a complex complaints and discipline process, and lack of transparency of regulatory colleges.

There is also concern that the current model of regulation has allowed for promotion of the interests of the profession over the interests of the public. The report identifies a lack of public trust in regulators and a lack of "relentless focus on the safety of patients"⁶ as inadequacies of the current model. These themes are closely aligned with previous findings from a 2003 report conducted by the ombudsperson on self-governance in health professions in B.C.⁷

⁴ See Appendix B – *List of regulatory colleges and regulated professions in British Columbia*.

⁵ Cayton report, p. 70.

⁶ Cayton report, p. 85.

⁷ Office of the Ombudsman of British Columbia. [Acting in the public interest? Self Governance in the Health Professions: The Ombudsman's Perspective](#). 2003.

The Cayton report makes suggestions for improvements related to regulatory college governance, reduction in the number of regulatory colleges, oversight of regulatory colleges, and transparency of the complaints and discipline process.

Results from initial public consultation

Following the release of the Cayton report and the minister's establishment of the steering committee, one of the committee's first steps was to seek input from the public and stakeholders regarding their views on health profession regulation and the suggestions contained in the report. The initial consultation was held for one month, ending June 14, 2019. Through this consultation, the steering committee heard from British Columbians and health-sector stakeholders about the aspects of health profession regulatory modernization that are important to them.

The steering committee reviewed and considered all submissions and published an overview of themes on the Ministry of Health's Professional Regulation website.⁸ Over 300 written submissions were received from a broad cross section of respondents, including: 190 members of the public; 50 health practitioners; 25 professional associations; 18 regulators; and 30 other health-sector stakeholders, including unions.

The submissions were broadly supportive of modernizing health profession regulation in B.C. Improved transparency and accountability throughout the system of health profession regulation were common themes. The need for greater oversight was also frequently expressed.

Members of the public who made complaints to regulatory colleges shared concerns about the current process for complaints and discipline. The importance of profession-specific clinical knowledge in health profession regulation was expressed. Other feedback themes included the need for consistent approaches to regulation across professions, cultural safety within the complaints and discipline process, and performance monitoring of regulators. Members of the public and health-sector stakeholders expressed support for continued engagement and consultation as potential changes progress.

Input from the initial public consultation assisted the steering committee to identify and prioritize the following elements of regulatory modernization that are important to British Columbians and health-sector stakeholders:

- Ensuring regulatory colleges are putting the public interest and patient safety ahead of the professional interest.
- Improving effectiveness of regulatory college boards and ensuring boards are composed of members appointed based on merit and competence.
- Reducing the number of regulatory colleges to improve efficiency and effectiveness.
- Creating a body to oversee regulatory colleges to improve public confidence and patient safety.
- Simplifying and increasing transparency in the complaints and disciplinary process.

⁸ [Initial consultation themes summary](#), 2019.

Modernization proposals

The steering committee is seeking input on the proposed changes outlined in the following sections of this consultation paper.

1. Improved governance

In its simplest form, governance is how groups organize themselves to make decisions. It refers to the structures, policies and processes put in place to make decisions. Regulatory colleges are governed by boards of directors that provide strategic leadership, decision making and stewardship, among other responsibilities.

In 2003, the ombudsperson reported on self-governance in health professions in B.C., citing concerns that “the professions do not appear to have fully accepted or understood what it means to act in the public interest.”⁹ Concerns have persisted and the Cayton report highlights that for many regulatory colleges, “their governance is insufficiently independent, lacking a competency framework, a way of managing skill mix or clear accountability to the public they serve.”¹⁰

Regulatory college boards must provide effective leadership to ensure regulatory colleges fulfill their legally defined mandate. To achieve this, boards need to be composed of individuals with the right balance of skills and experience, who are focused on public safety. Ensuring boards are composed of individuals whose motivation is consistent with legislative requirements is critical to ensuring the protection of public safety.

Competency-based board appointments and balanced board membership

Each regulatory college board is made up of public board members (who are *not* registrants of the college) and health professional board members (who *are* registrants of the college). Public board members make up between one third and one half of each college’s board (a legislated requirement). They are appointed by the Minister of Health and ensure that the public’s perspective is considered in strategic leadership and decision making. Registrant board members make up the rest. They are elected by registrants within their professions and provide a profession-specific perspective.

The majority of regulatory college board members are elected by health professionals who are registered with the regulatory college overseen by the board. The ombudsperson’s 2003 report highlighted concerns that these elections have led to a “strong sense of accountability [among colleges] to the profession,”¹¹ and ultimately have led to a diminished “sense of direct accountability to the public.”¹²

⁹ Office of the Ombudsman of British Columbia. [Acting in the public interest? Self Governance in the Health Professions: The Ombudsman’s Perspective](#). May 2003, p. 3.

¹⁰ Cayton report, p. 85.

¹¹ Office of the Ombudsman of British Columbia. [Acting in the public interest? Self Governance in the Health Professions: The Ombudsman’s Perspective](#). May 2003, p. 10.

¹² Office of the Ombudsman of British Columbia. [Acting in the public interest? Self Governance in the Health Professions: The Ombudsman’s Perspective](#). May 2003, p. 11.

The election of registrant board members has continued to promote the misconception that these board members are accountable to those who have elected them, rather than accountable to protect British Columbians. To address this issue, the Cayton report proposes the elimination of elected board members in favour of “fully appointed boards combining health professionals and members of the public in equal parts.”¹³

Striving for balanced numbers of public and registrant board members will ensure that the perspective of the public is well represented. Ideally, a balanced board will include about half public and half registrant board members.¹⁴ Increased public representation will also ensure that boards are more diverse and reflective of the public they serve. Using a **competency-based process to appoint board members** ensures boards have the right mix of skills and experience to govern effectively.

Feedback from the initial public consultation supported having regulatory college boards with an equal number of professional and public members, as well as the appointment of both public and professional members of boards based on merit, skills and experiences. Stakeholders also noted that ensuring cultural diversity of board members, as well as other leadership positions, is important to fostering cultural safety at all levels of organizations.

It is proposed that regulatory college boards have equal numbers of registrant and public members.

It is proposed that all board members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. The Minister of Health would appoint all board members based on the recommendations of the competency-based process.

Questions:

Q1a. *Do you support an equal number (50/50) of public and professional board members?*

Q1b. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

Size of boards

The Cayton report suggests regulatory college boards be reduced in size. In the initial public consultation, there was support for smaller boards. Evidence shows the most effective size for a board is between eight and 12 members.¹⁵ Larger boards can lead to communication and co-ordination problems, causing effectiveness and performance to suffer.¹⁶ A reduction in board size will help ensure boards provide effective strategic decision making and oversight.

To improve functioning and effectiveness, it is proposed that regulatory college boards move to a more consistent and smaller size.

Questions:

Q1c. *Do you support reducing the size of boards?*

Q1d. *Are there any possible challenges to reducing board size, and if so, how can they be addressed?*

¹³ Cayton report, p. 74.

¹⁴ It is envisioned registrant members would make up one half of college boards and public members would make up one half of college boards. The number of registrant members or public members could not exceed the number of the other type by more than one.

¹⁵ Professional Standards Authority. [Board size and effectiveness: advice to the Department of Health regarding health profession regulators](#), September 2011.

¹⁶ Professional Standards Authority. [Board size and effectiveness: advice to the Department of Health regarding health profession regulators](#), September 2011.

Board member compensation

Regulatory colleges rely on fees collected from registrants to fund their operations, including compensation of board members. The amount regulatory colleges currently pay their board members varies significantly from board to board. Registrant board members are sometimes paid at a higher rate than public board members creating inconsistency within the same board.

The Cayton report notes, “if a higher performance is to be expected of board and committee members, they should be adequately rewarded. Board and committee members, both professional and public should be paid for the time they give and the expertise they provide.”¹⁷

It is proposed that board and committee members be fairly and consistently compensated (within and between colleges) and move away from volunteerism.

Questions:

Q1e. *Do you support fair and consistent compensation for board and committee members?*

Q1f. *What are the benefits of this approach?*

Q1g. *What are challenges and how can they be addressed?*

2. Improved efficiency and effectiveness through a reduction in the number of regulatory colleges

To improve performance, efficiency and effectiveness of the regulatory framework, the Cayton report recommends a transition to fewer regulatory colleges. In the initial public consultation, increased efficiency and cost-savings were identified by many respondents as a key reason to support amalgamation. Some submissions from regulatory colleges indicated that smaller regulatory colleges are struggling to meet their mandate due to resource challenges. In some cases, these resource constraints significantly hamper the regulatory college’s ability to protect the public from harm.

Of the 20 regulatory colleges under the *Health Professions Act*, there is significant variation in size and financial resources available to fulfil their legislated mandate. The smallest regulatory college, the College of Podiatric Surgeons of B.C., has just over 85 registrants and an annual revenue of about \$330,000.¹⁸ The largest regulatory college, the B.C. College of Nursing Professionals, has more than 59,000 registrants and an annual revenue exceeding \$25 million.¹⁹

Amalgamation may also have benefits for registrants in the long term. Registrants of the College of Podiatric Surgeons pay the highest registration fees of regulated health professions, while registrants of the College of Nursing Professionals pay among the lowest.

¹⁷ Cayton report, p.75.

¹⁸ [College of Podiatric Surgeons 2018 Annual Report](#).

¹⁹ [BC College of Nursing Professionals 2018 Annual Report](#).

Larger regulatory colleges are not only more efficient but are likely to be more effective. In clinical practice, experience and repetition of tasks improves performance.²⁰ The same is true for activities of regulation; writing clear standards, checking registrations, investigating complaints and making decisions on disciplinary matters are all performed more efficiently and effectively by colleges with extensive experience doing them. Adequate financial resources allow regulators to provide registrants with up-to-date clinical standards and guidance, and access to high-quality practice support resources.

B.C. is moving toward interdisciplinary teams of health-care professionals to better meet the health-care needs of patients and families. As health-care delivery shifts from solo professionals to team-based care, the regulatory framework must also evolve. Maintaining a focus on regulating single professions in isolation does not position regulatory colleges to respond to the increasing complexities of modern team-based care. A reduction in the number of regulators will support more consistent standards across professions, enabling integrated care for patients and empowering professionals to better understand the scope of their role within a team.

Fewer regulatory colleges will also make it easier for patients and families to determine who they should contact regarding concerns about the care received by a health professional. For example, as a result of the amalgamation of the three nursing regulatory colleges, there is now a single point of contact for concerns about the professional practice or behaviour of any nurse.

Reduction in the number of regulatory colleges – from 20 to five

To increase public protection, and improve efficiency and effectiveness of regulation, a reduction in the number of regulatory colleges from 20 to five is proposed.

Maintain the College of Physicians and Surgeons of B.C., the College of Pharmacists of B.C. and the B.C. College of Nursing Professionals. The College of Physicians and Surgeons, the College of Pharmacists and the College of Nursing Professionals are of sufficient size and have a sufficient registrant base to continue as standalone regulatory colleges. As a result of previous amalgamations, the College of Nursing Professionals has over 59,000 registrants and is the largest regulatory college in the province.

The College of Physicians and Surgeons, and the College of Pharmacists are large regulatory colleges, and also have unique jurisdiction and responsibilities. The College of Pharmacists has jurisdiction over the Drug Schedules Regulation and the operation of pharmacies in the province. The College of Physicians and Surgeons has jurisdiction over laboratory and diagnostic facilities and non-hospital medical and surgical facilities. These unique program responsibilities add to the need for these regulatory colleges to continue.

²⁰ Benner, P. (1982) From Novice to expert. American Journal of Nursing, 82(3), p. 402-407.

Creation of an oral health regulatory college. It is proposed that the four oral health regulatory colleges amalgamate to form a single oral health regulatory college. The four oral health regulators include: College of Dental Surgeons of B.C., College of Denturists of B.C., College of Dental Hygienists of B.C., and College of Dental Technicians of B.C. Certified dental assistants would shift from certified non-registrants of the College of Dental Surgeons to registrants of the oral health regulatory college. This would create a large regulatory college with ample resources and expertise in regulation of oral health professions. This would also simplify system navigation for patients and families with questions or concerns related to oral health professions.

Creation of the College of Health and Care Professions of B.C. A new multi-profession regulatory college, which for the purposes of this paper will be referred to as the College of Health and Care Professions, will be created. The College of Health and Care Professions will be similar to the Health and Care Professions Council in the United Kingdom, which effectively regulates a broad range of professions.²¹ The new College of Health and Care Professions will bring together the remaining regulatory colleges. Dissolution of the remaining regulatory colleges will address current resource challenges, improve regulatory effectiveness and create new economies of scale.

Options for remaining regulatory colleges. Regulatory colleges, apart from the oral health colleges, the College of Physicians and Surgeons, the College of Pharmacists and the College of Nursing Professionals will join the College of Health and Care Professions. As an alternative to joining the new College of Health and Care Professions, some regulatory colleges may consider approaching the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals regarding a possible merger.

Mergers between a regulatory college and the College of Physicians and Surgeons, the College of Pharmacists or the College of Nursing Professionals must be supported by rationale for the merger and be approved by the boards of directors of both regulatory colleges. Following approval, board chairs of both regulatory colleges would be required to write to the Minister of Health indicating their mutual support for a merger and outlining rationale for the merger. Cabinet is responsible for making the final decision on whether colleges may merge.

The boards of directors of the College of Nursing Professionals and the College of Midwives have jointly submitted a letter to the minister outlining their support and rationale for an amalgamation. Similarly, the boards of the College of Physicians and Surgeons and the College of Podiatric Surgeons have submitted a letter to the minister outlining their interest in merging. The steering committee is supportive of these proposals.

²¹ [Health & Care Professions Council](#).

Diagnostic and therapeutic professions. Prior to the release of the Cayton report, cabinet approved creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists. If the College of Physicians and Surgeons, the College of Pharmacists, or the College of Nursing Professionals' board has confirmed a willingness to regulate one or more of these professions, the board should write to the minister to confirm its intention. Following receipt of the letter, ministry representatives will work with representatives of the diagnostic and therapeutic professions to determine if there is rationale to support regulation by a regulatory college other than the College of Health and Care Professions.

While a reduction in the number of regulatory colleges is proposed, the intention of this change is not to reduce the number of regulated health professions. All currently regulated health professions will continue to be regulated. A reduction in the number of regulatory colleges does not create a barrier to regulation of new professions. Instead, the process will be streamlined through removal of the costly and time-consuming requirement to set up a new regulatory college each time a new profession is regulated. As set out on page 14, the new oversight body will make recommendations to the minister and cabinet regarding regulation of new professions.

Given the current commitment to a reduction in the number of regulatory colleges, it is proposed that any new health professions be regulated by an existing regulatory college or the new College of Health and Care Professions.

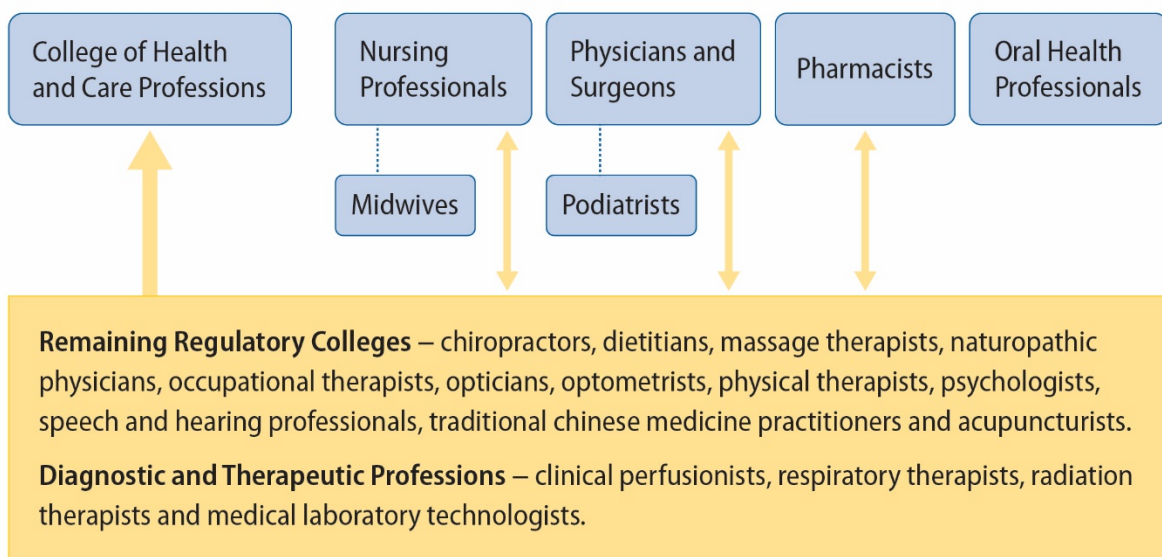
Questions:

Q2a. Are you supportive of the proposed approach to reduce the number of regulatory colleges from 20 to five?

Q2b. Please share your concerns with this approach, as well as your suggestions to address challenges.

Q2c. Are you supportive of a moratorium on the creation of new regulatory colleges?

Figure 1. Proposed arrangement of regulatory colleges



Legislative change to support amalgamations

In November 2017, the *Health Professions Act* was amended to add provisions allowing for the amalgamation of regulatory colleges (Part 2.01). These provisions were used in September 2018 to successfully amalgamate the three former nursing colleges into a single regulatory college.

Submissions from the initial consultation noted that the current legislative provisions may not be suitable in all merger situations due to concerns about the disruption resulting from the amalgamation process. For example, the requirement to dismiss regulatory college boards was cited as an issue in potential mergers of small and large regulatory colleges, where it is intended that the large college continue to function without disruption and absorb the smaller college, leaving its board and bylaws in place.

The creation of broader legislated merger provisions to minimize disruption resulting from future amalgamations is proposed.

Question Q2d: *Do you have suggestions for ways to minimise the disruption caused by a merger of regulatory colleges that can be addressed through broader legislative provisions?*

Subcommittees to ensure clinical expertise

Stakeholders expressed concern that access to profession-specific clinical expertise could be lost in a transition to fewer regulators. For example, profession-specific clinical expertise is needed in the development of clinical standards of professional practice. The continued reliance on profession-specific knowledge and expertise is acknowledged as an important element of any future system. Sub-committees will be created to ensure that regulatory colleges continue to have access to profession-specific expertise and that understanding of professional context is maintained for effective regulation.

There would be a clear separation between professional sub-committees - responsible to establish clinical standards for professions - and the board which is responsible for governance. Regulatory college board members would be unable to serve as members of sub-committees.

It is proposed that sub-committees will be created within multi-profession regulatory colleges to address matters requiring profession-specific clinical expertise.

Question Q2e: *The importance of and continued reliance on profession-specific clinical expertise is acknowledged as an important element of effective regulation; for example, in the development of professional standards. Where is profession-specific experience required to ensure effective regulation?*

3. Strengthening the oversight of regulatory colleges

It is becoming common for governments to establish independent bodies to ‘regulate the regulators’ as part of a transparent regulatory system. To restore public trust in natural resource decision making, the government passed the *Professional Governance Act* (2018), which establishes the Office of the Superintendent of Professional Governance as an authority on professional governance matters in the natural resource sector.²² The Cayton report suggests a new independent body be created to oversee health regulatory colleges (the **oversight body**).

In previous public consultation, submissions were broadly supportive of the creation of an oversight body, with particular interest in increasing accountability and consistency of regulatory colleges. At present, it is difficult for the public to find objective information on how health profession regulatory colleges are performing. An oversight body would increase accountability and transparency by defining performance standards for regulatory colleges, measuring performance against those standards, and publicly reporting on regulatory performance and opportunities for improvement. The steering committee supports a process that includes all parties in the appointment of the head of the oversight body.

Creation of a new oversight body with the following responsibilities is proposed:

1. **Routine audits of regulatory colleges based on clear performance standards.**
2. **Public reporting on common performance standards.** All regulatory colleges would be required to provide the oversight body with common performance data. Regular, consistent reporting would allow the public, policymakers and legislators to acknowledge good performance and determine where improvement may be required.
3. **Conducting systemic reviews and investigations.** The oversight body would conduct investigations into regulatory college performance and undertake systemic reviews on its own or at the request of the minister and would have the authority to make recommendations (e.g., the replacement of a regulatory college board with a public administrator). The minister could direct a regulatory college to implement the oversight body’s recommendations.
4. **Review of registration and complaint investigation decisions.** The Health Professions Review Board would become an arm of the oversight body and continue to carry out independent reviews of registration and complaint investigation decisions made by regulatory colleges. Its role would not be expanded at this time as the creation of an oversight body would result in significant improvements to accountability and transparency of the overall provincial regulatory environment.
5. **Publishing guidance on regulatory policy and practice.** The oversight body would be responsible for analyzing performance data and publishing guidance in support of improvements across the regulatory system, with the aim of protecting patients from harm and improving overall quality of care.

²² Government of British Columbia. Qualified professional legislation to restore public trust in natural-resource decision-making. [News release](#). Oct. 22, 2018.

6. **Identify core elements of shared standards of ethics and conduct across professions.** The oversight body would work with regulatory colleges to facilitate a collaborative process to support alignment of common elements of standards of ethics and conduct across professions. Regulatory colleges would continue to have the authority to add to their standards of ethics and conduct; however, there will be an expectation that certain core elements, as established by the oversight body, are present in the standards of all regulatory colleges. Patients could expect increased consistency in standards of conduct, while allowing for some differences based on the care provided by the profession.
7. **Establishing a range of standards of professional practice.** Regulatory colleges would continue to have the authority to create standards of professional practice and responsibility for the content of those standards; however, the oversight body could require regulatory colleges to create or update certain standards of professional practice. This would increase consistency of standards across health professions, while respecting profession-specific clinical expertise. The oversight body would monitor emerging practice issues to keep the range of standards of professional practice up-to-date.
8. **Development of model bylaws and oversight of the process for bylaw amendments.** Working with regulatory colleges, the oversight body would develop a common set of model bylaws to support consistency, particularly in matters related to governance. To simplify the process for bylaw amendments, the posting and filing periods for bylaws that align with the model bylaws would be shortened or removed.

Responsibility for the review and filing of bylaws would shift from ministry staff to the oversight body. The minister and oversight body would have the authority to disallow certain bylaws.

9. **Overseeing a board member appointment process.** The boards of directors of regulatory colleges would be appointed through a transparent, competency-based appointment process – developed and managed by the oversight body. This process would involve the regulatory colleges in identifying the desired competencies, diversity and experience required. The head of the oversight body would make a recommendation to the minister on board appointments.

The oversight body would use the same process to facilitate appointments to the discipline panel (discussed starting on page 16 of this paper).

10. **Recommending health occupations that should be regulated under the *Health Professions Act*.**

New professions – The oversight body would recommend to the minister which, if any, unregulated occupations should become regulated. This recommendation would be based on the level of risk the occupation’s activities have on public health, considering both the likelihood of harm and its severity should harm occur. The oversight body would also recommend how to address the risk of harm posed by an occupation, including whether another form of oversight might be more appropriate. If the minister accepts a recommendation for regulation under the *Health Professions Act* it would go to cabinet for final decision.

Existing professions not regulated under the Health Professions Act – Not all regulated health professions fall under the umbrella of the *Health Professions Act*. For example, emergency medical assistants are regulated by a government-appointed licensing board under the *Emergency Health*

Services Act. Some social workers are overseen by a regulatory college under the *Social Workers Act*, while other social workers are overseen by their employer, the Ministry of Children and Family Development. In the future, the oversight body could assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the *Health Professions Act* and, if so, by which regulator.

The steering committee has noted that there is opportunity to consider improvements to how emergency medical assistants, social workers and counselling therapists are regulated. The oversight body may wish to prioritize review of these groups.

11. **Holding a list (single register) of all regulated health professionals.** The oversight body would be responsible for creating an online list of all regulated health professionals that is publicly-accessible and easy to search. Responsibility for inputting data would rest with regulatory colleges.
12. **Oversight of systemic progress on timeliness of the complaint process.** The oversight body would monitor regulatory colleges' systemic progress on meeting time limits; and provide guidance on complaints' resolution best practices, including guidance related to timeliness. Concerns about timeliness of individual complaints would continue to be reviewed by the Health Professions Review Board.
13. **Collection of fees.** The oversight body would be given the authority to collect fees from regulatory colleges in the future. It is envisioned that initial funding for the oversight body will be provided by government.

Questions:

Q3a. *Do you support the creation of an oversight body?*

Q3b. *Do you agree with the functions listed above?*

Q3c. *Do you have any concerns and if so, what are they?*

Increased accountability to the Legislative Assembly

The *Health Professions Act* requires regulatory colleges submit an annual report to the Minister of Health. To increase transparency and accountability of the regulatory framework to the Legislative Assembly, the minister will be required to table the annual reports of regulatory colleges and the oversight body in the Legislative Assembly.

It is proposed that annual reports of regulatory colleges and the oversight body be provided to the Legislative Assembly by the Minister of Health.

Questions:

Q3d. *Do you support increased accountability by requiring regulatory colleges' annual reports to be filed with the Legislative Assembly?*

Q3e. *Should annual reports of the oversight body also be filed with the Legislative Assembly?*

4. Complaints and adjudication

The Cayton report brings to light challenges with the current complaints investigation and discipline process set out in the *Health Professions Act* and undertaken by regulatory colleges. The report finds this process “needs significant revision to make it more efficient and effective, transparent and fair.”²³ In particular, the report notes there is a need to create a clearer separation between the investigation and discipline stages of the complaints process.

The need for transparency and fairness in the complaints and discipline process were common themes from earlier public consultation. Members of the public who made complaints to regulatory colleges reported finding the process to be cumbersome and commented on delays and unsatisfactory resolutions. Health professionals and associations also highlighted the need for a timely and fair process. Regulatory colleges and health-sector stakeholders spoke to the necessity for professional clinical expertise in investigations and discipline.

Simplifying the complaints and discipline process is proposed in order to provide a clear focus on patient safety, public protection and strengthening public trust in regulation.

Proposed changes would include:

- Establishing a new disciplinary process that would create clear separation between the investigation and discipline stages of complaints. Regulatory colleges would continue to investigate complaints; however, disciplinary decisions would be made by a separate independent process.
- Increasing transparency by requiring that actions resulting from accepted complaints be made public.
- Removing the ability of professionals to negotiate agreements late in the process.

New independent discipline process

The Cayton report finds a lack of separation between the investigation of complaints and the disciplinary decision-making stage of the process, noting “separation of investigation from **adjudication** is a common principle of law which currently does not apply under the [*Health Professions Act*].”²⁴

The report recommends that a new adjudication body be established, separate from regulatory colleges, to make disciplinary decisions regarding regulated health professionals.²⁵ Most prior public consultation submissions supported an adjudication body.

A new discipline process would be created, in which disciplinary decisions would be made by discipline panels independent of regulatory colleges. This new process would further separate the investigation stage of complaints (undertaken by regulatory colleges) from the discipline stage and provide consistency across regulated health professions. The use of a panel approach supported by the oversight body would be more efficient than creation of a new body.

²³ Cayton report, p.77.

²⁴ Cayton report, p.87.

²⁵ Cayton report, p.86-87.

The oversight body would support establishment of a pool of qualified discipline panel members. The Minister of Health would appoint an executive panel lead who would select a specific panel for each discipline hearing depending on the competencies required to decide the matter. Regulatory college board members and senior-level staff within related health professional associations would be ineligible for panel membership.

A panel for each discipline hearing would include at least one health professional with clinical competence in the same health profession as the registrant facing the complaint and at least one public member (non-health professional). Three-member panels are envisioned; however, panels would be larger in complex complaints. Single-member panels would make decisions on simple matters (e.g., a registrant's failure to respond to a regulatory college in a timely way regarding a complaint).

A new disciplinary process is proposed in which independent discipline panels would make decisions regarding regulated health professionals.

Questions:

Q4a. *Do you support the creation of a new disciplinary process which would be independent from regulatory colleges?*

Q4b. *What are the benefits of such an approach?*

Q4c. *What are possible challenges and ways to address these?*

Regulatory college roles in the complaints process

The Cayton report makes a range of recommendations related to the role of regulatory colleges in complaint matters; especially related to the role of inquiry committees. The report recommends regulatory colleges continue to be responsible for investigation of complaints against registrants.²⁶ During consultation, stakeholders expressed the need to clearly delineate the functions of regulatory college inquiry committees in relation to adjudicative functions of a potential new external disciplinary body.

To improve public trust in the complaints process and ensure that public safety is at the forefront of complaints investigations, regulatory colleges would need to demonstrate their use of a fair and open process to appoint inquiry committee members. Regulatory colleges would need to ensure that inquiry committee membership considers competence, merit and diversity. Also, inquiry committee members would be required to undertake regular training and appraisal. Regulatory college boards would not be involved in complaints and discipline,²⁷ and persons in senior positions within related health professional associations would be ineligible for inquiry committee and discipline panel membership.

²⁶ Cayton report, p.86.

²⁷ Cayton Report, p.87 and p.75.

Regulatory college inquiry committees would continue to have many of their current functions, including to investigate complaints, dismiss vexatious complaints, send caution or advice letters, and to resolve matters consensually via agreements with registrants. Additionally, inquiry committees would have wider discretion to dispose of complaints, in line with the Cayton report's recommendation. Once inquiry committee investigations are complete, committees would refer matters to a discipline panel, where appropriate.

Regulatory colleges and their inquiry committees would continue to be responsible for the investigation of complaints. This will assure professional expertise in the investigation of complaints.

Questions:

Q4d. *Do you support regulatory colleges continuing to investigate complaints regarding health professionals?*

Q4e. *Do you support improvements to the composition of inquiry committees?*

Transparency

The Cayton report finds that “the *Health Professions Act* builds secrecy into the complaints process” and in doing so, protects registrants’ privacy but not the public.²⁸ It reflects that “it should be recognised as a fundamental right of a patient to know about their healthcare provider’s competence and conduct.”²⁹ Of significant concern is that when a registrant resolves a complaint by making an agreement with their regulatory college, in some cases public notification can be negotiated and the matter can be kept private. The report recommends that “all or any **sanctions** imposed in relation to complaints” be accessible to the public (via the single online register of professionals).³⁰ The need for increased transparency in the complaints and discipline process was a frequent theme of feedback during public consultation, specifically the need to disclose information regarding findings of complaints against professionals.

It is proposed that actions taken to resolve accepted³¹ complaints about health professionals be made public.

All actions resulting from agreements between registrants and regulatory colleges would become public (e.g., agreements that registrants complete additional training). These actions would be listed under the health professional’s name in the single online register and on the regulatory college’s website. Public notification would be limited in some circumstances related to practitioner’s ill health.³²

Questions:

Q4f. *Do you support publishing actions taken to resolve accepted complaints about health professionals?*

Q4g. *Do you support all actions resulting from agreements between registrants and regulatory colleges being public?*

²⁸ Cayton report, p. 82.

²⁹ Cayton report, p. 82-83.

³⁰ Cayton report, p.86.

³¹ Accepted complaints are those that are not dismissed, and where some action is being taken as a result of the complaint.

³² *Health Professions Act*. Section 39.3 (4) to (6).

Enable regulatory colleges to make public comments about known complaints

At times, a complaint under investigation may become known to the public through the media or other means. However, regulatory colleges may not provide public information due to interpretation of privacy provisions in the *Health Professions Act*. This may be perceived as a lack of transparency or inaction.

To increase transparency and public confidence, it is proposed that regulatory colleges be allowed to provide limited public comment if a complaint becomes known to the public, modeled after similar public notification rules of the Law Society of British Columbia.³³ This would allow regulatory colleges to disclose: the existence of a complaint, subject matter, status and any interim undertakings.³⁴

It is proposed that regulatory colleges be able to make limited public comments if a complaint under investigation becomes known to the public.

Questions:

Q4h. *Do you support allowing regulatory colleges to make limited public comments about a complaint under investigation if the complaint becomes known to the public?*

Q4i. *What are the benefits of such an approach?*

Q4j. *What are the challenges, and how can these be addressed?*

Ensuring past conduct is considered

The *Health Professions Act* appears to give regulatory colleges discretion on whether past conduct will be considered when current complaints are reviewed. The Cayton report highlights concerns regarding this discretion. The report notes that “a history of upheld complaints is clearly relevant to sanction, particularly if remediation has previously been prescribed but has failed to improve performance.”³⁵

In order to better protect patients from harm, it is proposed that complaint and discipline decisions must take into consideration the professional’s past history.

Questions:

Q4k. *Do you support requiring that regulatory colleges and disciplinary panels consider a registrant’s past history of complaints and discipline when making decisions on a current complaint?*

Q4l. *What are the benefits of such an approach?*

Q4m. *What are the challenges and how can they be addressed?*

Time limits and timeliness

Timely investigations and conclusions of complaint matters are important to ensuring public safety and confidence in the regulation of health professionals. Regulatory colleges, health professionals, health-sector employers, and public safety agencies may influence timeliness.

³³ Law Society of BC Rules 2015, updated July 2019, [3-3\(2\)](#).

³⁴ This is modeled on the Law Society of BC Rules 2015, [3-3\(2\)](#).

³⁵ Cayton Report, p.80-81.

The *Health Professions Act* currently sets time limits for how long inquiry committees have to complete complaint investigations (by disposing of complaints), allows the suspension of investigations if they are delayed, and gives certain powers to the Health Professions Review Board to investigate and respond.³⁶ The Cayton Report notes that “statutory time limits take no account of reality (complexity of cases, actions by the registrant, actions by lawyers, circumstances outside the college’s control, resources available) and there are other better ways of improving timelines” and recommends removing the statutory time limit for how long inquiry committees have to complete investigations/dispose of matters.³⁷

Time limits would be set for stages of the investigation process to encourage timeliness and transparency, instead of a statutory time limit for the overall length of time that investigations must be completed in. Time limits for stages in the investigation process would strengthen the requirements on registrants to co-operate with investigations. Time limits for points in the investigation process would be specified, and may include:

- A set number of days in which registrants are required to respond to a complaint.
- A set number of days in which regulators must respond to and update the complainant.
- Time limits for negotiations between registrants and inquiry committees, which may include limiting how long registrants have to make proposals to the inquiry committee once a citation has been issued for a disciplinary panel hearing. This would help to resolve complaints more quickly and could reduce costs.

The Health Professions Review Board would continue to be responsible for reviewing concerns of complainants when regulatory colleges do not meet time limits in the investigation process. The oversight body would be responsible for monitoring regulatory colleges’ systemic progress on meeting time limits and for encouraging improvements.

It is proposed that time limits be set for stages of the investigation process, instead of a statutory time limit for the length of time that investigations must be completed in.

Responses to sexual abuse and sexual misconduct

The *Health Professions Act* leaves discretion with regulatory colleges in how they address sexual abuse and misconduct. Alberta and Ontario have taken specific measures to address sexual abuse by health professionals, these include mandatory cancellation of practice for sexual abuse, and requiring regulatory colleges to fund counselling for victims. Many other provinces do not have such measures.

The steering committee is seeking feedback to help establish consistency across regulatory colleges in relation to how they address sexual abuse and sexual misconduct.

Question Q4n: *What measures should be considered in relation to establishing consistency across regulatory colleges regarding how they address sexual abuse and sexual misconduct?*

³⁶ *Health Professions Act*, Section 50.55.

³⁷ Cayton Report, p.83.

5. Information sharing to improve patient safety and public trust

In matters of multi-profession complaints (i.e., a complaint regarding care from a team of health professionals) and patient safety matters, information sharing is needed in order to protect the public. Regulatory colleges, along with all parts of the health profession regulatory system, must work together to improve patient safety and secure public trust in health professionals.³⁸

During public engagement, regulatory colleges noted that legislative barriers to information sharing made it difficult to work with other health system stakeholders. Information sharing between regulatory colleges, health authorities and other agencies is affected by multiple pieces of legislation. It was suggested that statutory changes are required to allow effective communication among regulatory colleges and with other agencies. It was also suggested that regulatory colleges should be responsible for co-ordinating team-based care complaints, so that patients only have to connect with one regulator.

It is proposed that health profession regulatory colleges be enabled to share information (between each other and with other agencies) where necessary for public safety and protection.

Questions:

Q5a. *What are the benefits of enabling regulatory colleges to more easily share information?*

Q5b. *What are the challenges of this approach and how can they be addressed?*

Q5c. *What organizations should regulatory colleges be able to share information with in order to protect the public from future harm, or address past harms?*

Next steps

Feedback from British Columbians and health-sector stakeholders will assist the steering committee to finalize recommendations for modernization of health profession regulation. Following the public consultation period, a summary of feedback received will be shared.

³⁸ [Regulation rethought: Proposals for reform](#). Professional Standards Authority. October 2016. Page 4.

Appendix A: Glossary of Terms

Adjudication: To make a formal judgement or decision on a disputed matter.

Audit or audits: In the context of this paper, an audit is a routine assessment, conducted by the oversight body, of the performance of regulatory colleges.

Competency-based appointment process: A process by which individuals are assigned to a position of responsibility based on demonstrated competency, experience and skill.

Oversight body: In the context of this paper, a dedicated body responsible for promoting regulatory best practices and holding regulators to account through rigorous reporting and review mechanisms.

Registrant or registrants: Refers to a health professional(s) registered with a regulatory college under the *Health Professions Act*.

Regulation: Regulation is a means to control an activity, process or behaviour, usually by means of rules made by government or other authority.

Regulatory college: In B.C., regulated health professionals are governed under the *Health Professions Act*. The act establishes regulatory colleges that are responsible for ensuring that regulated health professionals provide health services in a safe, professional and ethical manner. A regulatory college's legal obligation is to protect the public through the regulation of their registrants.

They do this by:

- Determining registration requirements;
- Setting standards of practice;
- Recognizing education programs;
- Maintaining a register that everyone can search;
- Protecting certain titles; and,
- Addressing complaints about their registrants.

Review/investigation: In the context of this paper, a review or investigation is an in-depth examination of a regulatory college (or groups of regulatory colleges), conducted by the oversight body for a specific purpose.

Sanction: Penalties or other means of enforcement used to provide incentives for obedience with the law, or with rules and regulations.

Appendix B: List of regulatory colleges and regulated professions in British Columbia

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)
College of Chiropractors of B.C.	2017/18 ³⁹	1,215	1,252
College of Dental Hygienists of B.C.	2018/19		4,012
College of Dental Surgeons of B.C.	2018/19	Dentists: 3,725 Certified Dental Assistants: 6,138 Dental therapists: 7	Total: 10,432 Dentists: 3,851 Certified Dental Assistants: 6,574 Dental therapists: 7
College of Dental Technicians of B.C.	2018/19	Dental Technicians: 386	Total: 995 Dental Technicians: 393 Dental Technician Assistants: 559 Student: 43
College of Denturists of B.C.	2018/19	260	268
College of Dietitians of B.C.	2018/19	1,284	1,318
College of Massage Therapists of B.C.	2017/18	4,564	4,759
College of Midwives of B.C.	2018/19	293	379
College of Naturopathic Physicians of B.C.	2018	597	705
B.C. College of Nursing Professionals	2018	Registered nurse: 39,921 Nurse practitioner: 525 Licensed practical nurse: 13,168 Registered psychiatric nurse: 2,913 Graduate & employed students: 688	Total: 59,493 Registered nurse: 41,636 Nurse practitioner: 552 Licensed practical nurse: 13,477 Registered psychiatric nurse: 3,139 Graduate & employed students: 689
College of Occupational Therapists of B.C.	2017/18	2,469	2,575
College of Opticians of B.C.	2018/19	981	1011

³⁹ Annual reporting cycles differ between regulatory colleges (i.e., fiscal year reporting vs. calendar year reporting). Information in this document was obtained from the latest published annual reports from each college.

Regulatory College	Reporting Year	Practising Registrants	Total Registrants (all categories, including non-practising)
College of Optometrists of B.C.	2018	811	815
College of Pharmacists of B.C.	2018/19	Pharmacists: 6,272 Pharmacy technicians: 1,576	Total: 8,772 Pharmacists: 6,321 Pharmacy technicians: 1,583 Student: 868
College of Physical Therapists of B.C.	2018	4,192	4,436
College of Physicians and Surgeons of B.C.	2018/19	12,960	13,724
College of Podiatric Surgeons of B.C.	2018	78	85
College of Psychologists of B.C.	2018	1,255	1,331
College of Speech and Hearing Professionals of B.C.	2018		Total: 1,864 Audiologists: 43 Hearing instrument practitioners: 265 Speech language pathologists: 1,300 Multi-profession registrants: 256
College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C.	2018/19	2,267	2,361



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Registration Committee Report to Council
Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Marjory Phillips (co-Chair)	Council	Jane Ledingham	College
Patricia Minnes (co-Chair)	Council	Phillip Ricciardi	Council
Mark Coates	College	Cory Richman	Public Member
Emad Hussain	Public Member	Sheila Tervit	College
Paula Klim-Conforti	College	Wanda Towers	Council

Staff Support:

Lesia Mackanyn	Director, Registration
Myra Veluz	Senior Registration Assistant
Shannon Elliott	Administrative Assistant: Registration
Deneika Greco	Administrative Assistant: Registration

Meetings of the Registration Committee:

September 2019: Panel A

The Registrar referred a total of 31 cases to Panel A.

These cases included:

- 2 cases involving academic credential reviews (2 masters);
- 18 cases involving retraining for supervised practice members or eligible candidates (8 doctoral, 10 masters);
- 2 cases involving removal or a modification of a limitation and/or a condition for autonomous practice members;
- 9 cases involving requests for change of area of practice from autonomous practice members.

September 2019: Panel B

The Registrar referred a total of 38 cases to Panel B.

These cases included:

- 2 cases involving academic credential reviews (1 doctoral, 1 masters);
- 1 case involving the language fluency requirement;
- 18 cases involving retraining for supervised practice members or eligible candidates (8 doctoral, 10 masters);
- 1 case involving
- 1 case involving removal of a condition for an autonomous practice member;

- 14 cases involving a request for change of area of practice from autonomous practice members;
- 1 case involving a request to return to an autonomous practice certificate from a retired certificate.

September 2019: Plenary Session

The Committee completed its work on revising the *Guidelines for Completing the Declaration of Competence* and agreed to forward the revised guidelines to the November 2019 meeting of the College's Executive Committee for review. The Committee planned to continue its work on revising the *Guidelines for Retraining for Supervised Practice Members* (and related forms used for proposing and evaluating retraining plans), at their next Plenary Session in November 2019.

For information purposes, the Director, Registration provided the Committee with a brief summary of the number of active registration related appeals in progress with the Health Professions Appeal and Review Board (HPARB).

November 2019: Panel A

The Registrar referred a total of 49 cases to Panel A.

These cases included:

- 6 cases involving academic credential reviews (1 doctoral, 5 masters);
- 16 cases involving retraining for supervised practice members or eligible candidates (14 doctoral, 17 masters);
- 3 cases involving eligibility to attend an Oral Examination;
- 1 case involving a reciprocity application;
- 8 cases involving a request for change of area of practice from autonomous practice members.

November 2019: Panel B

The Registrar referred a total of 40 cases to Panel B.

These cases included:

- 7 cases involving academic credential reviews (1 doctoral, 6 masters);
- 26 cases involving retraining for supervised practice members or eligible candidates (11 doctoral, 15 masters);
- 1 case involving eligibility to attend an Oral Examination;
- 1 case involving removal of a condition for an autonomous practice member;
- 6 cases involving requests for change of area of practice from autonomous practice members.

November 2019: Plenary Session

The Committee discussed the implementation of its 2019 - 2020 *Plenary Session Work Plan* to assist in documenting and monitoring progress on completed projects and identifying future projects and timelines for completion. The Committee discussed ideas for future projects, for example review of the Oral Examination and review of the Supervision Resource Manual.

The Committee continued its work on the project of revising the *Guidelines for Retraining for Supervised Practice Members* including the forms used for proposing and evaluating retraining plans, with the goal of revising each for greater clarity and specificity.

Marjory Phillips, Ph.D., C.Psych.
Co-Chair, Registration Committee

Patricia Minnes, Ph.D., C.Psych.
Co-Chair, Registration Committee

Glossary of Terms

- **Academic Credential Reviews:** 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 master's or doctoral degree.
- **Change of Area of Practice:** Autonomous practice members who wish to be authorized to practice in a new area and/or with a new client group.
- **Examination Outcomes:** Reviews of outcomes of oral or written examinations.
- **Reciprocity Applications:** 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.
- **Retraining:** 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 her/his knowledge and skills via a retraining plan.
- **Return from Inactive to Autonomous:** 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.



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Inquiries, Complaints and Reports Committee (ICRC) Report to Council

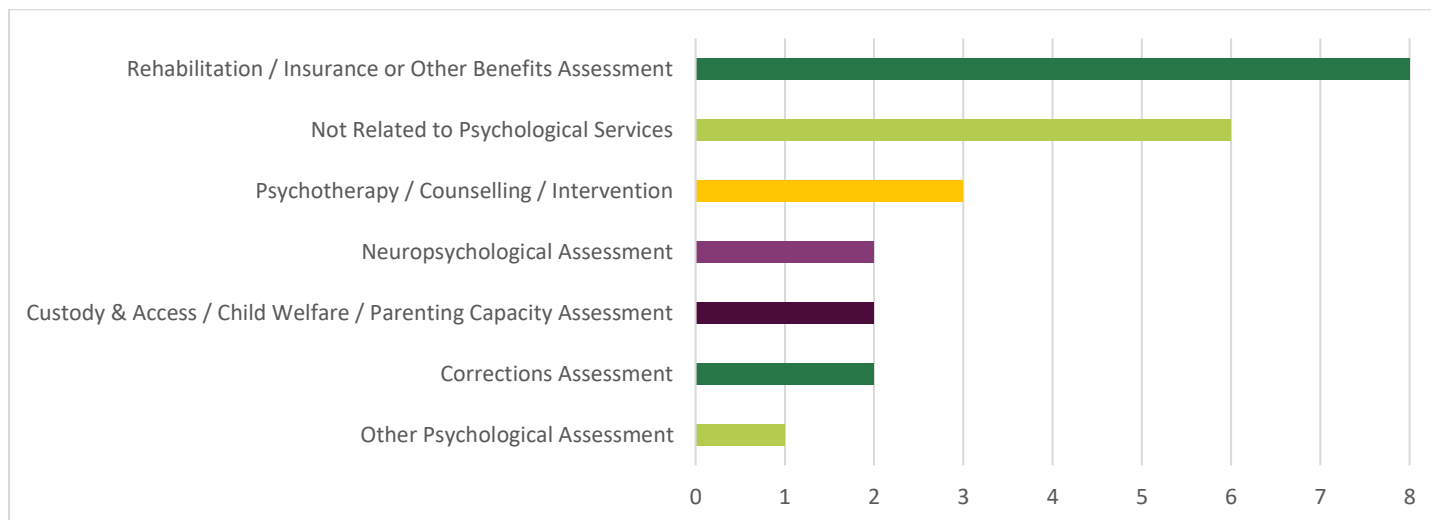
Second Quarter, September 1, 2019 – November 30, 2019

Committee Members:

Elizabeth Levin (Chair)	College	Marilyn Keyes	Council
Diane Addie	College	William Middleton	Public Member
Gilles Boulais	College	Denise Milovan	Council
Jason Brown	College	Melanie Morrow	College
Judy Cohen	Public Member	Susan Moraes	College
Michael Grand	Council	Rana Pishva	College
Graeme Goebelle	Public Member	Fred Schmidt	College
Allyson Harrison	College	Laura Spiller	College
Joyce Isbitsky	Council	Natasha Whitfield	College

New Complaints and Reports

In the 2nd Quarter, the College received 22 new complaints, and opened 2 new Health Inquiries, for a total of 24 new matters. The nature of service in relation to these matters are as follows:



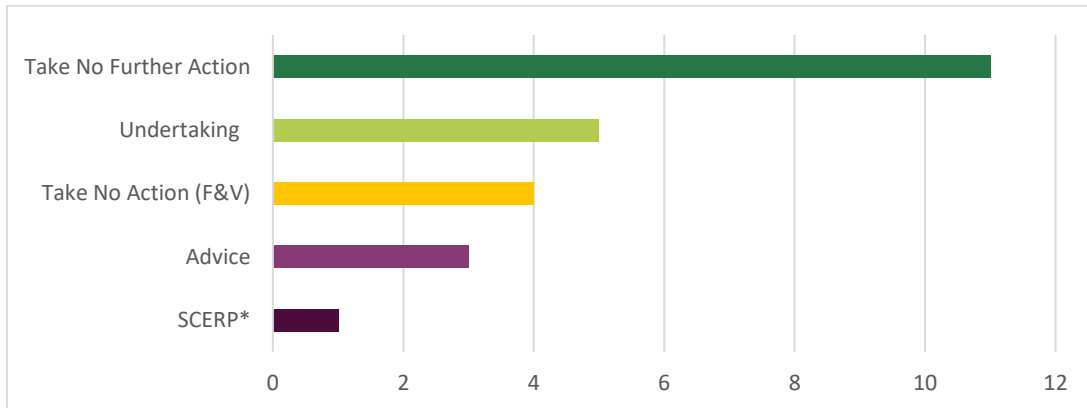
ICRC Meetings

The ICRC met five times in the second quarter (September 18, September 25, October 23, November 12 and November 21) to consider a total of 41 cases. An oral caution regarding 3 cases was delivered at the October 23, 2019 ICRC meeting. Also, 17 teleconferences were held to consider 29 cases.

Due to the high volume of cases available to be considered by the ICRC, two supplementary in-person meetings were scheduled for November 12 and December 12, 2019. There are 8 cases scheduled to be considered at the December 12 meeting.

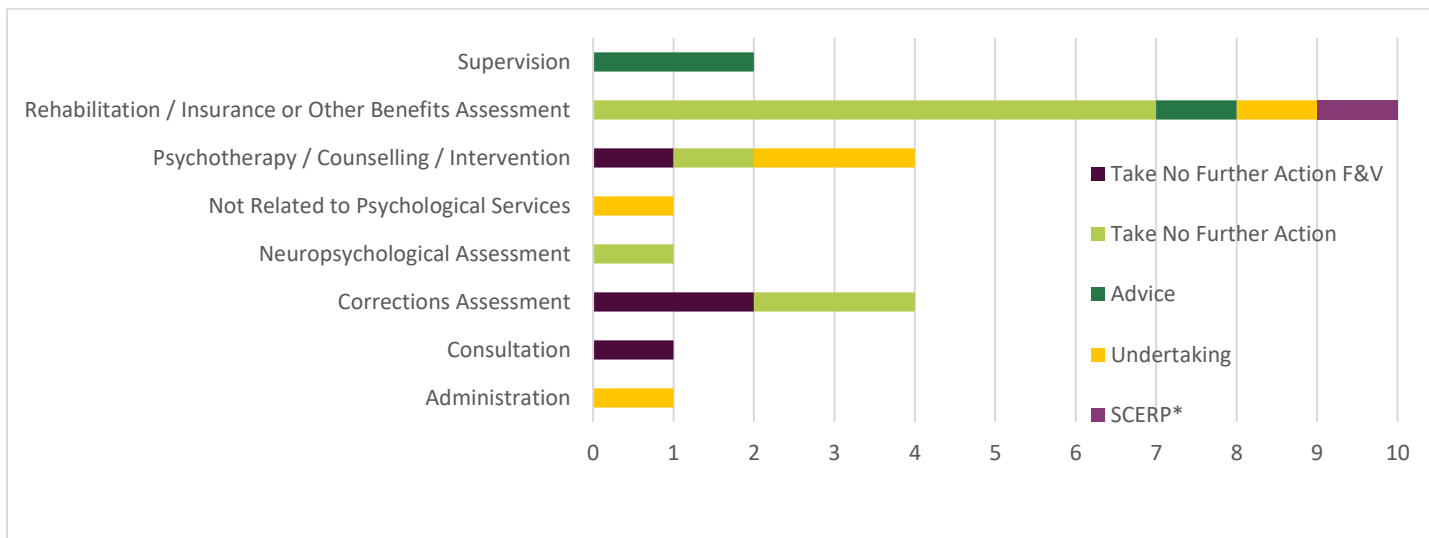
ICRC Dispositions

The ICRC disposed of 24 cases during the 2nd Quarter, as follows:



**Specified Continuing Education or Remedial Program*

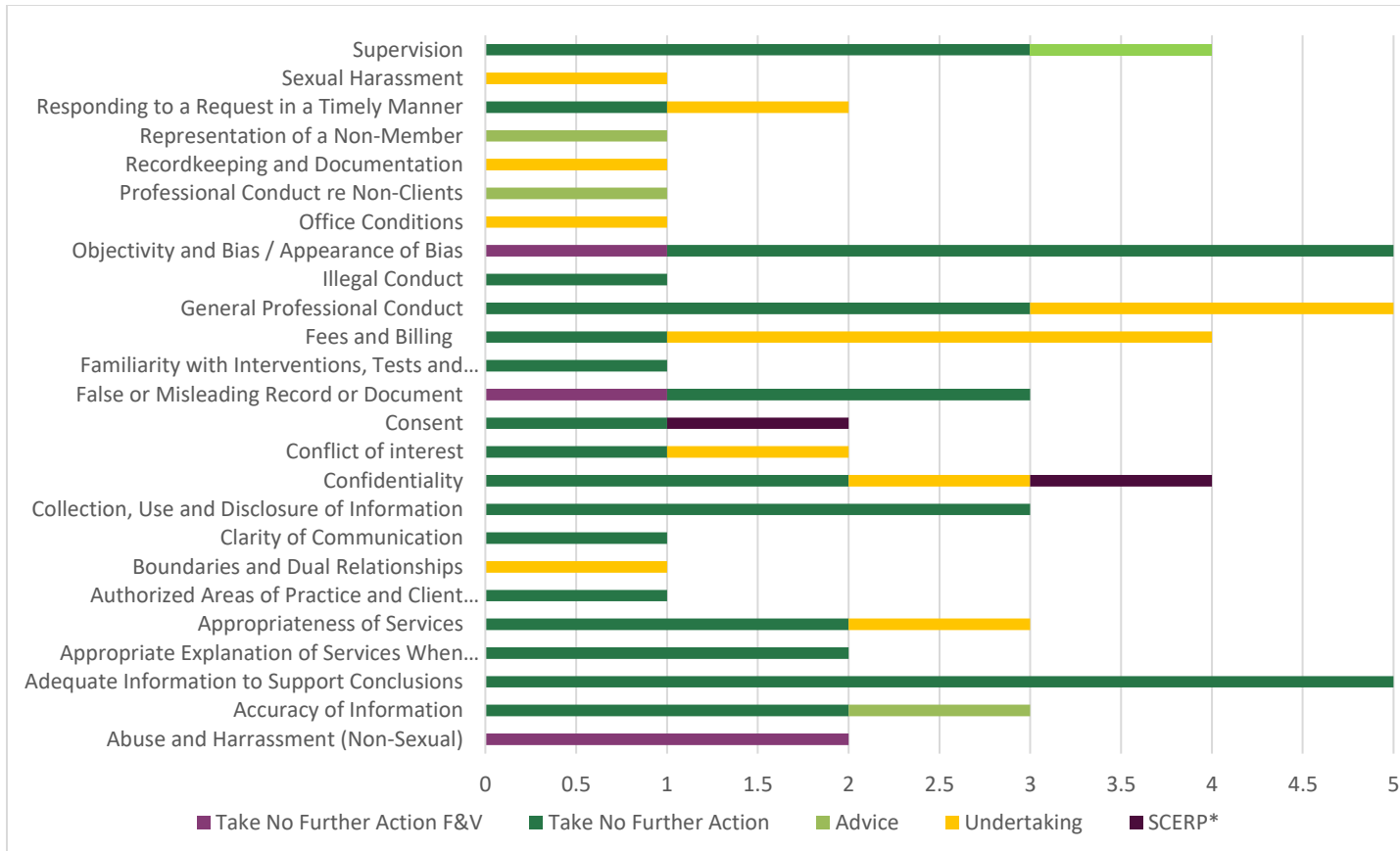
The dispositions of these 24 cases, as they relate to nature of service, are as follows:



**Specified Continuing Education or Remedial Program*

Disposition of Allegations

In the 2nd Quarter, the 24 cases disposed of included the consideration of 59 allegations. The ICRC took some remedial action with respect to 19, or 32%, of these allegations.



*Specified Continuing Education or Remedial Program

Health Professions Appeal and Review Board (“HPARB”)

In the 2nd Quarter, three HPARB reviews of ICRC decisions were requested. Three HPARB decisions were received, all of which confirmed the ICRC decisions.

Respectfully submitted,

Elizabeth Levin

Elizabeth Levin, Ph.D., C.Psych.
 Chair: Inquiries, Complaints and Reports Committee
 December 4, 2019



**THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO**

Integrated Risk Management Report to Council

December 13, 2019

In December 2017, Council approve the introduction of an Integrated Risk Management Plan using the Risk Management Register 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). The initial review identified 18 risks. Of those, six have had controls and mitigation strategies implemented and have been closed. An example of this is *Termination of an employee resulting in legal action against the College*. The College has annual performance reviews to identify any potential issues and obtains legal advice as necessary.

Each year the risk register is reviewed to assess the effectiveness of the strategies applied and to identify any new risks that should be included. The risk register review in 2019 resulted in two new risks being identified. The 18 risks carried over from the previous year are considered residual risks and will remain open to ensure continuous monitoring. An example of this would be sexual abuse of a client by a member. The College, through the Client Relations Committee, provides educational materials regarding this concern, however the College cannot guarantee that even with such mitigation, the risk will be eliminated. Therefore, this remains on ongoing risk.

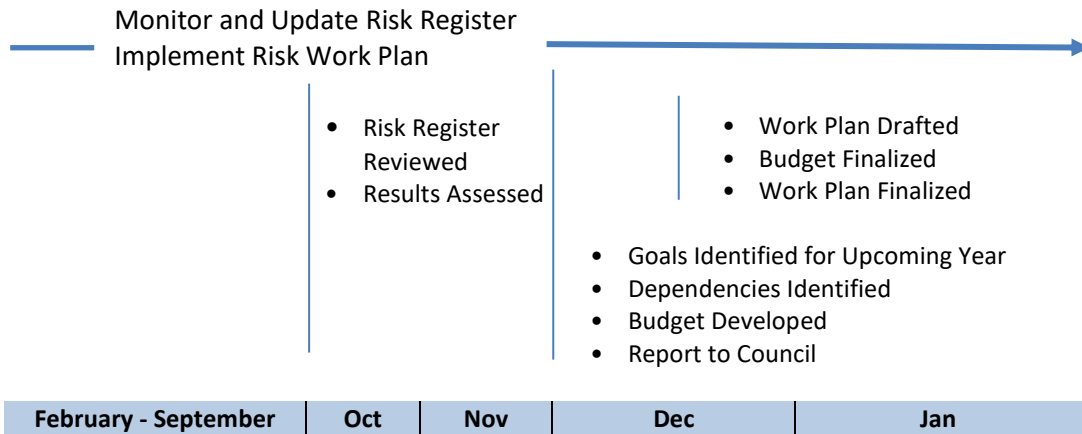
In October and November 2020, an assessment will be undertaken to review current active risks and to identify any other risks to be added to the Risk Register. This identification will include budgetary implications.

Risks by Category and Risk Level 2019

	Low	Medium	High	Total	Closed
Human Resources	0	3	0	3	3
Financial	1	1	0	2	2
Leadership	0	1	1	2	0
External Relations	0	0	1	1	0
IT	0	1	0	1	1
Facilities	0	1	0	1	0
Regulation – Professional	0	8	2	10	0
Total	1	15	4	20	6

Risk Register Timeline

The following *Risk Register Timeline* illustrates the annual cycle undertaken to monitor and maintain the Risk Register:



Contact for Questions

Dr. Rick Morris, Registrar & Executive Director



Moving Forward Together: Protecting the Public by Safeguarding Regulation

ASPPB Annual Meeting Summary

As you all know, ASPPB is the alliance of state, provincial and territorial boards responsible for the regulation of psychology. Our mission is to enhance services and support member jurisdictions in fulfilling their goal of advancing public protection. One of the ways we accomplish our mission is by providing Midyear and Annual membership meetings. The 59th ASPPB Annual Meeting of Delegates, with the theme of “Moving Forward Together: Protecting the Public by Safeguarding Regulation,” welcomed 120 attendees from 40 jurisdictions, and liaisons from 10 groups, to Minneapolis, MN, October 14-20, 2019.

In describing the themes that would be addressed, Sharon Lightfoot, Chair of the meeting, asked attendees to consider whether there might be an agreed-upon standard of education, supervision and examinations that best assures the competence to practice independently; whether access to care is a public protection issue; and whether safeguarding psychology regulation is part of public protection. In focusing on these issues, the Annual Meeting looked in-depth at current governmental efforts that have been undermining to psychology regulation and to public protection. Strategies to respond to these efforts in order to safeguard regulation were explored. The meeting concluded with possible next steps to consider in our work of public protection.

With overall meeting goals to understand the concerns that have created this anti- or de-regulatory climate, to understand the breadth and depth of challenges to professional licensure, to review strategies that have successfully addressed the challenges to psychology regulation, and to develop consensus regarding the “best practices” to promote responsible psychology licensure that will protect the health and welfare of the public, the meeting began. Below is a summary of the Annual Meeting sessions and major “take aways” from those sessions. All PowerPoint slides can be found on the ASPPB website at www.asppb.net.

1) Current Legislative Efforts Regarding Professional Regulation

- a. Our keynote speaker, John Johnson, Director of Legislative and Governmental Affairs for the National Association of State Boards of Accountancy, reviewed the major strategic and concerted efforts aimed at reducing and/or eliminating all regulation, including the regulation of professions.
- b. By the end of 2018, all but 12 states had introduced and/or passed bills to reduce/eliminate professional licensure, and in 2019, 27 states have introduced and/or passed additional legislation to reduce or eliminate what key groups have termed “barriers to licensure.” The agenda and messaging of these key groups that drive deregulatory efforts were reviewed.

2) Effective Strategies to Respond to Efforts of Concern Include: Education

- a. It is important that the voices of those who support responsible regulation are heard. A number of stakeholders, including regulatory boards, professional associations, and The Alliance for Professional Regulation, are beginning to develop and promote materials aimed at educating

- the public and governmental entities about responsible regulation, especially for highly technical and skilled professions such as psychology.
- b. New Brunswick and Minnesota provided examples of their “one-pagers” that provide education about regulation and psychology. The Alliance for Responsible Professional Legislation also provided materials for all attendees. These materials will be available on the ASPPB website soon.
 - c. The importance of clear and concise materials (“with a lot of space on the page”) that provide factual information about how psychology regulation protects the public, and that explain what psychologists do, was highlighted again and again. Attendees worked in roundtable format during this session to provide their “first drafts” of elevator speeches and one-page educational products. ASPPB has gathered this information and will provide these resource materials on the ASPPB website for member jurisdictions to use.
 - d. The importance of ‘sharing’ the regulatory perspective was highlighted by all speakers. Attendees were strongly encouraged to educate our governments and stakeholders about psychology regulation, including the importance of government Involvement, due process, and the public’s lack of ability to accurately assess the competence of highly technical and/or trained professionals. Other possible talking points for education about regulation included:
 - Freestanding (versus omnibus) boards provide a profession-specific expertise, which promotes efficiency in the regulatory process.
 - Professional regulation allows an affordable, efficient and uniform mechanism for all to have redress (versus a costly and lengthy process of litigation primarily available to those with resources).
 - Licensure provides a clear and transparent model for individuals to enter a professional field and to assure the public that those who are licensed meet a certain standard for practice.
 - e. The importance of language was discussed when explaining why regulation matters. There was some discussion about the term “advocate/advocacy” and whether or not regulators could “advocate” for regulation. In the broad sense, it was agreed that ‘advocacy’ *is* ‘education’. It was suggested that we, as a regulatory community, be prepared to justify (vs. defend) psychology regulation. The community that advocates for de-regulation stresses how regulation creates barriers. As regulators we should stress that education, experience and standardized exams are *standards* (vs. *barriers*). Regulators should also stress that certain legislation will *decrease public protection* (vs. *decrease regulation*). Finally, when we discuss the *freedom to do something* (e.g., earn a living) it must be balanced with the *freedom from something being done to us* (e.g., harmed by an incompetent professional).
 - f. The importance of identifying opportunities to share key information was discussed. Some boards consistently invite legislators to their board meetings. Engineers use “infrastructure failures” as opportunities to share key information with the public about why hiring certified engineers is important for public safety. ASPPB Annual Meeting attendees were encouraged to think about what a “psychology infrastructure failure” might be, and to be on the lookout for opportunities to educate various constituencies about the importance of licensure.

3) Working together with ASPPB and External Stakeholders to Support Psychology Regulation

- a. ASPPB’s efforts include information on our website in the “Regulatory Board Access” section that includes general information about ASPPB and its programs, as well as, resources for boards and colleges; board member training that can be requested at any time; and minutes from all ASPPB Board of Directors meetings. There are many more member services provided by

- ASPPB to our jurisdictions. See the PowerPoint presentations by Janet Orwig and Alex Siegel from the Annual Meeting and visit the “Regulatory Board Access” section of ASPPB website.
- b. Canadian member jurisdictions have been dealing with governmental concerns about access to care and barriers to licensure for longer than our U.S. jurisdictions. As a result of the Canadian Agreement on Internal Trade, a psychologist in one province of Canada is a psychologist in any province of Canada. Psychology regulatory bodies in Canada originally formed ACPRO to facilitate information sharing among themselves. ACPRO has been working toward a national standard for licensure requirements that will ensure the best public protection and access to competent care and be responsive to governmental concerns.
 - c. APA provides program accreditation that helps standardize doctoral-level training and works with state psychological associations to offer continuing education, work against legislation that could be harmful to the public (e.g., conversion therapy, “consumer choice” initiatives that allow the public to be treated by non-licensed individuals if they have been informed that the person is unlicensed, etc.), and work toward legislation that increases access to care (e.g., PSYPACT).

4) Effective Strategies to Respond to Efforts of Concern Include: Uniformity

- a. Our keynote speaker highlighted how the Boards of Accountancy have effectively countered legislation that would reduce public protection by creating more uniformity among their boards. The Accountancy Boards have adopted a standardized educational curriculum to qualify one to be an accountant and standardized criteria for the kind of experience that qualifies for licensure.
- b. Other presenters discussed how compacts and other mobility measures were important to ensure greater access to competent care and to maintain ongoing treatment.

5) Moving Forward Together: Should we Pursue Uniformity?

- a. Attendees discussed whether or not it is time for psychology regulators to move toward more uniformity among us. There was unanimous approval for moving toward uniformity as the best way to ensure public protection. The next question is how best to do this.
- b. Dale Atkinson introduced the idea of using formal resolutions to allow membership to charge the Association with carrying out specific tasks. This process will be further explored during the 2020 ASPPB Midyear Meeting in Montreal.
- c. Attendees discussed whether or not it was time to develop a uniform Model Act. Discussion ensued about developing a process which would include all member jurisdictions that would allow for review, debate, and eventually adoption of a set of uniform standards for psychology regulation.

6) Bringing to Your Attention...

This new part of our meetings is used to inform our jurisdictions about what’s taking place around the U.S. and Canada, and what member boards might want to know. During the Annual Meeting we discussed further details about the Argosy closings, the impact of the closings on future candidates for licensure and the information that will be coming to licensing boards as a result ; the new CoA *Standards of Accreditation* impact on training and transcripts (e.g., certain discipline-specific knowledge may be met in undergraduate training, and certain discipline specific knowledge and/or core competencies may be achieved through cross-cutting coursework versus specific coursework - and how the achievement of this knowledge and these competencies will be demonstrated on the transcript); legislation which bans the harmful practice of conversion therapy that has been introduced and passed in a number of our jurisdictions; a standardized taxonomy for specialties which could guide training and assist licensing boards in evaluating key issues such as scope of practice; etc. We hope that this new

feature of our meetings will be helpful to member jurisdictions in being able to anticipate what might be ahead.

Our 2020 Midyear Meeting in Montreal will build on the work that attendees began at the 2019 Annual Meeting. Hopefully this summary captures the highlights of the shared wisdom that occurred at the Annual Meeting in Minneapolis. For those who were not present, and for those who were, please contact Cindy Olvey, Chair of the 2020 Midyear Meeting or Gerald O'Brien, who will be Chair of the 2020 Annual Meeting, with further thoughts, suggestions or insights about these issues. The work that began in Minneapolis was extremely energizing, and we hope that this energy remains and carries us forward together in our critical work of public protection. ASPPB will be sending updates prior to the 2020 Midyear Meeting so that our jurisdictions will be prepared to "work" once we get to Montreal.

Again, please note that all Annual Meeting presentations are available on the ASPPB website. For assistance with logging on and accessing the information, please contact Stacey Camp (scamp@asppb.org).

COLLEGE OF PSYCHOLOGISTS OF ONTARIO
STRATEGIC DIRECTION 2017 - 2022
Updated December 1, 2019

Vision *[What we aspire to be]*

The College strives for excellence in self-regulation in service of the public interest.

Mission *[Why we exist]*

To regulate the practice of psychology in serving and protecting the public interest

Strategies *[How we accomplish our Mission]*

In accomplishing our Mission, the College promotes excellence in the practice of psychology by:

- Enforcing standards fairly and effectively through:
 - Developing, establishing and maintaining standards of qualifications for individuals seeking registration,
 - Developing, establishing and maintaining standards of practice and professional ethics for all members,
 - Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members;
- Communicating clearly and effectively with stakeholders, particularly applicants, members and the public;
- Supporting and assisting members to meet high standards;
- Responding to changing needs in new and emerging practice areas;
- Collaborating in shaping the regulatory environment;
- Acting in a responsibly transparent manner; and,
- Advancing the Council's governance practices.

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

Fairness

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

Accountability

The College acts in an open, transparent and responsible manner and communicates about its processes.

Integrity

The College acts honestly, ethically, and responsibly.

Respect

The College treats members of the public, members of the College, prospective members and other stakeholders with respect.

Agenda Key	MISSION: To regulate the practice of psychology in serving and protecting the public interest by:	Current/Recent Examples	In Development/Proposed Examples
M1	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing and maintaining standards of qualifications for individuals seeking registration, 	<ul style="list-style-type: none"> • Revised the manner for recording Oral Exam results when not all areas of practice/client groups are authorized (September 2016) • Issuance of IAP Certificate for temporary and limited practice by practitioners registered in other jurisdictions (June 2019) 	<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)
M2	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing and maintaining standards of practice and professional ethics for all members, 	<ul style="list-style-type: none"> • Review of Standards of Professional Conduct underway (Fall 2016) • Adopted the new <i>Standards of Professional Conduct</i>, to go into effect September 1, 2017 (March 2017) • Creation of the ICRC Risk Rubric (August 2017) 	
M3	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members 		
M4	<ul style="list-style-type: none"> • Communicating clearly and effectively with stakeholders, particularly applicants, members and the public 	<ul style="list-style-type: none"> • Publication of <i>e-Bulletin</i> quarterly • Staff presentations to students and members (ongoing) • Strategic Direction 2017 – 2022 to members • Executive Committee Reception with London members (May 2017) • Executive Committee Reception with Guelph members (November 2017) • Proposed Policy II-3(iii) Appearance before a panel of the ICRC to be Cautioned (December 2017) • Executive Committee Reception with 	<ul style="list-style-type: none"> • College Communications Plan (March 2018)

		<ul style="list-style-type: none"> Kingston Members (May 2018) • Use of Title Consultation (February 2019) • Executive Committee Reception with Thunder Bay members (May 2019) • Executive Committee Reception with Hamilton members (November 2019) 	
M5	<ul style="list-style-type: none"> • Supporting and assisting members to meet high standards 	<ul style="list-style-type: none"> • Practice advisor service (ongoing) • Barbara Wand Symposium (December 2016) • Revision of the Self-Assessment Guide (May 2017) • Continuing Professional Development Program Implementation • Examination and Corporation Fee Reductions (June 2017) • Practical Applications within new <i>Standards</i> will be continuously updated (June 2017) • Barbara Wand Symposium in Ottawa (June 2017) • Updated Policy II-3(ii) Release of the Member's Response to the Complainant (June 2017) • Frequently Ask Questions for the new Standards and CPD Program continuously updated (August 2017) • Barbara Wand Seminar (January 2018) • Barbara Wand Seminar (June 2018) • Peer Assisted Reviewer Training (November 2018) • French Language translations of new <i>Standards</i> completed (November 2018) • Barbara Wand Seminar (January 2019) • Guidelines for CPD published in <i>e-Bulletin</i> (January 2019) • Release of new materials for the prevention of boundary violations and sexual abuse, including a discussion guide. 	<ul style="list-style-type: none"> • Barbara Wand Seminar (December 2019)

		<ul style="list-style-type: none"> Barbara Wand Seminar (June 2019) 	
M6	<ul style="list-style-type: none"> Responding to changing needs in new and emerging practice areas 	<ul style="list-style-type: none"> New technological standard within the revised <i>Standards of Professional Conduct 2017</i> 	
M7	<ul style="list-style-type: none"> Collaborating in shaping the regulatory environment 	<ul style="list-style-type: none"> Participation in ASPPB, ACPRO, FHRCO College participation in inter-College Psychotherapy Working Group FHRCO Sexual Abuse Prevention Task Force Chaired by Deputy Registrar (2016-2017) College participation in FHRCO discussions regarding Bill 87 (transparency and other changes to the RHPA) College Council responded to the Standing Committee on Bill 87 (March 2017) Submission to HPRAC, re: Psychotherapy (October 2017) Submission to MOHLTC on regulation amendments in the Health Professions Procedural Code (March 2018) Submission to Ontario Regulation Registry on Psychotherapy (June 2018) Confirmation to Pursue Regulation of ABA (September 2019) 	<ul style="list-style-type: none"> Discussions with the MOHLTC with regards to the regulation of ABA (November 2017) Ongoing Discussions with MOH and MCCSS regarding regulation of ABA (Fall 2019)
M8	<ul style="list-style-type: none"> Acting in a responsibly transparent manner 	<ul style="list-style-type: none"> Posting of Council materials package before meetings on website (June 2016) Council and Executive Meetings to begin with a Declaration of Conflicts of Interest (June 2017) Amendments to By-law 18: <i>Fees</i> (December 2017) Amendments to <i>By-law 25: The Register and related Matters</i> (June 2018) Amendments to <i>By-law 5: Selection of</i> 	<ul style="list-style-type: none">

College of Psychologists of Ontario

Strategic Direction 2017 - 2022

Implementation

		<p><i>Committee Chairs and Committee Members and By-law 21: Committee Composition (September 2018)</i></p> <ul style="list-style-type: none"> • Consultation on <i>By-Law 18: Fees</i> (June 2019) • Mechanism for temporary practice in Ontario for existing clients by registrants from other jurisdictions • Amendments to <i>By-Law 18: Fees</i> (September 2019) 	
M9	<ul style="list-style-type: none"> • Advancing the Council's governance practices 	<ul style="list-style-type: none"> • New Briefing Note format for Council materials • March 2017 Council Training Day • Revision to Role of the Executive Committee • Agenda to Reflect Strategic Direction of Item • Introduction of Board Self-Assessment process (June 2017) • Amendments to By-law 20: Elections to Council (December 2017) • Two Committee Audits Planned for 2017-2018 • HIROC Risk Management System (September 2017) 	

Notes: Some items could be entered in more than one place. When an item could belong to more than one area, it has been placed in the primary category.

The items shown in BLUE have been added by the Registrar since September 2019 as activities undertaken in service of the College's Strategic Directions 2017 - 2022