



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

MEETING OF THE COLLEGE COUNCIL

2021.01

DATE: MARCH 19, 2021

TIME: 9:00AM - 3:00PM

LOCATION: TO BE HELD VIRTUALLY

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

2021.01

MARCH 19, 2021

9:00 AM to 3:00 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 Interest	Discussion	--	
.01C	Review & Approval of Minutes - Council Meeting 2020.04 December 11, 2020	Decision	4	
.01D	Review of Action List	Discussion	8	
.02	CONSENT AGENDA ITEMS	Information		
.02A	Committee Reports	--	--	--
	(1) Executive Committee Report		9	
	(2) Discipline Committee		11	
	(3) Quality Assurance Committee		12	
	(4) Client Relations Committee		15	
	(5) Fitness to Practice Committee		16	
	(6) Finance & Audit Committee Report		17	
.02B	Staff Presentations		21	
.03	POLICY ISSUES			
.03A	<i>Policy I-5: Confidentiality Obligations & Handling of Confidential Materials</i>	Decision	22	M9
.03B	Language of Clinical Records	Decision	25	M2
.03C	<i>Draft Policy II - 5(iv): Continuing Professional Development Program Audit Criteria for Exemption or Deferral</i>	Decision	33	M3
.03D	QA Requirements for Visiting IAP Members	Decision	36	M3
.03E	<i>Policy II-5(i): Quality Assurance Committee Terms of Reference</i>	Decision	39	M9
.03F	Retired Certificate Holders and Permitted Activities	Decision	41	M2
.03G	College Performance Management Framework	Decision	43	ALL
.03H	ABA Regulation and College Council Composition	Decision	105	M7
.04	BUSINESS ISSUES			
.04A	Registrar & Executive Director's Report	Information	107	M9
.04B	Registration Committee Quarterly Report	Information	108	M9
.04C	Inquiries, Complaints and Reports Committee Quarterly Report	Information	110	M9
.04D	Proposed Budget 2021-2022	Decision	114	M9
.04E	Premises Reserve Fund Reduction	Decision	119	M8/M9

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.04F	Notice: Executive Committee Elections/Council Appointments	Information	120	M9
.04G	President's Report – Oral Report	Information	--	--
.04H	Registrar's Performance Review: – IN CAMERA ¹	Decision	--	M9
.05	STRATEGIC ISSUES			
.05A	Strategic Direction Implementation: Chart Update	Discussion	125	All
.06	OTHER BUSINESS			
.06B	Next Council Meeting: <ul style="list-style-type: none"> June 18, 2021 	Information	--	--
.06C	Proposed Council Meeting: <ul style="list-style-type: none"> September 10 or 24 	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.*

¹ Materials not included in Public Package – Personnel Matter

COUNCIL MEETING

2020.04

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

December 11, 2020

PRESENT:

Michael Grand, Ph.D., C.Psych., President
Denise Milovan, Ph.D., C.Psych., Vice-President
Paula Conforti, Dip.C.S., C.Psych.Assoc.
Janice Currie, Ph.D., C.Psych.
Joyce Isbitsky, Ph.D., C.Psych.
Marilyn Keyes, Ph.D., C.Psych.
Nadia Mocan, Public Member
Melanie Morrow, M.A., C.Psych.Assoc.
Adrienne Perry, Ph.D., C.Psych.
Marjory Phillips, Ph.D., C.Psych.
Philip Ricciardi, Ph.D., C.Psych.
Paul Stopciati, Public Member
Nancy Tkachuk, Public Member
Wanda Towers, Ph.D., C.Psych.
Scott Warnock, Public Member
Jessy Zita, Public Member

REGRETS:

Graeme Goebelle, Public Member

GUESTS:

Doug Ross, Ministry of Health

STAFF:

Rick Morris, Ph.D., C.Psych., Registrar & Executive Director
Barry Gang, MBA, Dip.C.S., C.Psych.Assoc., Deputy Registrar & Director of Professional Affairs
Zimra Yetnikoff, Director, Investigations & Hearings
Stephanie Morton, Manager, Corporate Services
Caitlin O'Kelly, Assistant to the Registrar, Recorder

2020.02.00 CALL TO ORDER

The President called the meeting to order at 9:02AM. The meeting was held virtually by Zoom and livestreamed on YouTube.

45 2020.01.01 APPROVAL OF THE AGENDA AND MINUTES**46 .01A APPROVAL OF AGENDA**

47 The following changes were made to the agenda:

- 48 • President's Report moved to .03C.

49
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51 **It was MOVED Currie**

52 **That the agenda for the Council Meeting be approved as amended.**

CARRIED

53 .01B DECLARATIONS OF CONFLICTS OF INTEREST

54 The President asked members of Council if there were any conflicts of interest regarding any of the items
55 on the agenda, as presented. No conflicts of interest were declared. The President reminded Council
56 members that this should be considered throughout the meeting and declarations made if appropriate.

57 .01C MINUTES FROM THE COUNCIL MEETING 2020.03 SEPTEMBER 25, 2020

58
59
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61 **It was MOVED Perry**

62 **That the minutes from the Council Meeting 2020.03 of September 25, 2020 be approved as presented.**

CARRIED

63 .01D REVIEW OF ACTION LIST

64 The Council reviewed the Action List from the minutes of the previous meeting and noted items that were
65 completed, outstanding or on the agenda at this meeting. The following Action Item was discussed:

- 66 • To pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to
67 discontinue Master's level registration and at that time, grant the title Psychologist to all existing
68 Psychological Associates.

69 The Registrar reported that the Ministry of Health was contacted at the end of the previous week
70 regarding the status of this matter. It was reported that they have reached out to other Ministries and
71 have received some feedback. They are expecting to hear from others and will provide the College with
72 details of these discussions early in the new year.

73 2020.04.02 CONSENT AGENDA

74 The Consent Agenda was received with the notation that the President's Report was move to 03C.

75 2020.04.03 POLICY ISSUES**76 .03A CFTA AND COMMUNICATION OF A DIAGNOSIS**

77 The Registrar provided Council with a Briefing Note describing the registration requirements for
78 practitioners from other jurisdictions requesting registration in Ontario under the *Canadian Free Trade*
79 *Agreement (CFTA)*. At this time, in addition to completing the application process, a practitioner from
80 another Canadian jurisdiction only must successfully complete the Jurisprudence and Ethics Examination.
81 The Executive Committee is recommending that these candidates also be assessed on their competence
82 to perform the controlled act of communication of a diagnosis as this is a restricted activity in Ontario.
83 Such an assessment must be substantially similar to the process in use for new Ontario registrants.

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92 **It was MOVED Milovan**
 93 **That the Registration Committee establish a process to assess all *Canada Free Trade Agreement (CFTA)***
 94 **candidates on their competence to perform the controlled act of communication of a diagnosis. Such**
 95 **assessment to be substantially similar to the process in use for new Ontario registrants. CARRIED**
 96

97 **Action Item Registration Committee**

98 Establish a process to assess all *Canada Free Trade Agreement (CFTA)* candidates on their competence to
 99 perform the controlled act of communication of a diagnosis.
 100

101 **.03B COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK**

102 The Ministry of Health has developed a *College Performance Measurement Framework (CPMF)* which
 103 requires all 26 health regulatory Colleges in Ontario to prepare performance data in a standard format.
 104 This must be submitted to the Ministry and posted on the College website by March 31, 2021. The
 105 Registrar provided Council with a Briefing Note outlining the process to be undertaken by staff to
 106 complete the *CPMF*.
 107

108 **.03C PRESIDENT'S REPORT**

109 The President noted that the Mr. Emad Hussain's term on Council came to end in November. The
 110 President thanked Mr. Hussain for his contributions to the College Council and Committees.
 111

112 **2020.04.04 BUSINESS ISSUES**

113
 114 **.04A REGISTRAR & EXECUTIVE DIRECTOR'S REPORT**

115 The Council reviewed the second quarter report from the Registrar. There were no questions or
 116 comments.
 117

118 **.04B REGISTRATION COMMITTEE QUARTERLY REPORT**

119 The Council reviewed the second quarter report from the Registration Committee and received an update
 120 on the Supervision Resource Manual Working Group.
 121

122 **.04C INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE QUARTERLY REPORT**

123 The Council reviewed the second quarter report from the Inquiries, Complaints and Reports Committee.
 124

125 **.04D INTEGRATED RISK MANAGEMENT REPORT**

126 The Council reviewed the annual Integrated Risk Management Report provided by the Registrar.
 127

128 **.04E DIRECTORS OF CLINICAL TRAINING PROGRAMS MEETING**

129 Dr. Adrienne Perry, Dr. Wanda Towers and Dr. Marjory Phillips gave an oral report to the Council on the
 130 meeting of the Directors of Clinical Training and Internship Directors that took place on October 13, 2020.
 131 The joint meeting had 44 representatives in attendance and the following topics were discussed:

- 132 • Updates from the Registration Committee
- 133 • Impact of COVID-19
- 134 • Discussion on Anti-Racism
- 135 • Discussion on Self-Care

139 **2020.04.05 STRATEGIC ISSUES**

140

141 **.05A STRATEGIC DIRECTION IMPLEMENTATION UPDATE**

142 The Registrar provided the Council with the updated *Strategic Direction Implementation Table*. This table
143 is used to chart the work undertaken and accomplished in fulfilling the College's Strategic Direction. Items
144 added since the Council Meeting of September 25, 2020 were shown in **Bold**.

145

146 **2020.04.06 OTHER BUSINESS**

147

148 **.06A SET ELECTION DATE**

149 The Council confirmed that the date for the elections in District 5 (GTA East), District 6 (GTA West) and
150 the Psychological Associate Non-Voting seat will be March 31, 2021.

151

152 **It was MOVED Towers**

153 **That the elections to Council in District 5 (GTA East), District 6 (GTA West) and Psychological Associate**
154 **Non-Voting seat be held on March 31, 2021. CARRIED**

155

156 **.06A NEXT COUNCIL MEETINGS:**

157 ○ March 19, 2021

158 ○ June 18, 2021

159

160 **2020.04.07 ADJOURNMENT**

161 There being no further business,

162

163 **It was MOVED Phillips**

164 **That the Council Meeting be adjourned. CARRIED**

165

166 The Council Meeting was adjourned at 10:35AM.

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

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176 _____
Denise Milovan, Ph.D., C.Psych., Vice-President

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178 **Minutes approved at the Council Meeting on March 19, 2020**



ACTION LIST

2021.01.01D

COUNCIL MEETING 2020.04 DECEMBER 11, 2020

Item:	Responsibility:	Action:	Status:
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
2020.02.04E	Registrar	Work with Committee Chair and staff liaison to plan and implement the Discipline Committee audit for 2020-2021.	In Process
2020.04.03A	Registration Committee	Establish a process to assess all <i>Canada Free Trade Agreement (CFTA)</i> candidates on their competence to perform the controlled act of communication of a diagnosis.	In Process



REPORT TO COUNCIL

2021.01.02A(1)

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

EXECUTIVE COMMITTEE

COMMITTEE MEMBERS:

Michael Grand, Chair, Professional Member of Council
 Paula Conforti, Professional Member of Council
 Graeme Goebelle, Public Member of Council
 Denise Milovan, Professional Member of Council
 Paul Stopciati, Public Member of Council
 Wanda Towers, Professional Member of Council

STAFF

Rick Morris, Registrar & Executive Director
 Barry Gang, Deputy Registrar & Director of Professional Affairs
 Caitlin O’Kelly, Assistant to the Registrar

MEETINGS

The Executive Committee met on the following dates:

- February 12, 2021
- March 3, 2021

ITEMS TO COUNCIL FOR DECISION

The Executive Committee discussed the following items and is bringing them forward for Council consideration:

- Amendments to *Policy I-5: Confidentiality Obligations & Handling of Confidential Materials*
- Draft *Policy II - 5(iv): Continuing Professional Development Program Audit Criteria for Exemption or Deferral*
- *Policy II-5(i): Quality Assurance Committee Terms of Reference*
- Language of Clinical Records
- Quality Assurance Requirements for Visiting Interim Autonomous Practice Members
- Retired Certificate Holders and Permitted Activities
- College Performance Management Framework
- Draft Budget 2021-2022
- Registrar’s Performance Review

FOR INFORMATION

The Executive Committee discussed following items:

- Regular Quarterly Review of Continuing the Provisions for Telepsychology Services for Out-of-Province Practitioners during COVID-19.
 - The Executive reviewed the ongoing need for the provisions put in place regarding out-of-province practitioners being able to continue to provide service to their clients currently in

Ontario due to COVID-19. It was determined that these provisions needed to continue. This will be reviewed again at the next Executive Committee meeting.

- Expansion of Funding for Therapy Eligibility
 - The Executive Committee considered a proposal to expand the eligibility for funding for therapy and counselling to clients who were sexually abused while receiving service from a non-member under the direct supervision of a member. The current eligibility criteria relate only to clients abused by a member of the College. The Executive Committee directed that the Client Relations Committee develop a draft policy to permit such funding.

SUBMITTED BY

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

REPORT TO COUNCIL

2021.01.02A(2)

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

DISCIPLINE COMMITTEE

COMMITTEE MEMBERS:

Janice Currie, Council Member, Chair
 Marilyn Keyes, Council Member, Vice-Chair
 Paula Conforti, Council Member
 Lynette Eulette, College Member
 Robert Gauthier, College Member
 Graeme Goebelle, Public Member
 Michael Grand, Council Member
 Jan Heney, College Member
 Anthony Hopley, College Member
 Joyce Isbitsky, Council Member
 Sandra Jackson, College Member
 Nina Josefowitz, College Member
 Maggie Mamen, College Member

Denise Milovan, Council Member
 Nadia Mocan, Public Member
 Melanie Morrow, College Member
 Mary Ann Mountain, College Member
 Adrienne Perry, Council Member
 Marjory Phillips, Council Member
 Donna Reist, College Member
 Paul Stopciati, Public Member
 Wanda Towers, Council Member
 Nancy Tkachuck, Public Member
 Scott Warnock, Public Member
 Jessy Zita, Public Member

STAFF SUPPORT:

Zimra Yetnikoff, Director, Investigations & Hearings
 H  l  ne Th  berge, Senior Administrative Assistant

REFERRALS TO DISCIPLINE

Two referrals were made to the Discipline Committee in the third quarter:

1. **Dr. Augustine Meier:** https://members.cpo.on.ca/public_register/show/1032

A referral was made to the Discipline Committee on November 30, 2020. The matter is currently at the pre-hearing conference stage.

2. **Dr. Andr   Dessaulles:** https://members.cpo.on.ca/public_register/show/2530

A referral was made to the Discipline Committee on January 21, 2021. The matter is currently at the pre-hearing conference stage.

HEARINGS

There were no hearings held in the third quarter.

ONGOING MATTERS

1. **Dr. Martin Rovers:** https://members.cpo.on.ca/public_register/show/3067

A referral was made to the Discipline Committee on June 29, 2020. The pre-hearing conference took place on December 7, 2020. A Hearing date has not been scheduled.

2. **Dr. Darren Schmidt:** https://members.cpo.on.ca/public_register/show/21702

A referral was made to the Discipline Committee on July 14, 2020. The pre-hearing conference was held on February 1, 2021. A Motion will be argued on June 1, 2021 and the Hearing is scheduled for June 21-23, 2021.

SUBMITTED BY

Janice Currie, Ph.D., C.Psych., Chair



REPORT TO COUNCIL

2021.01.02A(3)

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

QUALITY ASSURANCE COMMITTEE

COMMITTEE MEMBERS

Michael Minden, Chair, College Member
 Marilyn Keyes, Vice-Chair, Council Member
 Katherine Green, College Member
 David Howard, College Member
 Joyce Isbitsky, Council Member
 Lynn Laverdière-Ranger, College Member
 Nancy Tkachuk, Public Member
 Jessy Zita, Public Member

STAFF

Barry Gang, Deputy Registrar & Director of Professional Affairs
 Julie Hahn, Quality Assurance Coordinator
 Madeleine Lee, Administrative Assistant

COMMITTEE ACTIVITY

The Committee held one meeting during this period at which two draft policies were developed for consideration by the Executive Committee and Council.

Draft Policy II-5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral was developed to provide guidance to staff regarding member requests for exemption or deferral from the Continuing Professional Development Program Audit. This policy will ensure consistency in considering requests for an exemption or deferral. The proposal is on the Council meeting agenda.

Draft Policy II-5(iii): Quality Assurance Requirements for “Visiting” Members with a Limited Certificate of Registration for Interim Autonomous was developed to set out the Quality Assurance requirements for “visiting practitioners” holding a limited Certificate of Registration for Interim Autonomous Practice. Given that these practitioners normally are not expected to be members for the two-year quality assurance program cycle, alternate requirements were seen to be necessary. The proposal is on the Council meeting agenda.

In addition to the one full meeting of the Quality Assurance Committee, there were three panel meetings held to discuss individual member cases.

QUALITY ASSURANCE MATTERS

SELF ASSESSMENT GUIDE (SAG)

Overview

Declarations due in 2020

2152

Declarations Received by Deadline		2115
Declarations Overdue		37
Total SAG Reviews Planned		37
	Q3	YTD
Reviews Completed by the Committee	12	24
Deferrals/Extensions Granted Under Exceptional Circumstances	1	3
Reviews Outstanding for 2020 - 2021		10

The Committee continues to follow up with members who have not submitted their *Declaration of Completion* of the Self-Assessment Guide. During this period, panels reviewed the completed guides of 12 members.

In 8 of these cases, the Committee determined that the members had completed the Self-Assessment Guides in a satisfactory manner. In the remainder, remedial messages were provided concerning the:

- Requirement to engage in Self-Assessment and Continuing Professional Development (CPD), regardless of the one's level of experience or career stage
- Need to develop more specific and/or detailed future CPD goals
- Requirement to actively maintain continuing competence in established areas of authorized practice, even when training for an additional practice area
- Importance of familiarity with the *Standards of Professional Conduct, 2017* and relevant legislation, especially while training and supervising others
- Requirement to complete the Self-Care component of the SAG and to reflect upon previous CPD activities
- Requirement to remain within one's authorized area of practice, unless supervised

PEER ASSISTED REVIEW (PAR)

Overview

Reviews carried over from previous years		40
Referred due to failure to comply with Self-Assessment requirements		0
Selected by random selection Fall 2020		5
Selected by stratified random selection Fall 2020		35
Total reviews planned for 2020/2021		80

	Q3	YTD
Completed Peer Assisted Reviews	0	5
Reviews Pending Scheduling		75

CONTINUING PROFESSIONAL DEVELOPMENT AUDITS

Overview

Selected due to Failure to Declare Completion of CPD Requirements		24
Random Selection		24
Audits carried Over from Previous Years		2
Total Audits Planned for 2020-2021		50

Audits Completed- Outcomes	Q3	YTD
Met Program Requirements	24	28
Remedial Feedback	7	8
Refer to Assessor	1	1
Undertaking	1	1
Total Audits Completed by Committee		38
Audits Outstanding for 2020-2021		12

The nature of concern leading to remedial messages often included lack of documentation to verify participation in events reported, where confirmatory evidence was available; lack of detail and specificity with respect to activities undertaken.

One member was referred to an Assessor to determine the appropriate way to address several difficulties evident with respect to the member's participation in the program.

An undertaking was sought to confirm that a member will not be providing psychological services while awaiting a planned formal change in registration status to "Retired" occurred.

SUBMITTED BY

Michael Minden, Ph.D., C.Psych., Chair

March 5, 2021

REPORT TO COUNCIL

2021.01.02A(4)

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

CLIENT RELATIONS COMMITTEE

COMMITTEE MEMBERS

Kofi Belfon, Chair, College Member
Janice Currie, Vice-Chair, Council Member
Rosemary Barnes, College Member
Emad Hussain, Public Member
Nadia Mocan, Public Member
Melanie Morrow, College Member
Adrienne Perry, College Member
Jessy Zita, Public Member

STAFF

Barry Gang, Deputy Registrar & Director of Professional Affairs
Julie Hahn, Practice Advisor & Quality Assurance Coordinator
Madeleine Lee, Administrative Assistant

COMMITTEE ACTIVITIES

The Committee met again on January 21, 2021. At this meeting the Committee considered an application for funding for therapy or counselling and determined that the applicant did not meet the statutory eligibility requirements.

Following the decision not to approve funding for therapy or counselling to a client alleging abuse by the supervisee of a member, the Committee undertook to develop a policy that would afford funding to an individual alleging sexual abuse by a person providing psychological services under the supervision of a member.

SUBMITTED BY

Kofi Belfon, Ph.D., C. Psych., Chair
March 5, 2021



REPORT TO COUNCIL

2021.01.02A(5)

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

FITNESS TO PRACTICE COMMITTEE

COMMITTEE MEMBERS:

Philip Ricciardi, Chair, Council Member

Paula Conforti, Council Member

Duncan Day, College Member

Graeme Goebelle, Public Member

Julie Goldenson, College Member

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



REPORT TO COUNCIL

2021.01.02A(6)

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

FINANCE AND AUDIT COMMITTEE

COMMITTEE MEMBERS

Michael Grand, Chair, Council Member
Janice Currie, Council Member
Graeme Goebelle, Public Member
Alana Holmes, College Member
Paul Stopciati, Public Member

STAFF

Rick Morris, Registrar & Executive Director
Barry Gang, Deputy Registrar & Director of Professional Affairs
Stephanie Morton, Manager, Corporate Services
Caitlin O’Kelly, Assistant to the Registrar

COMMITTEE ACTIVITIES

The Finance and Audit Committee (FAC) met by teleconference on February 1, 2021. The FAC reviewed the *Unaudited Financial Statements, Investment Report*, and the *Investment Report* all to November 30, 2020; the end of the second quarter. In considering the *Statement of Revenue & Expenses*, the FAC reviewed the *Variance Report* which explained items that deviated from the budget by the level of materiality set by Council; items which exceeded the expected budget by \$5,000 or were underspent by \$10,000. The Committee was satisfied with the information presented and voted to receive the reports.

The memorandum from the Registrar & Executive Director confirming the remittances to the Canada Revenue Agency and the Ontario Employer Health Tax for the period September 1, 2020 to November 30, 2020 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.

2021-2022 Budget

The FAC reviewed the proposed budget for 2021-2022 and recommended approval as presented. The budget is provided separately for Council consideration (Agenda item 2021.01.04D).

ATTACHMENTS

1. Statement of Revenue and Expenses to November 30, 2020
2. Balance Sheet to November 30, 2020 (unaudited)

SUBMITTED BY

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

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
STATEMENT OF REVENUE & EXPENSES

June through November 2020

	Annual Budget	Budget	YTD Actual	YTD \$ Variance	2020-2021 % YTD	Expected % YTD	% Variance YTD	Year End to 31 May-21
REVENUE	3,646,250.00	1,823,125.00	1,730,617.88	-92,507.12	47%	50%	-3%	3,567,904.00
COST OF SALES	335,702.00	167,851.00	85,722.63	-82,128.37	26%	50%	-24%	229,432.00
GROSS MARGIN	3,310,548.00	1,655,274.00	1,644,895.25	-10,378.75	50%	50%	0%	3,338,472.00
EXPENDITURES								
Governance	99,575.00	49,037.50	14,678.46	-34,359.04	15%	49%	-35%	46,370.00
Registration	103,000.00	51,500.00	36,079.08	-15,420.92	35%	50%	-15%	84,000.00
Client Relations, Communications & Education	33,675.00	16,837.50	4,555.00	-12,282.50	14%	50%	-36%	11,075.00
Quality assurance	50,641.00	25,320.50	5,550.00	-19,770.50	11%	50%	-39%	23,050.00
Investigations and resolutions	149,200.00	74,600.00	59,011.42	-15,588.58	40%	50%	-10%	126,900.00
Hearings	337,400.00	168,700.00	181,055.91	12,355.91	54%	50%	4%	328,825.00
Liaison (Professional Organizations)	37,695.00	18,847.50	8,487.12	-10,360.38	23%	50%	-27%	19,950.00
Administration	2,881,719.00	1,440,859.50	1,464,521.61	23,662.11	51%	50%	1%	3,028,757.52
Total Expenditures	3,692,905.00	1,845,702.50	1,773,938.60	-71,763.90	48%	50%	-2%	3,668,927.52
EXCESS OF REVENUE OVER EXPENDITURES	-382,357.00	-190,428.50	-129,043.35	61,385.15	34%	50%	-16%	-330,455.52

The College of Psychologists of Ontario
Balance Sheet Prev Year Comparison
 As of November 30, 2020

	Nov 30, 20	Nov 30, 19	\$ Change
ASSETS			
Current Assets			
Chequing/Savings			
10000 · Petty Cash	200.00	200.00	0.00
10100 · Bank	725,161.78	367,207.94	357,953.84
10250 · Cash Equivalents	871,018.74	1,191,710.99	-320,692.25
Total Chequing/Savings	1,596,380.52	1,559,118.93	37,261.59
Accounts Receivable			
10400 · Accounts Receivable - Control	-3,486.81	-26,615.81	23,129.00
Total Accounts Receivable	-3,486.81	-26,615.81	23,129.00
Other Current Assets			
10300 · Short Term Investments	4,849,923.98	5,767,201.80	-917,277.82
10550 · Interest Receivable	1,268.60	1,267.93	0.67
10600 · Prepaid Expenses	18,995.65	12,682.69	6,312.96
Total Other Current Assets	4,870,188.23	5,781,152.42	-910,964.19
Total Current Assets	6,463,081.94	7,313,655.54	-850,573.60
Fixed Assets			
12000 · Furniture & Equipment			
12010 · Furniture & Equipment - Cost	52,815.39	54,210.55	-1,395.16
13000 · Accum Amort Furniture & Equip	-46,870.14	-51,765.24	4,895.10
Total 12000 · Furniture & Equipment	5,945.25	2,445.31	3,499.94
12100 · Computer Equipment			
12110 · Computer Equipment - Cost	138,849.76	112,226.46	26,623.30
13100 · Accum Amort Computer Equipment	-110,499.84	-84,990.85	-25,508.99
Total 12100 · Computer Equipment	28,349.92	27,235.61	1,114.31
12200 · Leasehold Improvements			
12210 · Leasehold Improvements - Cost	1,326,866.26	233,188.41	1,093,677.85
13200 · Accum Amort Leaseholds	-188,081.48	-159,594.30	-28,487.18
Total 12200 · Leasehold Improvements	1,138,784.78	73,594.11	1,065,190.67
12300 · Website Development			
12310 · Website Development - Cost	0.00	190,944.88	-190,944.88
13300 · Accum Amort Website Devt	0.00	-190,944.88	190,944.88
Total 12300 · Website Development	0.00	0.00	0.00
Total Fixed Assets	1,173,079.95	103,275.03	1,069,804.92
Other Assets			
10302 · Long Term Investment	42,271.68	43,640.96	-1,369.28
Total Other Assets	42,271.68	43,640.96	-1,369.28
TOTAL ASSETS	7,678,433.57	7,460,571.53	217,862.04

	Nov 30, 20	Nov 30, 19	\$ Change
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
21000 · Accounts Payable - Control	359,886.52	65,223.89	294,662.63
Total Accounts Payable	359,886.52	65,223.89	294,662.63
Other Current Liabilities			
21100 · Accounts Payable - Other	255,320.63	233,116.01	22,204.62
22000 · Employee Tax Deductions Payable	26,125.32	22,613.49	3,511.83
23000 · Prepaid Fees	1,613,691.50	1,550,120.78	63,570.72
24000 · Peer Mentorship - Clearing	675.00	-6,737.62	7,412.62
Total Other Current Liabilities	1,895,812.45	1,799,112.66	96,699.79
Total Current Liabilities	2,255,698.97	1,864,336.55	391,362.42
Total Liabilities	2,255,698.97	1,864,336.55	391,362.42
Equity			
31000 · Retained Earnings	1,455,905.49	1,405,567.89	50,337.60
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&DatabaseDevtrReserveFund	165,872.02	243,810.25	-77,938.23
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	-129,043.35	16,856.40	-145,899.75
Total Equity	5,422,734.60	5,596,234.98	-173,500.38
TOTAL LIABILITIES & EQUITY	7,678,433.57	7,460,571.53	217,862.04



REPORT TO COUNCIL

2021.01.02B

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2020

STAFF PRESENTATIONS

Dr. Rick Morris, Registrar & Executive Director

- January 15, 2021 Ottawa City Wide Seminar
- January 21, 2021 CAM-H Education Rounds
- January 25, 2021 Ottawa Mentorship Group
- February 10, 2021 Ottawa Case Conference – Ethics Class
- February 23, 2021 London Health Science Centre Psychology Month Virtual Retreat
- March 3/10, 2021 Baycrest Centre
- March 18, 2021 University of Waterloo - Ethics Class

BRIEFING NOTE

2021.01.03A

MARCH 2021 COUNCIL MEETING

POLICY 1-5: CONFIDENTIALITY OBLIGATIONS & HANDLING OF CONFIDENTIAL MATERIALS

STRATEGIC DIRECTION REFLECTION

Advancing the Council's governance practices

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That the amended *Policy 1-5: Confidentiality Obligations & Handling of Confidential Materials* regarding use of unsecured public wi-fi for College business, be approved.

Moved By TBD

PUBLIC INTEREST RATIONALE

Based on questions received by the College and following discussion by the Client Relations Committee it was determined that *Policy 1-5: Confidentiality Obligations & Handling of Confidential Materials* required clarification. There was no change to the intent of the amended section but only a clarification in wording to ensure that Committee members and staff fully understand their confidentiality obligations.

BACKGROUND

Policy 1-5: Confidentiality Obligations & Handling of Confidential Materials was due for review by the Client Relations Committee. At their meeting on November 5, 2020, the Committee reviewed the policy and recommended a clarification to point 5.

Current Wording:

5. Only confidential documents accessed from a College approved web-based collaborative platform such as SharePoint should be opened or reviewed via unsecured public wi-fi networks including, but not limited to those in airports, on trains, or in hotels or restaurants.

Recommended Change:

5. When using unsecured public wi-fi networks including, but not limited to those in airports, on trains, or in hotels or restaurants, confidential documents may only be accessed from a College approved web-based collaborative platform such as SharePoint.

NEXT STEPS

Upon approval

- *Policy 1-5: Confidentiality Obligations & Handling of Confidential Materials* be amended in the College's *Policy and Procedures Manual*.

ATTACHMENTS

1. *Policy 1-5: Confidentiality Obligations & Handling of Confidential Materials* – with tracked changes

CONTACT FOR QUESTIONS

Barry Gang, MBA, Dip.C.S., C.Psych.Assoc.
Deputy Registrar & Director of Professional Affairs

College of Psychologists Policy and Procedure Manual			
SECTION: FRAMEWORK and GOVERNANCE			POLICY #: I - 5
POLICY: Confidentiality Obligations & Handling of Confidential Materials		COVERAGE: Council, Committees, Task Forces, Work Groups, College Staff	
CREATED: March 2007	REVISED: March 2019	NEXT REVIEW: 2020/2021 <u>2023/2024</u>	PAGE #: 1 of 2

POLICY STATEMENT:

Everyone performing activities on behalf of the College will maintain confidentiality with respect to any information obtained in the course of this involvement and take reasonable steps to ensure that materials are maintained in a secure and confidential manner.

PROCEDURE:

1. At the first meeting of the year of Council or any Committee or at the first meeting of a Task Force or Work Group, the President or Chair will discuss the confidentiality obligations of each member. In doing so, each person will be provided with a copy of the relevant section(s) of the *Regulated Health Professions Act, 1991* which address confidentiality.
2. Every person shall indicate that he/she understands his/her obligations, and this will be documented in the minutes or notes of the meeting.
3. When confidential materials are distributed in advance of a meeting, the recipient shall make reasonable efforts to ensure the information is stored in a secure and confidential manner. This includes ensuring that information stored on electronic devices is securely encrypted.
4. Care should be taken to ensure that, in accessing confidential information, it cannot be viewed by others not entitled to see it.
5. When using unsecured public wi-fi networks including, but not limited to those in airports, on trains, or in hotels or restaurants, confidential documents may only be accessed from a College approved web-based collaborative platform such as SharePoint.
- ~~5. Only confidential documents accessed from a College approved web-based collaborative platform such as SharePoint should be opened or reviewed via unsecured public wi-fi networks including, but not limited to those in airports, on trains, or in hotels or restaurants.~~
6. College staff should ensure that confidential information provided by the College is done through a College approved web-based collaborative platform such as SharePoint or through some other secure means.
7. Council and Committee members allowing confidential information to be handled by other authorized individuals, including but not limited to support staff, must ensure that those individuals agree to maintain the security, confidentiality and integrity of the confidential materials in their care.
8. Materials that are used at a meeting and are no longer needed shall be left with College staff for appropriate disposal. If the information is provided or stored on an electronic device, it must be securely

College of Psychologists Policy and Procedure Manual			
SECTION: FRAMEWORK and GOVERNANCE			POLICY #: I - 5
POLICY: Confidentiality Obligations & Handling of Confidential Materials		COVERAGE: Council, Committees, Task Forces, Work Groups, College Staff	
CREATED: March 2007	REVISED: March 2019	NEXT REVIEW: 2020/2021 <u>2023/2024</u>	PAGE #: 2 of 2

removed from the device in a manner that eliminates the possibility of reconstruction or removal, as soon as possible after the meeting.

9. Information that is required for future meetings will be securely stored or left with College staff for re-distribution at the time that it is needed.
10. Upon completion of an individual's term on Council, a Committee, Task Force or Work Group, all materials pertaining to College activities collected in the course of involvement shall be:
 - (a) returned to the College for appropriate disposal;
 - (b) shredded in a secure manner; or,
 - (c) securely removed from electronic devices in a manner that eliminates the possibility of reconstruction or retrieval in a manner as currently recommended by the Office of the Privacy Commissioner of Ontario (www.ipc.on.ca).
11. In discussing cases concerning individuals, members will endeavour to provide identifying information only when necessary and only to the extent necessary to fulfill the purposes of the meeting.
12. In discussing College activities outside of Council, the Committee, Task Force or Work Group setting, members may describe concepts and principles but will not discuss confidential College processes or information.
13. Members of panels of Committees will not discuss confidential information outside of the panel.



BRIEFING NOTE

2021.01.03B

MARCH 2021 COUNCIL MEETING

LANGUAGE OF RECORDS

STRATEGIC DIRECTION REFLECTION

Developing, establishing, and maintaining standards of practice and professional ethics for all members

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That the Principle 9 and Principle 11 of the *Standards of Professional Conduct, 2017* be amended as follows:

- Principle 9.2 *Individual Client Records* be amended by adding 6) *A member must explain or interpret a record written in a language other than that in which the service was provided, if requested by a client; and*
- Principle 11.2.2 be amended to specify that a member may charge a fee for the translation of records.

Moved By TBD

PUBLIC INTEREST RATIONALE

The *Personal Health Information Protection Act, 2004 (PHIPA)* gives clients/patients the statutory right to access their personal health information. There appears to be no available jurisprudence regarding whether a health professional must provide access in a language which is understandable to the client. The Client Relations Committee has reviewed this matter and believes it is in the public interest to ensure that personal health information is available in a language understandable to the client.

BACKGROUND

In response to questions posed by members of the College and the public, the College corresponded with the Office of the Privacy Commissioner to seek clarification of the meaning of “access” under *PHIPA*. The following correspondence was received:

Thank you for your e-mail on July 4, 2018, requesting information as to whether the Personal Health Information Protection Act (PHIPA) requires health information custodians to provide individuals with access to their records of personal health information in the same language that health care was provided.

The IPC has not adjudicated an access complaint under PHIPA relating to the language of records of personal health information. Section 54(1)(a) of PHIPA requires custodians to, upon an individual’s request, provide “an explanation of any term, code or abbreviation used in the record” if it is reasonably practical; however, the IPC has not yet interpreted this section as requiring custodians to explain, interpret or translate a record that cannot be understood by an individual due to the language in which the record is written. In the absence of such a decision, the IPC is not able to comment as to whether PHIPA would require any further action from the custodian in cases like that described in your e-mail on July 4, 2018. Nonetheless, the individual should be informed that she is entitled to make a complaint to the IPC in the event that she believes that access was not provided.

While we cannot currently comment on the potential application of PHIPA to this matter, **we believe that providing records of personal health information in a language that is both not understood by the individual and that differs from the language used in the provision of health care deprives an individual of their right to access their personal health information [highlighting added]**. An individual should be able to obtain records of personal health information in the language in which health care was provided. To address this issue going forward, we encourage the College of Psychologists of Ontario to amend its Standards of Professional Conduct to require its professional members to keep records of personal health information in the same language that was used in the provision of health care, or require their members to explain, interpret or translate a record if requested by a patient.

This matter was discussed by the Client Relations Committee over the course of several meetings between December 17, 2018 and November 5, 2020.

The Committee noted that the *Professional Misconduct Regulation [O.Reg. 801/93]* already states that 13. failing to provide a truthful, understandable and appropriate explanation of the nature of an assessment, intervention, or other service following a client's request for an explanation constitutes professional misconduct. In doing so, it sets the expectation that, if requested, a member will explain some parts of a record.

In their discussions, the Committee made efforts to balance the entitlement of meaningful access with what would constitute a reasonable demand upon members recognizing that considerable resources may be required to translate large and complex files, if requested. The Committee believed that the following addition to principle 9.2 *Individual Client Records* of the Standards achieves this balance by not requiring a member to translate a record, but ensuring the record is accessible:

- 6) *A member must explain or interpret a record written in a language other than that in which the service was provided, if requested by a client.*

The Standard would allow members some discretion with respect to whether they agree to explain or interpret the record for the client.

In addition to the proposed amendment, Practical Applications have been written to provide some clarity regarding this new expectation. These are shown in the attached Principle 9.2 *Individual Client Records*.

To accompany the above, the Committee also proposed that principle 11.2.2 *Administrative Fees* be amended to address situations in which translation of records is requested and the member agrees to fulfill the request:

11.2.2. Administrative Fees

A member may charge a fee for other services such as:

- a) preparing special reports;*
- b) copying or translating records; or,*
- c) completing forms (e.g., disability tax credit forms, insurance forms).*

Such fees must be discussed prior to the service being undertaken

NEXT STEPS

- Principles 9.2 and 11.2.2 of the *Standards of Professional Conduct, 2017* be amended as noted.

ATTACHMENTS

1. Principle 9.2 *Individual Client Records* with tracked changes.
2. Principle 11 *Fees/Contract for Services* with tracked changes.

CONTACT FOR QUESTIONS

Barry Gang, MBA, Dip.C.S., C.Psych. Assoc.
Deputy Registrar & Director of Professional Affairs

9. RECORDS AND RECORD KEEPING

9.1 General Conditions

A member must make best efforts to ensure that the member's records are complete and accessible; this applies whether the record is kept in a single file or in several files and whether the record is housed in one location or at several locations.

If a member is supervising psychological services provided by a psychology intern, trainee, member holding a certificate for supervised practice or any other unregulated or regulated service provider who is not an autonomous practice member of the College, the supervising member is responsible for the protection and retention of all individual client and organizational client records.

Practical Application: Due to the potential for harm from misinterpretation of raw data and a member's duty to protect the security and respect the copyright of psychological tests, a member should make reasonable efforts to avoid placing raw data and test materials in a common file.

9.1.2 Members Responsible for Supervising Supervised Practice Members and Non-Members

Members supervising Supervised Practice members and non-members are responsible for the security, accessibility, maintenance and retention of records.

9.1.3 Use of Technology in Maintaining Records, for example, Electronic Record Keeping

Members are required to ensure the security of records kept in an electronic form and are required to maintain current knowledge of risks and associated risk mitigation strategies and to apply this knowledge to all technologies they may use to ensure that all records are secure and accessible to the member for the required retention period.

9.2 Individual Client Records

- 1) A member must keep a record related to the psychological services provided by the member for each client who has engaged the member to provide psychological services, or for whom such services have been authorized; and
- 2) The record must include the following:
 - a) the client's name(s), address(es) and (if available) telephone number(s), as well as any other identifying information needed to distinguish the client from other clients;
 - b) the client's date of birth;
 - c) the date of every relevant and material contact between the member and the client;
 - d) the date of every material consultation, either given or received by the member, regarding service to the client;
 - e) a description of any presenting problem and of any history relevant to the problem;
 - f) relevant information about every material service activity related to the client that is carried out by the member or under the responsibility of the member, including, but not limited to: assessment procedures; resulting assessment findings; diagnoses; goals or plans of service developed; reviews of progress on the goals and/or of the continued relevance of the plan of service; activities related to crises or critical incidents; and interventions carried out or advice given;

- g) relevant information about every material service activity that was commenced but not completed, including reasons for the non-completion;
 - h) relevant information about every controlled act, within the meaning of Section 4 of the *Psychology Act, 1991* and subsection 27(2) of the [Regulated Health Professions Act, 1991](#), and the regulations under both statutes, performed by the member;
 - i) all reports or correspondence about the client, received by the member, which are relevant and material to the member's service to the client; members may choose to return information that is not relevant or material to the member's service to the party that provided the information or to securely destroy that material after confirming that the sender has retained a copy of the material;
 - j) all reports and communications prepared by the member regarding the client;
 - k) a copy of every written consent and/or documentation of the process of obtaining verbal consent related to the member's service to the client; and
 - l) relevant information about every referral of the client, by the member, to another professional.
- 3) All information recorded and/or compiled about an individual client must be identifiable as pertaining to that client.
- 4) All information recorded and/or compiled must be dated and the identity of the person making the entry, must be discernable.
- 5) Despite the requirements of Section 3, members are not required to retain personally identifiable information on persons receiving prevention, public education, group training, emergency or post emergency group services, or group screening services.
- 6) [A member must explain or interpret a record written in a language other than that in which the service was provided, if requested by a client.](#)

[Practical Application: Translation generally refers to conveying the meaning from one language to another in writing. Interpretation generally refers to communicating this information orally.](#)

[Relevant legislation may require a member to provide a copy of the client's health record, upon request. While a member is not required under this Standard to provide a written translation of the record, they may voluntarily agree to do so. As there is no requirement to provide a translation, a translation which a member has agreed to provide need not be a certified translation.](#)

[There must be a reasonable expectation that the information provided will be understandable to the intended recipient. Factors that may help determine the nature of information to be conveyed include the purpose for which the recipient has requested the information; the recipient's ability to read and/or comprehend the information; and the effect of regional dialects, cultural terms, expressions, and idioms.](#)

[Practical Application: When a member is maintaining a record written in a language other than that in which the service was requested it is expected that, at the onset of services, the member will obtain an agreement with the client with respect to whether or not a translated record will be made available upon request, as well as what additional fees may be applied for any translation, explanation or interpretation of the record.](#)

Practical Application: The decision about whether to retain a document, including raw test protocols, within the record, might be answered by the following question: "Could the reliability of my conclusions or the reasonableness of my actions be confirmed without reference to the information in the document or test protocol?"

9.3 Organizational Client Records

- 1) A member must keep a record related to the services provided to each organizational client.
- 2) The record must include the following:
 - a) the name and contact information of the organizational client;
 - b) the name(s) and title(s) of the person(s) who can release confidential information about the organizational client;
 - c) the date and nature of each material service provided to the organizational client;
 - d) a copy of all agreements and correspondence with the organizational client; and
 - e) a copy of each report that is prepared for the organizational client.

9.4 Retention of Records

Unless otherwise required by law:

- a) The individual client record must be retained for at least:
 - i) ten years following the client's last relevant clinical contact; or
 - ii) if the client was less than eighteen years of age at the time of his/her last relevant clinical contact, ten years following the day the client became or would have become eighteen.
- b) The organizational client record must be retained for at least ten years following the organizational client's last contact. If the organizational client has been receiving service for more than ten years, information contained in the record that is more than ten years old may be destroyed if the information is not relevant to services currently being provided to the client.

9.5 Billing Records

A record of fees charged to and received from clients must contain the following information: the payer, the recipient of psychological services, the service provider(s), the date, nature, and unit fee of the service, the total charged, the payment received and the date of payment. Such records must be maintained on the same retention schedule as the individual or organizational client record.

9.6 Security of Client Records

9.6.1 Storage

A member must make best efforts to ensure that client records are secure and protected from loss, tampering or unauthorized use or access.

9.6.2 Transmission and Disclosure

A member must make best efforts to ensure that the disclosure or transmission of information protects the privacy of the client record.

9.7 Client Records in a Common Filing System

A member must exercise appropriate care when placing information in a common record in an effort to ensure that his/her reports and recommendations are not misunderstood or misused by others who may have access to the file.

9.8 Client Records of Members Who Cease to Provide Psychological Services

9.8.1 In Private Practice Settings

- 1) A member who plans to, or ceases to, provide psychological services must:
 - a) take ongoing responsibility for the maintenance and security of client records or arrange for the security and maintenance of client records. In making such arrangements, members must make best efforts to ensure that the designate is a member of the College;
 - b) ensure that former clients have access to the client record for the prescribed retention period; and,
 - c) inform the College of these arrangements prior to ceasing to provide psychological services or at the earliest reasonable opportunity.
- 2) A member in private practice must arrange for the security and maintenance of private practice client records in the event of the member's incapacity or death. The member must inform the College of these arrangements. Members must make best efforts to ensure that the designate is a member of the College.

For the purposes of (1) and (2) above, if the member is unable to designate a member as custodian of the records, then the member must make best efforts to designate another regulated health professional and if unable to that, then a person who is familiar with the requirements of the applicable legislation.

9.8.2 In Employment Settings

- 1) A member who plans to or ceases to provide psychological services must:
 - a) take reasonable steps to ensure the maintenance and security of client records;
 - b) take reasonable steps to ensure that former clients have access to the client record for the prescribed retention period.

11. FEES/CONTRACT FOR SERVICES

11.1 Fees and Billing Arrangements

A member must reach an agreement with an individual, group or organization concerning the psychological services to be provided, the fees to be charged and the billing arrangements prior to providing psychological services. Any changes in the services to be provided must be agreed to by the client before service is delivered or fees are changed. Fees must be based on amount of time spent and complexity of the services rendered.

Practical Application: Fees for services should be determined on a consistent basis, regardless of the payer. A member may however, offer pro bono services or apply a sliding scale to ensure access to services and affordability.

11.2 Ancillary Charges

11.2.1. Interest and Missed Appointments

A member may charge:

- a) interest on an overdue account; or
- b) a fee for a missed appointment or late cancellation when prior notice is not given within an agreed upon period of time.

The client must be informed of such charges at the time that billing arrangements are discussed.

11.2.2. Administrative Fees

A member may charge a fee for other services such as:

- a) preparing special reports;
- b) copying, [interpreting, or translating](#) records; or
- c) completing forms (e.g., disability tax credit forms, insurance forms).

Such fees must be discussed prior to the service being undertaken

11.3 Collection of Unpaid Fees

A member must inform the client of the intention to use a collection agency or other legal options to collect fees and must provide an opportunity for payment to be made before doing so.

11.4 Retainers

A member must not require a client to prepay for any psychological services including preparation of reports. Members may request retainer funds in advance, but these funds must be held in a segregated account, separate from the member's practice operating account funds or personal funds. These segregated funds must only be applied to services rendered, when such services are rendered and invoiced, and any excess segregated funds must be returned to the client following the termination or conclusion of services.



BRIEFING NOTE

2021.01.03C

MARCH 2021 COUNCIL MEETING

DRAFT POLICY II–5(iv): CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM AUDIT: CRITERIA FOR EXEMPTION OR DEFERRAL

STRATEGIC DIRECTION REFLECTION

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; Supporting and assisting members to meet high standards

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That draft Policy II – 5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral be approved.

Moved By TBD

PUBLIC INTEREST RATIONALE

The Continuing Professional Development (CPD) audit provides the Quality Assurance Committee with information to monitor individual member compliance with the CPD program requirements and the its functionality. Consistent and transparent deferral criteria will ensure that fair principles are applied responding to members' requests for a deferral.

The policy will permit staff to authorize brief deferrals in prescribed situations, on behalf of the Committee. This will allow the Committee to use its time more effectively in focusing on significant case and policy issues and increases the overall efficiency of the audit program.

Members holding Retired Certificates of Registration are not required to participate in the CPD program. The Committee also determined it would be an unnecessary use of Committee and staff time to audit members holding Certificate of Registration Authorizing Supervised Practice. Since these members are under supervision, it is anticipated their ongoing professional development is monitored by their supervisor.

BACKGROUND

The practice of auditing members' CPD program compliance is a relatively new initiative administered by the Quality Assurance Committee. Auditing of the CPD program is not addressed in legislation or regulation but is governed according to College policy.

Currently, the Committee seeks to audit 50 members per year with a view to boost this number as the efficiency and effectiveness of the program increases. Audits are conducted with those members who have not declared completion of the program requirements by the due date and those selected at random.

During the first two audit cycles, approximately 20% of members selected requested either an exemption or a deferral. In the absence of a policy, the Committee was required to consider each individually. In discussing this, the Committee noted two issues; it would be beneficial to have transparent criteria established for such decision-making, and that many of the requests were very straightforward, decisions that could have been made by staff based on establish criteria.

BUDGETARY IMPLICATIONS

The use of staff rather than Committee time to review straightforward requests may result in reduced Committee per diem expenses.

NEXT STEPS

Upon approval

- *Policy II-5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral* be added to the College's *Policy and Procedure Manual*.

ATTACHMENTS

1. Draft *Policy II-5(iv): Continuing Professional Development Program Audit: Criteria for Exemption or Deferral*

CONTACT FOR QUESTIONS

Barry Gang, MBA, Dip.C.S., C.Psych.Assoc.

Deputy Registrar & Director of Professional Affairs

College of Psychologists Policy and Procedure Manual			
SECTION: COUNCIL and COMMITTEES			POLICY #: II – 5(iv)
POLICY: Continuing Professional Development Program Audit: Criteria for Exemption or Deferral		COVERAGE: Quality Assurance Committee	
CREATED: March 2021	REVISED:	NEXT REVIEW: 2023/2024	PAGE #: 1 of 1

POLICY STATEMENT:

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

MEMBERS EXCLUDED FROM CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM AUDIT

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

PROCEDURE:

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



BRIEFING NOTE

2021.01.03D

MARCH 2021 COUNCIL MEETING

POLICY II-5(iii): QUALITY ASSURANCE REQUIREMENTS FOR “VISITING” MEMBERS WITH LIMITED CERTIFICATES OF REGISTRATION FOR INTERIM AUTONOMOUS PRACTICE

STRATEGIC DIRECTION REFLECTION

*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; Acting in a responsibly transparent manner*

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That *Policy II-5(iii): Quality Assurance Requirements for “Visiting” Members with a Limited Certificate of Registration for Interim Autonomous* be approved.

Moved By TBD

PUBLIC INTEREST RATIONALE

It is important to establish clear, transparent, and adequate quality assurance requirements for those temporarily registered to provide psychological services to their clients located in Ontario. This will increase the protection from incompetent and/or unethical practice for the recipients of services by ensuring ongoing continuing professional development.

BACKGROUND

At the meeting of June 19, 2019, the Council approved the issuance of a *Certificate of Registration Authorizing Interim Autonomous Practice* to individuals for the purpose of permitting them to provide psychological service in Ontario to an existing client who has moved to Ontario temporarily. This *Certificate* is available for a maximum of year, and at a reduced fee given the temporary and limited nature of the service to be provided. Detailed information can be found in the attached Briefing Note provided to Council in June 2019.

ONTARIO REGULATION 209/94 GENERAL, Part III Quality Assurance requires that every member, other than a member with a Retired Certificate of Registration, participate in Self-Assessment (SAG) and Continuing Professional Development (CPD) in the manner approved by the Committee. This would include those holding a *Certificate of Registration Authorizing Interim Autonomous Practice* permitting temporary practice. It was noted however, that the two-year SAG and CPD cycles will not necessarily coincide with the term of this *Certificate*.

In considering the necessary and appropriate requirements for these temporary members, the Quality Assurance Committee reviewed the Quality Assurance programs in other jurisdictions. This review found that QA requirements vary substantively and quantitatively among jurisdictions and do not all align

precisely with the requirements in Ontario. Therefore, the Committee drafted a policy setting out what it believed to be reasonable expectations for these “visiting” practitioners. These include:

- Declaring full compliance with self-assessment and continuing professional development requirements in their home jurisdiction;
- Being subject to a random CPD audit in which the College will seek verification of compliance from the College or Board within the home jurisdiction; and
- If verification is not obtained, or if the home jurisdiction has no self-assessment or continuing professional development requirements, the individual will be subject to the requirements set for members of the College of Psychologists of Ontario.

NEXT STEPS

Upon approval

- *Policy II-5(iii): Quality Assurance Requirements for “Visiting” Members with a Limited Certificate of Registration for Interim Autonomous* be added to the *College’s Policy and Procedure Manual*.

ATTACHMENTS

1. Draft *Policy II-5(iii): Quality Assurance Requirements for “Visiting” Members with a Limited Certificate of Registration for Interim Autonomous*
2. Briefing Note – June 2019 Council Meeting; Practice in Ontario by Practitioners from Other Canadian Jurisdictions or those Holding a Certificate of Professional Qualification (CPQ) from the Association of States and Provincial Psychology Boards (ASPPB)

CONTACT FOR QUESTIONS

Barry Gang, MBA, Dip.C.S., C.Psych.Assoc.

Deputy Registrar & Director of Professional Affairs

College of Psychologists Policy and Procedure Manual			
SECTION: COUNCIL and COMMITTEES			POLICY #: II – 5(iii)
POLICY: Quality Assurance Requirements for “Visiting” Members with a Limited <i>Certificate of Registration for Interim Autonomous</i>		COVERAGE: Members holding a limited <i>Certificate of Registration for Interim Autonomous</i>	
CREATED: March 2021	REVISED:	NEXT REVIEW: 2023/2024	PAGE #: 1 of 1

POLICY STATEMENT:

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

PROCEDURE:

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

BRIEFING NOTE

2021.01.03E

MARCH 2021 COUNCIL MEETING

POLICY II-5(i): QUALITY ASSURANCE COMMITTEE: TERMS OF REFERENCE/ ROLE

STRATEGIC DIRECTION REFLECTION

Advancing the Council's governance practices

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That *Policy II-5(i): Quality Assurance Committee Terms of Reference/Role* be amended to specify that three- person Panels of the Committee will normally meet three times per year, as required.

Moved By TBD

PUBLIC INTEREST RATIONALE

This amendment will assist the Committee in fulfilling its statutory responsibility to effectively administer the Quality Assurance programs by providing clear expectations with respect to the time commitment associated with Committee participation. By meeting as smaller panels rather than as a full Committee will also ensure greater privacy for individual members whose cases are considered.

BACKGROUND

At its October meeting, the Quality Assurance Committee reviewed the Committee's Terms of Reference/Role. In doing so, it discussed whether the review of individual member cases related to the Self-Assessment Guide, Peer Assisted Reviews or the Continuing Professional Development program required the participation of all Committee members. The Committee determined this could be done more efficiently by a Panel of the Committee as permitted under *O. Reg. 209/94: GENERAL (Quality Assurance)*. It also noted that the use of a Panel model represents more respect for the privacy of the member in question. The Committee decided to adopt the Panel model for individual member case reviews and to recommend a change to the Committee's Terms of Reference/Role to reflect this.

BUDGETARY IMPLICATIONS

This amendment may result in lower per diem expenses, as fewer Committee members will be involved in the consideration of each individual review.

NEXT STEPS

Upon approval

- *Policy II-5(i): Quality Assurance Committee Terms of Reference* to be updated in the College's *Policy and Procedure Manual*

ATTACHMENTS

1. Amended *Policy II-5(i): Quality Assurance Committee: Terms of Reference/ Role* with tracked changes

CONTACT FOR QUESTIONS

Barry Gang, MBA, Dip.C.S., C.Psych.Assoc.
Deputy Registrar & Director of Professional Affairs

College of Psychologists Policy and Procedure Manual			
SECTION: COUNCIL and COMMITTEES			POLICY #: II – 5(i)
POLICY: Quality Assurance Committee: Terms of Reference/Role		COVERAGE: Quality Assurance Committee	
CREATED: June 2007	REVISED: March 2021	NEXT REVIEW: 2019/2020 2023/2024	PAGE #: 1 of 1

POLICY STATEMENT:

The Quality Assurance Committee shall exercise its authority and fulfil its responsibilities as set out in the Regulated Health Professions Act, Regulations under the Psychology Act, and the Bylaws and policies approved by Council.

PROCEDURE:

1. In addition to its statutory responsibilities and authorities, the Committee will deal with other matters including, but not limited to:
 - a) development of policies and procedures relevant to the work of the Committee.
2. The Committee normally meets three times per year or at the call of the Chair, [as required](#).
3. [Individual Panels of the](#) ~~The~~ Committee, [comprised of two professional members and one public member of the Committee, ~~may will meet, -may meet by teleconference~~](#) as required.

BRIEFING NOTE

2021.01.03F

MARCH 2021 COUNCIL MEETING

ACTIVITIES PERMITTED FOR MEMBERS HOLDING *RETIRED CERTIFICATES OF REGISTRATION*

STRATEGIC DIRECTION REFLECTION

Developing, establishing, and maintaining standards of practice and professional ethics for all members, Supporting and assisting members to meet high standards; Acting in a responsibly transparent manner

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That members holding *Retired Certificates of Registration* be permitted to teach psychology classes; not to include supervision of student's clinical work.

Moved By TBD

PUBLIC INTEREST RATIONALE

Currently, individuals may not provide Psychological Services unless they hold a *Certificate of Registration Authorizing Autonomous, Interim Autonomous or Supervised Practice*. This has resulted in an unintended consequence that longstanding members of the profession were faced with having to resign their College membership should they wish to 'retire' from practice but continue to teach at the university or college level. Should an individual resign, they would no longer be accountable to the College for their actions nor bound by the standards of the profession, the code of ethics or the health regulatory legislation. While it is expected that these individuals, for the most part, would continue to act in a responsible and professional manner, the public would be better served if they remained members in good standing with the College rather than acting as non-regulated faculty.

As a secondary issue, the accreditation standards of the Canadian Psychology Association, to which most psychology training programs adhere or strive to achieve, require that a large percentage of the faculty be regulated. The current requirement for registration by the College to teach could place some individuals or programs in conflict with these standards.

BACKGROUND

As the profession has aged, the College has begun to receive requests from members who wish to retire from their clinical practice but want to continue teaching courses at the university or college level. This is not possible under the current rules established by the College. That is, a member must either choose to give up their registration or continue their autonomous practice registration to be able to teach. Autonomous practice registration is required to provide any Psychological Service which includes teaching.

The *Standards of Professional Conduct, 2017* state that:

Psychological Services means services of a psychological nature that are provided by or under the supervision of a member. Psychological services include, but are not limited to, one or more of the following:

- a. Evaluation, diagnosis and assessment of individuals and groups;

- b. *Intervention with individuals and groups, including but not limited to, therapy, counselling, crisis intervention and psychoeducation;*
- c. *Consultation;*
- d. *Program development and evaluation;*
- e. *Supervision;*
- f. *Research;*
- g. ***Education and training; [highlighting added]***
- h. *Scholarly activities; and,*
- i. *Administration.*

In reviewing this definition of *Psychological Services*, it is noted that autonomous practice registration is required for several activities which do not necessarily include direct client/patient service:

- d. *Program development and evaluation;*
- f. *Research;*
- g. *Education and training;*
- h. *Scholarly activities; and*
- i. *Administration.*

The focus of this Briefing Note and motion is on g. *Education and training* recognizing that it may be necessary review other areas in the future.

Over the past couple of years, several longstanding members reluctantly have chosen to give up their College registration. Those who have chosen to keep their registration have done so somewhat reluctantly, feeling it to be unfair for the College to force them to maintain full membership to continue to only teach. In many cases, these individuals are sessional lecturers teaching only one or two classes. Members who teach courses which have a clinical supervision component, or who as part of their university responsibilities, supervise practicum placements readily understand and accept the need for registration. It is those whose courses have no such requirement that raise this issue.

In addition to considering the public interest in continuing to have as much training as possible provided by members of the College, it is also important to consider if the current situation may be ‘regulatory over-reach’.

Currently, members holding *Retired Certificates of Registration* are exempt from participating in the Quality Assurance Program and from maintaining professional liability insurance. There is no suggestion that these exemptions be changed. For individuals teaching at colleges or universities, it is assumed that they will abide by the institution’s requirements with regard to maintaining the currency and relevance of their knowledge and materials and that, as faculty, they will be covered by the institution’s liability insurance.

BUDGETARY IMPLICATIONS

The budgetary implications are minimal. This change could mean that some members who currently pay the full fee of \$795 will now only pay the retired fee of \$50. At the same time, individuals who might otherwise choose to resign and pay no fee, will now pay \$50. The number of members in each category is difficult to predict.

CONTACT FOR QUESTIONS

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

BRIEFING NOTE

2021.01.03G

MARCH 2021 COUNCIL MEETING

COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK (CPMF)

STRATEGIC DIRECTION REFLECTION

Communicating clearly and effectively with stakeholders; Collaborating in shaping the regulatory environment; Acting in a responsibly transparent manner

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That the Council approve the *College Performance Management Framework Report* for submission to the Ministry of Health and posting on the College website.

BACKGROUND

The Ministry of Health (MOH) has developed the *College Performance Measurement Framework (CPMF)*. The *Framework* which requires all 26 health regulatory Colleges to prepare performance data in a standard format for review by the Ministry and for posting on the College website by March 31, 2021.

According to the Ministry:

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario's health regulatory Colleges, subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?". This information will:

- 1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and*
- 2. help Colleges improve their performance.*

The *CPMF* consists of seven Domains: Governance, Resources, System partner, Information management, Regulatory policies, Suitability to practice and Measurement, reporting and improvement. Each Domain has Standards for which the College is asked to provide evidence of compliance. For each Standard the question is asked to indicate, "The College fulfills this requirement: Yes, Partially or No." If the answer is "Partially" or "No", the College is asked to indicate what is being planned, if anything, to improve performance over the next year. In addition, the *CPMF* asks for a variety of statistics related to Quality Assurance and Complaints and Discipline.

The College Senior Management Team and their staff have spent many hours collecting the necessary information and completing the sections of the *CPMF* relevant to their areas of responsibility. The College information is shown [Blue](#). The Executive Committee did an extensive review of the completed *CPMF* document at their recent meeting. There were a few suggestions made but, for the most part, the Executive approved the information provided in the *Framework* and is recommending it to Council for approval for submission and posting.

The attachment provided is the full *CPMF* document. The first 10 pages provide the introduction of the *Framework* and the completion instructions. This is followed by the College prepared performance assessment.

PUBLIC INTEREST RATIONALE

To promote the continuous improvement of regulatory performance across all health Colleges and to promote transparency and accountability through the completion of the *College Performance Management Framework* to be publicly posting by each College.

ATTACHMENT

1. Draft Completed *College Performance Measurement Framework* Reporting Tool

CONTACT FOR QUESTIONS

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



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2021

DRAFT

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DRAFT

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and
2. help Colleges improve their performance.

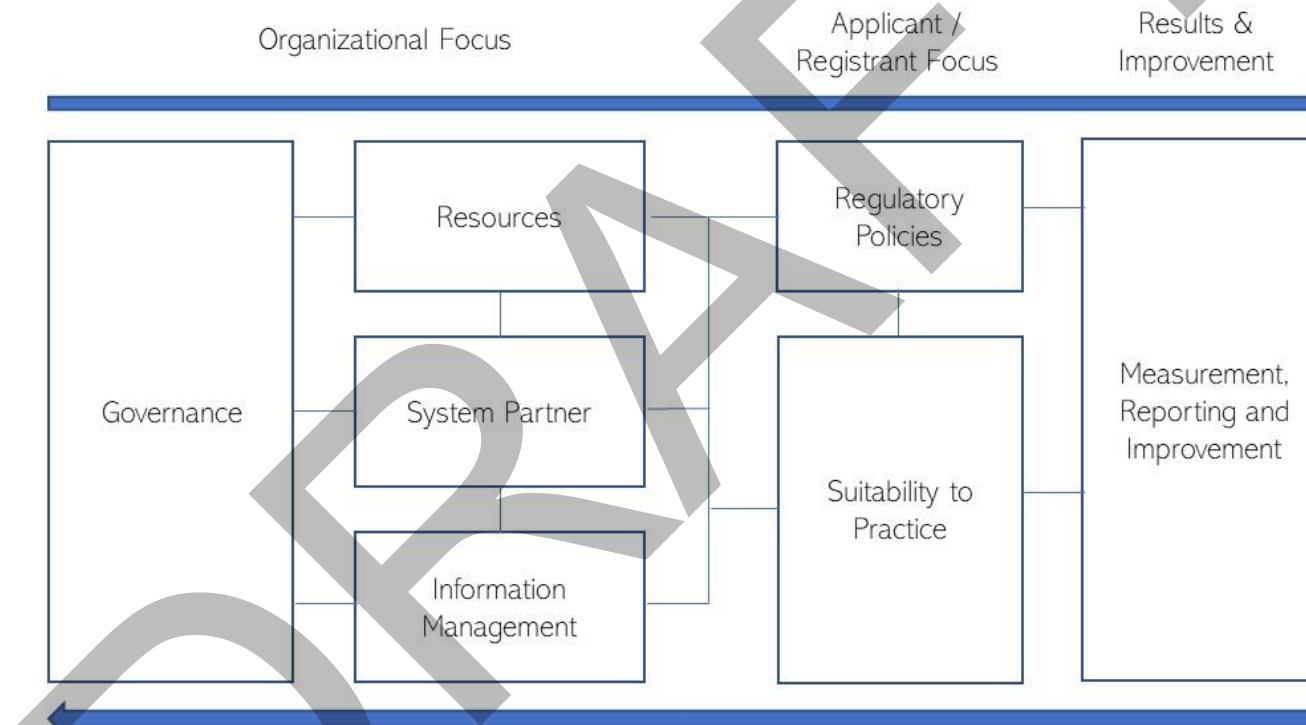
a) Components of the CPMF:

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

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ol style="list-style-type: none"> Meeting pre-defined competency / suitability criteria, and attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ol style="list-style-type: none"> met pre-defined competency / suitability criteria, and attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ol style="list-style-type: none"> Council meetings; Council 	Nil
			b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

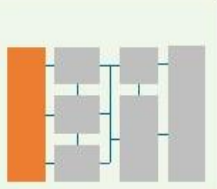
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

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

The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>Additional comments for clarification (optional):</i>

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<p>The College fulfills this requirement: Partially</p> <p>The competency/suitability criteria are public: Yes The minimum suitability/competency criteria are found in the publicly available By-Law 20: Election to Council, Qualifications, Terms of Office and Conditions for Disqualification. These are described in section 20.7 for professional members and section 20.8 for Academic member. They are further elaborated upon in the Call for Council Nominations.</p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: Professional members of Council participate in a new members orientation prior to taking their Council seat. This orientation is described in 1.1 c. as it is done in conjunction with the public member orientation. <p>i. Competency suitability information is available in the Call for Nominations to Council and includes statements regarding the need for Council to represent diversity of the membership and public served, this will be expanded to elaborate on other areas of competence or suitability for prospective Council members.</p>

		<p>ii. Orientation training to acquaint candidates with the College’s mandate and the expectations of the role of Council members is being explored</p>
		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes</p> <p>The competency / suitability criteria are public: Yes <i>The Call for Interest is sent to members of the College and published as a News Post on the College website.</i> https://cpo.on.ca/call-for-interest-in-committees-2020-2021/</p> <p>The College publishes a call for interest to all members asking those interested in serving on College Committees to make this known. They are asked to provide a statement of their interest in the particular Committee, their background and experience and what they believe they will bring to the work of the Committee. A small working group reviews the expressions of interest and draws up a slate of candidates the Executive Committee considering the needs of the Committee. In doing so, consideration is given to areas of practice, populations served, length of time in profession, and any other area of diversity noted by those interest.</p> <p>The College is exploring the development of orientation modules for members considering putting their names forward to stand for Committee appointments. This would more fully acquaint them with the role, expectations, and time commitment.</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training: The duration of the training varies depending on the Committee. The Quality Assurance, Client Relations and Registration Committees meet for a ½ day orientation. The ICRC orientation training is a one-hour session at which the ICRC Handbook is distributed, followed by observation of an ICRC meeting and then discussion of process observed. Discipline Committee orientation is a ½ day session conducted by the College’s independent legal counsel. In addition, Committee members also attend the full day HPRO Discipline Training sessions. • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Committee orientation is conducted in person or in real time by Zoom. It is facilitated by the Chair of the Committee as well as the College Director responsible for it. In the case of the Discipline Committee, orientation and training is also provided by the College’s legal counsel.

		<ul style="list-style-type: none"> • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p>Quality Assurance and Client Relations Committee Orientation Topics:</p> <ul style="list-style-type: none"> - Statutes, Regulations, Policies and Procedures relevant to Committee work - Code of Conduct, Responsibilities related to Conflict of Interest, Confidentiality - Objects and Duties of the College - Mission, Vision and Strategies - Right Touch Regulation - Current Projects and Priorities of the Committee <p>Registration Committee Orientation Topics:</p> <ul style="list-style-type: none"> - Registration Committee Mandate and Committee Policy and Procedure Manual - Review of the: <ul style="list-style-type: none"> • Code of Conduct • Policy on Conflict of Interest and Bias; • Policy on Confidentiality of Information; • <i>Regulated Health Professions Act, 1991</i> generally and sections RHPA Code related to Registration, in particular • <i>Psychology Act, 1991</i> - Overview of the mandate of the Office of Fairness Commissioner and their work in relation to registration practices and discussion of any OFC Action Plan items or other related work; - Review of the Registration Guidelines, and specific guidelines such as Guidelines for Training for Supervised Practice Members, Guidelines for Declaring Areas of Practice, Guidelines for Autonomous Practice Members Requesting a Change of Area of Practice, etc. - Current projects and/or special topics for the Committee and setting Committee meeting dates for the year/term. <p>ICRC Committee Orientation Topics:</p> <ul style="list-style-type: none"> - Distribution of ICRC Handbook - Statutes, Regulations, Policies and Procedures relevant to Committee work - Code of Conduct, Responsibilities related to Conflict of Interest, Confidentiality - Objects and Duties of the College - College Mission, Vision and Strategies - Right Touch Regulation - Full Committee Plenary Sessions are held twice a year, normally for a full day at which current projects and priorities are discussed
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	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p><i>Additional comments for clarification (optional):</i></p> <p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • Duration of orientation training: 2 – 3 hours • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): The training is in-person or by Zoom and conducted by the College President and the Registrar & Executive Director. • Insert link to website if training topics are public OR list orientation training topics: <ul style="list-style-type: none"> – Objects and Duty of the College – Governing Legislation <ul style="list-style-type: none"> • The Regulated Health Professions Act, 1991 (RHPA) • RHPA Themes • Prevention of Sexual Abuse • Controlled Acts • The Psychology Act, 1991 <ul style="list-style-type: none"> – Scope of Practice – Protected Titles and Terms – Vision, Mission, Strategies – College Structure and Council Member Role <ul style="list-style-type: none"> • Expectation of Council Members • Code of Conduct – Committees and College Activities – Current Priorities <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
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1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	The College fulfills this requirement: Partially
		<ul style="list-style-type: none"> • Year when Framework was developed OR last updated: • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:
		The Council reviews its progress on policy and business issues using an Action List which is reviewed at each meeting. In addition, a standing item on each Executive Committee agenda is a review of the previous Council meeting. This will be explored further in the coming year.
	<i>Additional comments for clarification (optional)</i>	
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: No
		<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, how often over the last five years? <insert number> • Year of last third-party evaluation: <insert year>
At this time there are no plans to undertake a third-party assessment of Council effectiveness, but this will be reviewed as Council considers its overall evaluation plans.		
<i>Additional comments for clarification (optional)</i>		
c. Ongoing training provided to Council has been informed by: <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	The College fulfills this requirement: Partially	
	<ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>. 	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes The College Executive is responsible for ongoing Council member training. Prior to COVID-19 when meetings were held in-person, the day prior to the September and March Council business meetings was set aside for Council training. Training Day topics are scheduled based on the suggestions of Council members or ideas	

		<p>prompted by timely topics. Due to COVID-19, training did not occur in 2020. Previously, Council training topics during 2018 and 2019 included:</p> <ul style="list-style-type: none"> - Presentation by CNO on Vision 2020 and Governance Discussion - Regulatory Governance: Best Practices and Recent Trends - SML Law Webinar - <i>Bimickaway: Introduction to Indigenous Realities</i> - Indigenous Justice Division of the Ministry of the Attorney General - Occupational Regulation: Defining “Acting in the Public Interest” <p><i>Additional comments for clarification (optional):</i></p>
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: <ul style="list-style-type: none"> - Policy I-2a Council & Committee Orientation and Training: Code of Conduct for Members of Council and its Committees – Revised September 2018 - Policy I-6 Conflict of Interest and Reasonable Perception of Bias – Revised December 2014 - Both Policy 1-2a and Policy 1-6 are due for review in 2021-2022 • Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: <ul style="list-style-type: none"> - Policy I-2a Council & Committee Orientation and Training - Policy I-6 Conflict of Interest and Reasonable Perception of Bias
	b. The College enforces cooling off periods ² .	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • The year that the cooling off period policy was developed OR last evaluated/updated:

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<p>The cooling off period is prescribed in sections 20.7 (3) and 20.7 (4) of the <i>By-Law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification</i> which was last revised in December 2017 .</p> <ul style="list-style-type: none"> How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; https://cpo.on.ca/cpo_resources/election-by-law/By-Law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification Section 20.7 (3): A member nominated for election to Council, who holds any position on the Board, Committee or staff of any professional psychological association involved in the advocacy for the profession, must undertake to resign that position before taking office. Section 20.7 (4): A member of the College who is also an employee of the College may be nominated for election to Council so long as he or she provides an irrevocable written resignation of employment to the Registrar/Executive Director on or before the deadline for receipt of nominations. <p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional comments for clarification (optional)</p>
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ol style="list-style-type: none"> the completed questionnaires are included as an appendix to each Council meeting package; questionnaires include definitions of conflict of interest; questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and 	<p>The College fulfills this requirement: Partially</p> <ul style="list-style-type: none"> The year when conflict of interest the questionnaire was implemented OR last evaluated/updated: 2014 Members update their questionnaire at each Council meeting based on Council agenda items: Always <p>The College does not require members to complete a questionnaire at the outset of each meeting. Each Council member signs a formal agreement or declaration at the outset of their term of office as per Policy I-6 Conflict of Interest and Reasonable Perception of Bias, 6. The Registrar will require each member of Council, Committees, Staff , and any person providing services on behalf of the College to sign a Declaration, Undertaking and Agreement, at the time of his or her election, appointment, or renewal, stating that he/she has read, understands and commits to comply with this policy and these procedures as well as any specific procedures that may apply to a particular activity or committee. Members of Council verbally declare potential conflicts at the beginning of every meeting based on the agenda items. Any declarations of conflicts are recorded in the Minutes.</p> <ul style="list-style-type: none"> Insert a link to most recent Council meeting materials that includes the questionnaire: This was demonstrated in the December 2020 Council meeting as reflected in the Minutes [Link to be inserted following March 2021 Meeting]

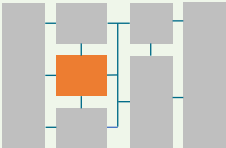
	<p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> No As noted, members of Council verbally declare potential conflicts at the beginning of every meeting based on the agenda items. Any declarations of conflicts are recorded in the Minutes. This has proven to be adequate and there are no plans to modify the process at this time.</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Describe how the College makes public interest rationale for Council decisions accessible for the public: Council meeting materials are posted on the College website a week in advance of the meeting. Each item brought forward for Council discussion and decision-making is accompanied by a Briefing Note. The Briefing Note has a section entitled <i>Public Interest Rationale</i> which provides a description of how the item relates to public protection or the public interest. The Briefing Note also contains a section <i>Strategic Direction Reflection</i> noting which of the College’s Strategic Directions the item addresses. The meeting agenda notes the Strategic Direction by a letter code with the full set of Strategic Directions list provided, for reference, on each Agenda. <ul style="list-style-type: none"> The approved Minutes of each meeting has a link to the Council meeting materials to which the Minutes relate so that the Briefing Notes or other Reports may be easily accessed. Insert a link to meeting materials that include an example of how the College references a public interest rationale [insert a link to March materials and reference page number of Briefing Note for CPMF]: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p>

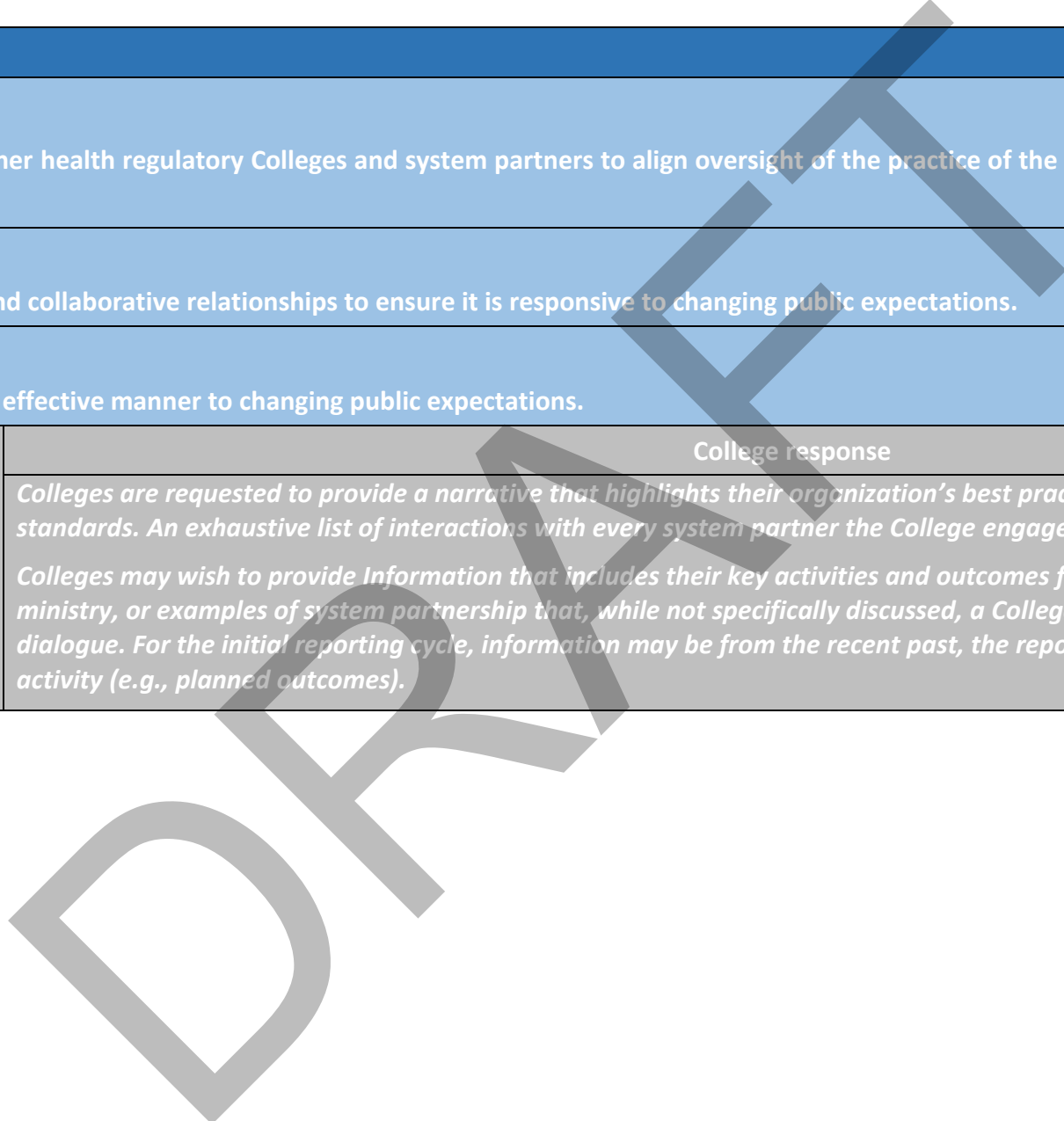
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: Yes</p> <p>An Action List is prepared following each Council meeting. It is included on the Agenda and is in the meeting materials package to be reviewed at the subsequent meeting. The Action List notes the Agenda Item number, who was responsible for the action, what the action was, and its status.</p> <ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: Council Minutes are posted on the College website on a page noting Upcoming Meetings and the available Agendas, Minutes and Material. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). <ol style="list-style-type: none"> the meeting date; the rationale for the meeting; a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and if decisions will be ratified by Council. 	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted: [insert link to March meeting materials – Executive Committee Report] <p>A report of Executive Committee meetings is provided to Council at each meeting and is available in the posted Council materials package. This Report includes the date of the meeting, a report on the items discussed and actions taken. This includes a note of those items to be brought forward for Council decision or approval. Any decision which were taken on behalf of Council are presented to the next Council meeting.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to the College’s latest strategic plan and/or strategic objectives: The College has a Strategic Plan. Each quarter a report is prepared for Council detailing the activities undertaken to support the Plan. <u>https://cpo.on.ca/about-cpo/strategic-direction/</u> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes</p> <p>This has been a standard action for the College since June 2016.</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes</p> <p>Notices of Discipline Hearings are posted as soon as a date for the Hearing is confirmed. This is always more than one week in advance. The Notice of Hearing includes the information which prompted the referral.</p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<p>a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement: Yes</p>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: https://cpo.on.ca/wp-content/uploads/Materials-Council-Meeting-2020.01-March-12-2020.pdf <p>Each year programs and activities submitted by each College department are reviewed and costed as part of the budget development process. This involves a review of the past five years performance and projections to the year end. Resources which may be applied during budget allocation include human resources, technology (hardware and software), office space and funding. The outcome of the resource allocation must support the strategic direction. The draft budget is submitted for review to the Finance and Audit Committee and Executive Committee for comment before being sent to Council for approval.</p> <p>The activities and programs of the College considered in designing the College budget include, but are not limited to, funding to:</p> <ul style="list-style-type: none"> Provide adequate governance of College activities by the Council and Executive Committee; Administer the Registration process and examinations; Undertake Investigations of complaints and reports and as necessary, facilitate Hearings; Administer the Quality Assurance and Continuing Professional Development Program including undertaking Peer Reviews and audits of the self-assessment and continuing professional development requirements; Administer the Funding for Therapy and Counselling for Victims of Sexual Abuse; and, Engage in partnership activities with other psychology regulators in Canada and the United States; with other Ontario health regulatory Colleges; and with the Directors of Psychology Training Programs.
		<p><i>Additional comments for clarification (optional)</i></p>

	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes</p> <p>If applicable:</p> <ul style="list-style-type: none"> Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: https://cpo.on.ca/wp-content/uploads/Policy-III-F-2-Reserve-Funds.pdf Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: September 2017 Has the financial reserve policy been validated by a financial auditor? Yes The Reserve Policy describes the purpose for the fund, the minimum and maximum amount to be maintained for each fund, an aggregate total for all funds and the circumstances under which a fund may be accessed. The Policy also describes the procedure for contributing to the fund, withdrawing from the fund and who has authority to recommend and/or approve the transfer. The Policy is currently eligible for review. Each year, the funding for the reserve funds is reviewed by the financial auditor who may make recommendations for transfer to Council. The College recently extended its lease and undertook major leasehold improvements. Funds from the <i>Premises Reserve Fund</i> were used for this purpose. As of February 2021, each reserve fund carried the level set out in the policy. <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. The College does a comprehensive review of all human resources positions and anticipated needs as part of the budget development process. Succession needs as well as any known leaves of absence are considered at this time. The budget, with a description of the human resource considerations, is presented to the Finance and Audit Committee and the Executive Committee prior to being taken to Council for approval. The budget for the fiscal year 2021-2022, beginning in June 2021, was reviewed, and approved by the Finance and Audit Committee at their meeting in February and reviewed and approved at the March 2021 meeting of Council. <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

DOMAIN 3: SYSTEM PARTNER	
<p>Standard 5</p> <p>The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p>	
<p>Standard 6</p> <p>The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>	
<p>Standard 7</p> <p>The College responds in a timely and effective manner to changing public expectations.</p>	
<p>Measure / Required evidence: N/A</p>	<p style="text-align: center;">College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>



<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <p>The College attends the meetings of Health Profession Regulator of Ontario be it the regular meetings of the organization or Zoom conferences arranged for special issues, for example, common COVID-19 matters. This permits the College to consider and understand the way in which other health regulatory Colleges are addressing topics of common interest. For example, sharing information regarding College recommendations to member regarding moving to virtual services and then re-opening requirements. Appropriate College staff participate in various formal and informal HPRO subgroups including those comprised of Deputy Registrars; Quality Assurance; Practice Advisors; and Corporate Service Managers. This permits information sharing among specific areas within the College's operations. For example, the Corporate Service Managers recently met to discuss cybersecurity to ensure adequate safety of personal and other information in member files as well as the information provided by the public as complainants. This has led to College staff becoming involved in cybersecurity training.</p> <p>The College supports the attendance of Council members, both public and professional, to attend Discipline Committee Training offered by HPRO. This provides an understanding of the legislative process and responsibility and encourages consistency in process and decision-making across Colleges. As well, the College takes advantage of the opportunity to consult with the other health regulatory Colleges when reviewing or considering new policies. Examples include consultation with the College of Nurses regarding governance reform; surveying other Colleges in developing the Communication Modernization Strategy; and, providing support to complainants involved in the College complaints process regarding sexual abuse allegations. The results of the communications strategy consultation informed the redevelopment of the College website, its move into social media and an overall revision to the 'look and feel' of its communication with members and the public. A need was identified to assist, and support individuals involved in sexual abuse complaints resulting in the College contracting with an external provider to offer services to these individuals, separate, apart, and anonymous to the College. This involvement with other Colleges facilitates the efficient use of resources as the College does not have to recreate existing policies. This cooperation ensures more consistency in public facing regulation.</p> <p>The College interacts regularly with the other Canadian psychology regulators through the Association of Canadian Psychology Regulatory Organizations (ACPRO). The Registrar was instrumental in establishing this group and the College is very active in ACPRO and its various initiatives. In addition to semi-annual meetings, there are regular listserv exchanges among the Colleges' common issues as well as work on pan-Canadian projects. Through ACPRO, the Canadian regulators share information on a variety of topics to ensure, where possible, consistency among Canadian jurisdictions. Over the past few months there has been considerable discussion on COVID-19 related matters such as out of province practice. Agreement was reached on a process to permit out-of-province practitioners for outside of Ontario universities to offer mental health services to students, living in Ontario, who would otherwise have moved to the university campus. As well, a common approach was agreed to regarding out of province service provision in response to COVID-19 and the clients who were forced to return home for example, leaving the jurisdiction of their practitioner. At the request/direction of the Employment and Social Development Canada (ESDC) ACPRO developed a single point of entry for a Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications for foreign trained individuals wishing to register in Canada. The Registrar was a member of the project steering committee. This project is now complete, and the College is taking steps to implement the use of this Framework for applicants educated outside of North America who are interested in registration.</p>
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	<p>In addition to Canadian psychological regulators, the College is a member of, and regular participant, in the activities of the Association of State and Provincial Psychology Boards (ASPPB); a North American organization comprised of the regulators of psychology in 62 North American provinces/territories/states. In addition to semi-annual meetings, the College participates on various cross-jurisdiction committees and working groups. This year's recent annual meeting agenda focused on meeting client/patient needs in a time of the pandemic. The April 2021 meeting will discuss "Regulatory Resiliency: Is there an "Old Normal" in a Post-COVID World?"</p> <p>The College interacts regularly with other self-regulated professions in Ontario (both health and non-health related) as a participant of the Ontario Regulators for Access Consortium (ORAC). In addition to meetings held throughout the year, ORAC participants share information on best practices in registration with a focus on access for internationally trained candidates, resources for regulators, and hosts a workshop entitled <i>Managing Cultural Differences</i> which has been attended by College registration staff. The next ORAC meeting, scheduled for March 2021, and will include representatives from the Office of the Fairness Commissioner of Ontario (OFC) regarding the OFC's new initiatives.</p> <p>In conjunction with eight other health regulatory Colleges, the College met with the Financial Services Regulatory Authority of Ontario (FSRA) to develop information sharing protocols regarding issues of mutual concern. Participation in several meetings throughout the year with the new Financial Services Regulatory Authority along with representatives of several other Health Regulatory Colleges, helped to ensure coordination of the mandates and practices of FRSA and Health Profession Regulators. The purpose was to ensure public confidence of health regulation, monitor and evaluate developments and trends and to promote public education and knowledge, transparency, and disclosure of information and to work together to deter deceptive or fraudulent conduct, practices, and activities.</p>
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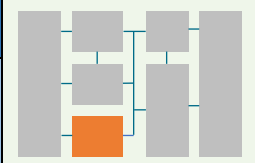
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	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner. Semi-annually the College hosts a meeting of individuals representing organizations providing training and internship opportunities to students interested in registering with the College. The meeting is attended by the Directors of Clinical Training representing the 15 Ontario Universities with training programs which meet the College’s requirements for registration. Also participating are the Internship Directors from the 31 internship sites which provide internships necessary to fulfill the Ph.D. requirements. In total, there are about 60 participants in addition to the three academic members of Council, the Registrar and the Director, Registration, who attend these meetings to provide two-way communication with the College Council and administration.</p> <p>The two groups meet jointly for ½ day and then separately for ½ day. Several years ago, the College realized there was no forum for these groups to meet to discuss issues of common interest or to provide consultation and input to the College. The College therefore took the initiative to institute these meetings. The groups provide feedback on training as it relates primarily to registration matters but also College policy issues generally. It is also a forum for the College to raise issues of concern such as the need for training programs and internship sites to provide education with respect to diversity, equity, and inclusion.</p> <p>Presentations are regularly made to Ph.D. students on a variety of topics including professional practice issues, the Standards of Professional Conduct, the ethical expectations of the College, and the registration process amongst other topics. This introduces students to role and expectations of the College to ensure early understanding of the public protection/interest mandate.</p> <p>The College has established a relationship with the Ontario Association of Behaviour Analysis (ONTABA). The College has been invited to regulate of Behaviour Analysts</p>	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <p>The College encourages members of the public to join College subscriber list to receive all College mailings and publications which includes consultation information. Through this, the College solicits and receives feedback from the public on issues such as the closing of the Psychological Associate class of membership. The recently redeveloped website is more public facing with an emphasis on ‘easy to access’ information for the public. To further public engagement, the College recently launched its social media presence on Facebook, Twitter and Linked to broaden the College’s communication base. Using surveys, the College solicits the views of all complainants after the disposition of a complaint, regarding their experience with the process and uses this information to improve public experience with the College’s investigations process.</p> <p>The College actively seeks the full compliment of public members for the College Council with the aim of ensuring a wide and diverse public voice for all Council deliberations. The voice of the public, as represented by the public members assist the Council to maintain its public interest focus. Through consultation with other Canadian psychology regulatory boards, the College developed a mechanism to allow members of the public temporarily located in Ontario due to the pandemic to maintain services with out of jurisdiction providers, within parameters of Ontario legislation.</p> <p>In response to increased general societal awareness, the College established a Diversity, Equity, and Inclusion Working Group to consider any areas of systemic bias/discrimination over which the College may have control or influence. The group is developing a workplan to initially review internal College processes to identify any areas of concern. Following this “internal” look, the work group will turn its attention outwardly to identify ways the College may influence the profession generally, to recognize and reduce/eliminate areas of systemic bias/discrimination.</p>
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	<p>and the knowledge and expertise of ONTABA is seen to be very important in informing this initiative.</p> <p>As needed, the College meets with the provincial associations to which members belong; the Ontario Psychological Association (OPA) and the Ontario Association of Mental Health Professionals (OAMHP). Meetings are held to discuss initiatives being considered by the College, for example closure of master's level registration, or those being proposed by the association such as prescription privileges for psychologists. In addition, the College reviews practice guidelines prepared by the OPA to provide comments on the congruence of these documents with the public interest and College expectations of members.</p> <p>The College endorses the Canadian Code of Ethics published by the Canadian Psychological Association (CPA). While the College expects compliance with the Professional Misconduct Regulation and the Standards of Professional Conduct, it strongly recommends the Code to member for areas not specifically addressed in the other documents. Adherence to the Code of Ethics is endorsed and/or required by all Canadian jurisdictions providing a level of consistency across Canada upon which the public can rely.</p> <p>The College is a regular participant at meetings of the Association of Chief Psychologists with Ontario School Boards (ACPOSB). This is a voluntary group made up of the chiefs of the psychology departments from approximately 55 Ontario school boards. Its stated purpose is to promote and develop psychological services in schools in the best interests of the students, parents, and the school community. To this end, the College consults with them on education system related issues for the profession. In conjunction with the ACPOSB, the College reviewed and revised the definition of the area of practice of School Psychology.</p> <p>The Registrar, Deputy Registrar, Directors, and the President have met with local groups of College members with the purpose of providing professional education to the members and receiving feedback from members concerning the policies and practices of the College.</p> <p>The College meets with the Office of the Fairness Commissioner (OFC) annually to discuss the College's Fair Practices Report as well as recommendations of the OFC and work that is in progress toward implementation.</p>	<p>It was determined that the College required a language fluency policy to ensure that members could fully understand the expectations of the College to permit them to provide safe, effective services in accordance with the College Standards. The Ontario Regulators for Access Consortium (ORAC) was a very helpful consultation group in providing guidance for best practices in this area.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i>
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	<ul style="list-style-type: none"> • Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations. • In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7). 	
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DOMAIN 4: INFORMATION MANAGEMENT

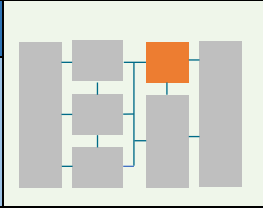


Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
<p>8.1 The College demonstrates how it protects against unauthorized disclosure of information.</p>	<p>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • Insert a link to policies and processes OR provide brief description of the respective policies and processes. https://cpo.on.ca/cpo_resources/privacy-code-of-the-college-of-psychologists-of-ontario/ https://cpo.on.ca/cpo_resources/policy-i-5-confidentiality-obligations-and-handling-of-confidentiality-materials/ <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement: Yes</p>
		<ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>Senior College staff involved in Registration, Complaints and Discipline and the Quality Assurance Program, together with the respective Committees, monitor and discuss any concerns arising regarding member conduct and relevant expectations of the College. This includes identifying gaps or lack of clarity in the <i>Standards of Professional Conduct, 2017</i> along with suggestions/recommendations as to how these may be addressed. Areas of concern or problems are also informed by the nature of the inquiries to the College’s Practice Advisory Service which responds to practice questions from members of the College and the public. Such amendments are provided to the Registrar and, when appropriate, taken forward to the Executive Committee and Council.</p>
		<p>The complete <i>Standards of Professional Conduct</i> are subject to a full review approximately every five years with a view to making any required amendments. This review includes a full member and other stakeholder consultation to identify new areas requiring <i>Standards</i> or areas that may no longer be relevant. For example, the latest revision of the <i>Standards</i> includes a principle on Telepsychology which was not part of the previous <i>Standards</i>. The revised draft <i>Standards</i> are distributed to members for final consultation prior to Council approval.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Additional comments for clarification (optional)</i></p>		



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	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <p>1) Supervision of the Controlled Act of Psychotherapy After the January 1, 2019 conclusion of the transition period regarding Supervision of the Controlled Act of Psychotherapy (<i>Regulated Health Professions Act, s. 27</i>), there was some ambiguity with respect to whether the legislation permitted members to supervise members of other Health Regulatory Colleges. After consultation with the Ministry of Health, relevant professional associations and the College of Registered Psychotherapists of Ontario, the College published these FAQ to assist members. This advisory permits members to supervise members of other Health Regulatory Colleges whose members are permitted to perform the Controlled Act if the supervisee's own College permits it. https://cpo.on.ca/resources/faqs/?faq=standards-of-professional-conduct-2017-questions-and-answers-regarding-the-controlled-act-related-to-psychotherapy-the-following-information-is-intended-to-address-the-most-frequently-asked-question-the-college-has-received</p> <p>2) Practice Guideline re: Fees and Billing: The College regularly provides guidelines based upon the queries received from members and members of the public. For example, the recent guidance provided to members regarding transparency in billing, following queries from members, their clients, and insurers. https://cpo.on.ca/information-from-the-practice-advice-service-january-2021/</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i> The five-year comprehensive of the <i>Standards</i> will take place over the next year or two. At that time, information about the ways in which the public interest can be better served by additional or revised <i>Standards</i> will be collected from all areas of the College, the membership, professional associations, other regulatory Colleges, and other relevant stakeholders including the public.</p>
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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10 The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	<p>a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)*</p> <p>* This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: The Documentation requirements are set out in the Registration Guidelines describing the application process: https://cpo.on.ca/cpo_resources/psychologist-d-registration-process/ These requirements ensure that documentation required in the application process meets the registration requirements. The College's Application Form requires applicants to provide details of their education and training (undergraduate and graduate level), language fluency, needed examination accommodation if any, proposed Ontario supervised practice setting and supervisor details. In addition, applicants must indicate any current or past registration/licensure in any regulated profession either in Canada or in another country and sign a Declaration of Good Character as well as an attestation regarding the accuracy of the information in the application form. <ul style="list-style-type: none"> Academic transcripts and foreign credential evaluations must be submitted to the College directly from the university/credential evaluation service Language Fluency score must be submitted to the College directly from the testing agency (https://cpo.on.ca/cpo_resources/appendix-f-language-fluency-policy/) Confirmation of current/past registration/licensure must be submitted to the College directly from the licensing agency Examination accommodation information must be submitted to the College directly from the applicant and their university or health care provider depending upon the nature of accommodation requested (https://cpo.on.ca/cpo_resources/appendix-g-examination-accommodation-policy) Proposed supervised practice information must be co-signed by the proposed supervisors, supervisor contact information is required The College's policy regarding the Declaration of Good Character sets out the process in place for reviewing cases where an applicant answers "Yes" to any of the conduct/character questions in their application form (https://cpo.on.ca/cpo_resources/appendix-e-criteria-for-evaluating-good-character/)

		<ul style="list-style-type: none"> • Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): The Review requirements are set out in the Registration Guidelines describing the non-exemptible academic requirements for registration: <ul style="list-style-type: none"> - Psychologist: https://cpo.on.ca/cpo_resources/psychologist-e-academic-credentials - Psychological Associate: https://cpo.on.ca/applicants/how-to-apply/supervised-practice-psychological-associate/ Each applicant's degree is reviewed in accordance with the non-exemptible academic requirements to ensure that the applicant has obtained either a doctoral or master's degree from a program that meets the College's requirements. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes</p> <p>Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out.</p> <p>The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements. The College’s Registration Committee meets via Plenary Session 6 times (approximately every other month) per year and reviews registration guidelines and registration related policies.</p> <p>Provide the date when the criteria to assess registration requirements was last reviewed and updated. Registration related policies have a review schedule; the Language Fluency Policy was created in 2015 and is scheduled to be reviewed by the Registration Committee in 2021, the Examination Accommodations Policy was created in 2016, and is scheduled to be reviewed in 2021.</p> <p>Registration Guidelines are also regularly reviewed as part of Registration Committee’s Plenary work; the Guidelines for Training for Supervised Practice member were last reviewed in 2019 and revisions completed in 2020; the Guidelines for Completing the Declaration of Competence were last reviewed in 2019, and revisions completed in 2020. The Criteria for Evaluating Good Character were last reviewed in 2020 with revisions completed in 2020.</p> <p>The creation of policies and guidelines includes consultation with stakeholders, a review of best practices and an environmental scan of policies and practices of other regulators.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency³ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <p>The College requires registrants to continuously demonstrate their competence and that they practice safely and ethically through the Quality Assurance Program and annual Membership Renewal process.</p> <p>The <i>Regulated Health Professions Act, 1991 (RHPA)</i> requires all regulatory health Colleges to administer a mandatory Quality Assurance Program. As defined in the Health Professions Procedural Code being schedule 2 of the <i>RHPA</i>, the program is “to assure the quality of practice of the profession and to promote continuing evaluation, competence and improvement among the members.” [1.(1)] The Quality Assurance Program of the College of Psychologists of Ontario has three main components: the Self-Assessment Guide and Continuing Professional Development Plan; the Mandatory Continuing Professional Development Program; and Peer Assisted Review. https://cpo.on.ca/members/quality-assurance/</p> <p>Quality Assurance Regulation: https://www.ontario.ca/laws/regulation/940209</p> <p>Quality Assurance Committee: The statutory Quality Assurance Committee is responsible for the implementation of the College’s Quality Assurance Program including continued professional development. It is composed of at least two professional and one public member of Council, and at least two members of the College who are not on Council. The Committee is responsible for the development, monitoring and auditing of the Self-Assessment Guide and Professional Development Plan, mandatory Continued Professional Development, and the Peer Assisted Review process. It also advises the College Council on policies and guidelines related to Quality Assurance.</p> <ul style="list-style-type: none"> Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>This work is incorporated into the role of the Quality Assurance Committee as described in 11.2 and 11.3 below. Each member of the College is required to undertake a self-review <u>every other year</u>, through the completion of the Self-Assessment Guide and Continuing Professional Development Plan. Members with even registration numbers complete the self assessment process in the even numbered years and those with odd registration numbers do so in the odd numbered years. Members with Certificates Authorizing Supervised Practice or Interim Autonomous Practice are required to complete the Self-Assessment Guide and Continuing Professional Development Plan every year.</p> <p>Membership Renewal Members of the College are required to renew their membership on an annual basis. The renewal process requires that each member also complete a self-report and answer a series of questions about conduct in the last 12 months, for example:</p>
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		<p>1. During the past 12 months, have you been charged with an offense that you have not already reported to the College? If yes, please describe briefly including information about every bail condition or other restriction imposed on you or agreed to in connection with the charge. (RHPA, 85.6.4 (1), (2), (3) Please see details below):</p> <p>2. During the past 12 months, have you been convicted of any offense that you have not already reported to the College? (RHPA 85.6.1 (1), (2), (3) Please see details below):</p> <p>3. During the past 12 months, have you been the subject of a professional disciplinary or incapacity proceeding by another regulatory body other than the College? (RHPA 85.6.2 (1), (2), (3) Please see details below):</p> <p>4. During the past 12 months, have you been found guilty of professional negligence or malpractice?</p> <p>5. During the past 12 months, has your license or registration to practice in any profession in any jurisdiction been restricted, suspended, or revoked?</p> <p>6. Is there any current proceeding or any current action against you in another jurisdiction either in connection with your practicing psychology or in your providing any other health care service?</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Partially</p> <ul style="list-style-type: none"> Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: The most recent assessment report by the OFC was in 2016-17, the link to the OFC report is found on the OFC website : https://www.fairnesscommissioner.ca/en/Professions_and_Trades/PDF/Assessment_Report-Psychologists-2016-2107-en.pdf Where an action plan was issued, is it: In Progress <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

³ A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard: Supervision (Standard 4) Duration of period that support was provided: Support is ongoing from the time of the adoption of the revised Standards in 2017 Activities undertaken to support registrants Articles in the regular publications of the College (e-bulletin and <i>HeadLines</i>); questions in the <i>Ethical Issues in Professional Practice</i>" portion of the College's semi-annual Barbara Wand Seminar attended by more than 1300 members. In addition, individual support is provided to members by the College's dedicated Practice Advisory Service. During 2020, the College has answered 170 queries regarding this <i>Standard</i>. % of registrants reached/participated by each activity An average of 34% of the members participate in the Barbara Wand Seminars. Queries about the Supervision Standard accounted for approximately 10% of the 1674 individual consultations provided by the Practice Advice Service during 2020. This is estimated to be about 5.5% of the membership if each Supervision inquiry came from a different member. Evaluation conducted on effectiveness of support provided The College does not formally evaluate the effectiveness of this support to members although the Practice Advisory Service receives many unsolicited comments regarding helpfulness of the guidance. The College is considering whether there is an effective way to conduct a more formal evaluation of the service offered by the Practice Advisory Service support which could include a link to a voluntary survey attached to each email response. Does the College always provide this level of support: Yes

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .	a. The College has processes and policies in place outlining:	The College fulfills this requirement: Yes
	i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	<ul style="list-style-type: none"> List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: The Quality Assurance Regulation requires that most of the QA assessment activities must be completed by all members or by those who are randomly selected. Some of those required to participate in Peer Assisted Reviews may be selected based upon stratified random selection. The QA Committee determines the stratified random selection criteria based on several factors each year, after considering information about the frequency of complaints in certain areas and/or its own observations in reviewing Peer Assisted Review Reports. This may include years in practice, or work with a particular population group, or members in private practice, etc. The College’s areas of focus, including Self-Assessment and Continuing Professional Development Planning, and Peer and Practice Assessments are described at: https://cpo.on.ca/members/quality-assurance/ Is the process taken above for identifying priority areas codified in a policy: Yes Processes are set out in Regulation: https://www.ontario.ca/laws/regulation/940209. Criteria for selecting participants in the Continuing Professional Development program are addressed in Policy: https://cpo.on.ca/cpo_resources/policy-ii-5iii-continuing-professional-development-program-audit-and-audit-selection/ Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: The Quality Assurance Committee has discussed Right Touch Regulation when considering policy developments and amendments in 2020. They were provided with the following to inform the discussion: www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20. Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable):

⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>Assessors performing Peer Assisted Reviews are provided with guidance during annual training concerning the appropriate evaluation of those they review, as set out on pages 36 and 37 of the most recent Assessor training presentation slides: https://cpo.on.ca/wp-content/uploads/PAR-Assessor-Reviewer-Training-2020.pdf. Right Touch principles are also embedded in the rating system within the Standard Assessment Report Form: https://cpo.on.ca/wp-content/uploads/PAR-Report-Form-pdf-fillable-form-2020.pdf.</p> <ul style="list-style-type: none"> Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> Public No Employers No Registrants No other stakeholders No Insert link to document that outlines criteria to inform remediation activities OR list criteria: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>While procedures are reviewed on an annual basis by the Quality Assurance Committee, no specific areas for improvement were identified this year. The need for a review will be considered again in the fall of 2021 by the QA Committee when the newly constituted Committees typically meet to review procedures.</p>
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<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes</p>
		<ul style="list-style-type: none"> Insert a link to the College's process for monitoring whether registrant's complete remediation activities OR describe the process: <i>The QA Committee makes recommendations and seeks voluntary undertakings from members regarding remedial activities and follow up is conducted when required. When a remedial activity is required by the Committee, College staff monitor the disposition on a case-by-case basis at regular Quality Assurance staff meetings.</i> Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: <i>The member subject to the requirement, or an Assessor retained to assist the member, is asked to provide confirmation of successful completion of the requirement and documentation of this is provided to the Committee. If the remediation is not achieved at the level expected by the Quality Assurance Committee, the matter is referred by the Committee for Investigation by the ICRC.</i>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
<p><i>Additional comments for clarification (if needed)</i></p>		

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes
		<ul style="list-style-type: none"> Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://cpo.on.ca/public/complaints-reports-to-the-college/#making-a-complaint Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes Does the College evaluate whether the information provided is clear and useful: Yes
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		The College has an investigation plan for each complaint or report. This assists Case Managers to ensure that all relevant information is received. The College evaluates whether information is clear and useful for the purposes of whether the information is adequate for the ICRC to appropriately screen a complaint or report. If the information doesn't appear to be clear or useful, the case manager will follow up with the appropriate individual to obtain clarification.
b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.		The College fulfills this requirement: Yes
		<ul style="list-style-type: none"> Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures)
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		The College does not track timelines for its response to inquiries. Our practice is to return inquiries within 24-48 hours. In 2020, the College logged 97 inquiries.

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: The most frequently provided support to the public was undertaking by the Case Managers <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>Starting January 1, 2021, the College has contracted an independent professional to provide support to clients involved in sexual abuse complaints or reports.</p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: https://cpo.on.ca/resources/faqs/#cr-investigations - FAQs with respect to investigations. A similar printout is provided to members and complainants when notifying/acknowledging complaints. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>Case managers provide parties with letters indicating new timelines in accordance with the Code, at 150, 210, 240 days etc., where applicable.</p>

Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes
		<ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: https://cpo.on.ca/public/discipline/risk-assessment-framework/ Provide the year when it was implemented OR evaluated/updated (if applicable): Implemented in 2017
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)
Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes
		<ul style="list-style-type: none"> Insert a link to policy OR describe briefly the policy: On March 29, 2019, Council approved a policy of reporting information to the police or other authorities in circumstances where a member's conduct appears criminal in nature or appears to be an offence under a provincial act. https://cpo.on.ca/cpo_resources/policy-ii-3v-reporting-to-police-and-other-authorities/ Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home').

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>The College has a practice of sharing information with the College of Registered Psychotherapists of Ontario and the Ontario College of Social Workers and Social Service Workers, where members of these Colleges were involved in the provision of psychological services which are the subject of a complaint being investigated by the College. Members of these other Colleges may be involved in the provision of psychological services under the supervision of a College member. These reports are made as soon as an individual is identified as being a member of one of these other Colleges or is in the process of qualifying to become a member. This information sharing practice began in June 2019.</p> <p>The College will share information about complainants who are also regulated health professionals, should this information raise concerns about misconduct or incapacity. This is considered on a case-by-case basis, with consultation between the Investigations department and the Registrar. In this context, on a few occasions, the College has reported information to the College of Nurses.</p> <p>ICRC staff and Committee members also have a procedure in place to report information to the CAS, should information subject to the reporting obligations under the Child, Youth and Family Services Act, 2017 need to be reported.</p>
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DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	<p>The College fulfills this requirement: Partially</p> <ul style="list-style-type: none"> Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>The College tracks performance in a variety of ways. At each Council meeting, the Chairs and/or Vice-Chairs of each Committee, who are members of Council, report on the performance of their areas of responsibility. This includes reviewing the activities of the Registration area, as well as the performance of the ICRC and Discipline regarding the disposition of complaints and reports. On a quarterly basis the Finance and Audit Committee reports to Council regarding the financial status of the College and has consistently reported on receiving a 'clean' audit from the Auditors. Over the next year, the College will explore the development of more formalized and specific performance targets.</p> <p><i>Additional comments for clarification (if needed)</i></p>
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: <p>The Council approved the use of an integrated Risk Management Plan in December 2017. Using this system, the Registrar reports annually on three areas of risk: Risks to Office/Staff; Risks to the College (reputation/self-regulation); and Risks to the Public (from members). The most recent report is on page 91 in the <u>December 2020 Council meeting</u> materials package. The College's achievement of its Strategic Directions is reviewed at</p>

		<p>each Executive Committee and Council meeting as presented on page 96 of the December Council meeting package linked above.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Partially</p> <ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p>In reviewing the College performance based on Committee reports, the risk analysis and assessment of the Strategic Directions, Council identifies areas in which performance can be improved or enhanced.</p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> Insert a link to College’s dashboard or relevant section of the College’s website: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>The College monitors performance related to its Strategic Directions routinely at both Executive Committee and Council meeting. In addition, the Council receives reports from the College statutory and non-statutory Committees describing the Committees work for the quarter under review be it related to the College’s</p>

		finances; individuals registered; quality assurance reviews and results; ICRC timelines and the nature of complaints and dispositions; and Discipline Committee Hearings. The Committees monitor the College's regulatory processes and bring forward policy recommendations when amendments are noted which would improve these regulatory activities. The Committee reports as well as any proposed policies are made public in the Council meeting materials posted on the website in advance of each meeting.
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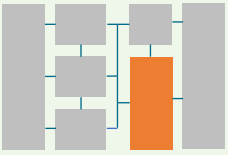
PART 2: CONTEXT MEASURES

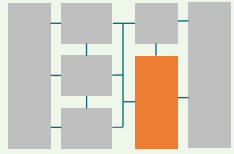
The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad'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

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

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

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

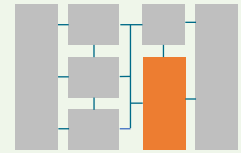
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
<p>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</p>		
<p>Statistical data collected in accordance with recommended methodology or College own methodology: Recommended</p> <p>If College methodology, please specify rationale for reporting according to College methodology:</p>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		
Type of QA/QI activity or assessment	#	<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
i. Completion of Self-Assessment and Continuing Education Plan	2152	
ii. Self-Care Assessment	2152	
iii. Peer Assisted Review	28	
iv. Continuing Professional Development Requirements Compliance Audit	47	
v. Assessment under s. 81 of the RHIPA	1	
vi. Review of Completed Self-Assessment Guide and Continuing Professional Development Plan	24	
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		
<p>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>		

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
<p>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care</p>			
<p>Statistical data collected in accordance with recommended methodology or College own methodology: Recommended</p> <p>If College methodology, please specify rationale for reporting according to College methodology:</p>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	2233	53	<p>What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR	
<p>The Committee made a number of recommendations to members as a result of their participation in the QA program to assist them to enhance their practice, however, no members were directed to participate in a specified continuing education or remediation program during 2020. The Committee did require five members to undertake to make changes in their practices. In three cases, where the Committee believed that the member may be incompetent or may have committed an act of professional misconduct, the members were referred to the ICRC for investigation.</p>			
<p>* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities in CY 2020*:			What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	

Additional comments for clarification (if needed)

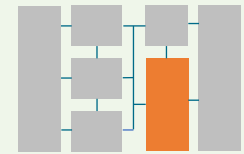
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: [College methodology](#)

If College methodology, please specify rationale for reporting according to College methodology: [Tracking is by allegation not by number of complaints as most complaints average 2-3 allegations.](#)

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received# 116		Registrar Investigations initiated# 12		
	Themes:	#	%	#	
I. Advertising	NR	NR	NR	NR	<p>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.</p> <p>This information relates to allegations, of which there were 333 for 116 formal complaints and 29 with respect to 12 Registrar's Investigations. There may be numerous allegations per matter, with each complaint, on average, comprised of two to three allegations.</p> <p>Professional Conduct & Behaviour appears many times as it includes allegations with respect to general professional conduct as well as consent, confidentiality, objectivity and bias, termination of services, etc., all of which are tracked by the College.</p>
II. Billing and Fees	10	3%	NR	NR	
III. Communication	9	3%	NR	NR	
IV. Competence / Patient Care	103	31%	6	21%	
V. Fraud	16	5%	2	7%	
VI. Professional Conduct & Behaviour	154	46%	8	28%	
VII. Record keeping	NR	NR	2	7%	
VIII. Sexual Abuse / Harassment / Boundary Violations	19	6	3	10%	
IX. Unauthorized Practice	5	2%	2	10%	
X. Other – Supervision	16	5%	1	3%	
XI. Other – Quality Assurance			4	14%	
Total number of formal complaints and Registrar's Investigations** ALLEGATIONS	333	100%	29	100%	

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: College methodology If College methodology, please specify rationale for reporting according to College methodology: Tracking is by allegation not by number of complaints as most complaints average 2-3 allegations.		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	140	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	21	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	12	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	NR	NR
II. Formal complaints that were resolved through ADR	NR	NR
III. Formal complaints that were disposed** of by ICRC	30	26%
IV. Formal complaints that proceeded to ICRC and are still pending	59	26%
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	7	6%
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	19	16%
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	1%
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. † ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.		
What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.		

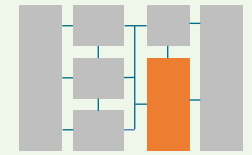
- △ *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*
- # *May relate to Registrars Investigations that were brought to ICRC in the previous year.*
- ** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*
- φ **Registrar's Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*
- NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)**

Of the formal complaints that proceeded to the ICRC, these include cases that were being investigated, but may not have been considered by the ICRC, in the relevant period.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: [College methodology](#)

If College methodology, please specify rationale for reporting according to College methodology: [Tracking is by allegation not by number of complaints as most complaints average 2-3 allegations.](#)

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	70						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decision†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	10	0	0	0	0
II. Billing and Fees	7	3	0	0	3	1	0
III. Communication	3	5	1	0	10	2	0
IV. Competence / Patient Care	32	8	0	1	10	2	0
V. Fraud	4	1	0	0	1	1	0
VI. Professional Conduct & Behaviour	81	22	0	1	21	3	0
VII. Record keeping	6	1	0	0	2	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	6	1	0	0	3	2	0
IX. Unauthorized Practice	3	1	0	0	2	1	0
X. Other – Supervision	6	4	0	0	2	1	0

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

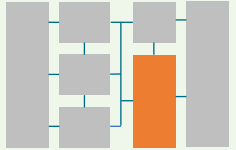
† NR = Non-reportable: results are not shown due to < 5 cases.

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

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

Nature of issues relates to allegations raised in complaints and reports. Multiple allegations are often raised (on average 2-3 per matter). There is overlap as well, as Undertakings may be sought with respect to several issues in one case. An ICRC may also decide to Take No Further Action with respect to one allegation but provide Advice or seek Undertakings with respect to another allegation, in the context of the same complaint or report.

Professional Conduct & Behaviour appears many times, as it includes allegations with respect to general professional conduct, as well as consent, confidentiality, objectivity & bias, termination of services, etc., all of which are tracked by the College.

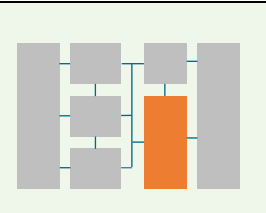
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: College methodology If College methodology, please specify rationale for reporting according to College methodology: The College tracks cases by calendar days <u>not</u> working days.		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in calendar working days in CY 2020	618	
II. A Registrar’s investigation in in calendar working days in CY 2020	NR	
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		

The College tracks “number of days” related to ICRC work as calendar days not working days. A rough estimate of 429 working days as the 90th percentile was calculated as a comparison. There were only 5 Registrar’s investigations which was too little data to calculate the 90th percentile.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: [College methodology](#)

If College methodology, please specify rationale for reporting according to College methodology: [The College tracks cases by calendar days not working days.](#)

Context Measure (CM)

Context Measure (CM)	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *
CM 12. 90th Percentile disposal* of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</i>
I. An uncontested [^] discipline hearing in in calendar -working days in CY 2020	NR	<i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
II. A contested [#] discipline hearing in in calendar -working days in CY 2020	NR	

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

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

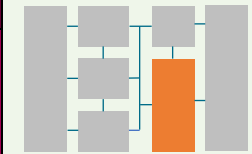
[#] **Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

The Discipline Committee held 2 uncontested hearings in 2020, and one reinstatement hearing. There were no contested hearings in 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	
II. Incompetence	
III. Fail to maintain Standard	1
IV. Improper use of a controlled act	
V. Conduct unbecoming	
VI. Dishonourable, disgraceful, unprofessional	2
VII. Offence conviction	
VIII. Contravene certificate restrictions	
IX. Findings in another jurisdiction	
X. Breach of orders and/or undertaking	
XI. Falsifying records	
XII. False or misleading document	
XIII. Contravene relevant Acts	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.

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

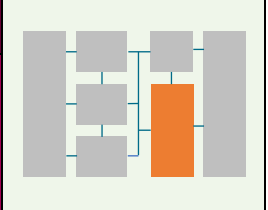
NR = Non-reportable: results are not shown due to < 5 cases.

The College's Discipline Committee held 2 disciplinary hearings in 2020. In one, findings related to DDU. In the other there were findings of DDU and failing to maintain standards. The Discipline Committee also held one reinstatement hearing.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended**

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	NR
II. Suspension [§]	1
III. Terms, Conditions and Limitations on a Certificate of Registration**	2
IV. Reprimand [^] and an Undertaking [#]	NR
V. Reprimand [^]	2

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

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

+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

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

[^] A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

[#] An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

The outcomes relate to 2 cases:

1: Reprimand, suspension, and TCLs.

2: Reprimand and TCLs.

The reinstatement hearing resulted in the reinstatement of the certificate of registration.

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

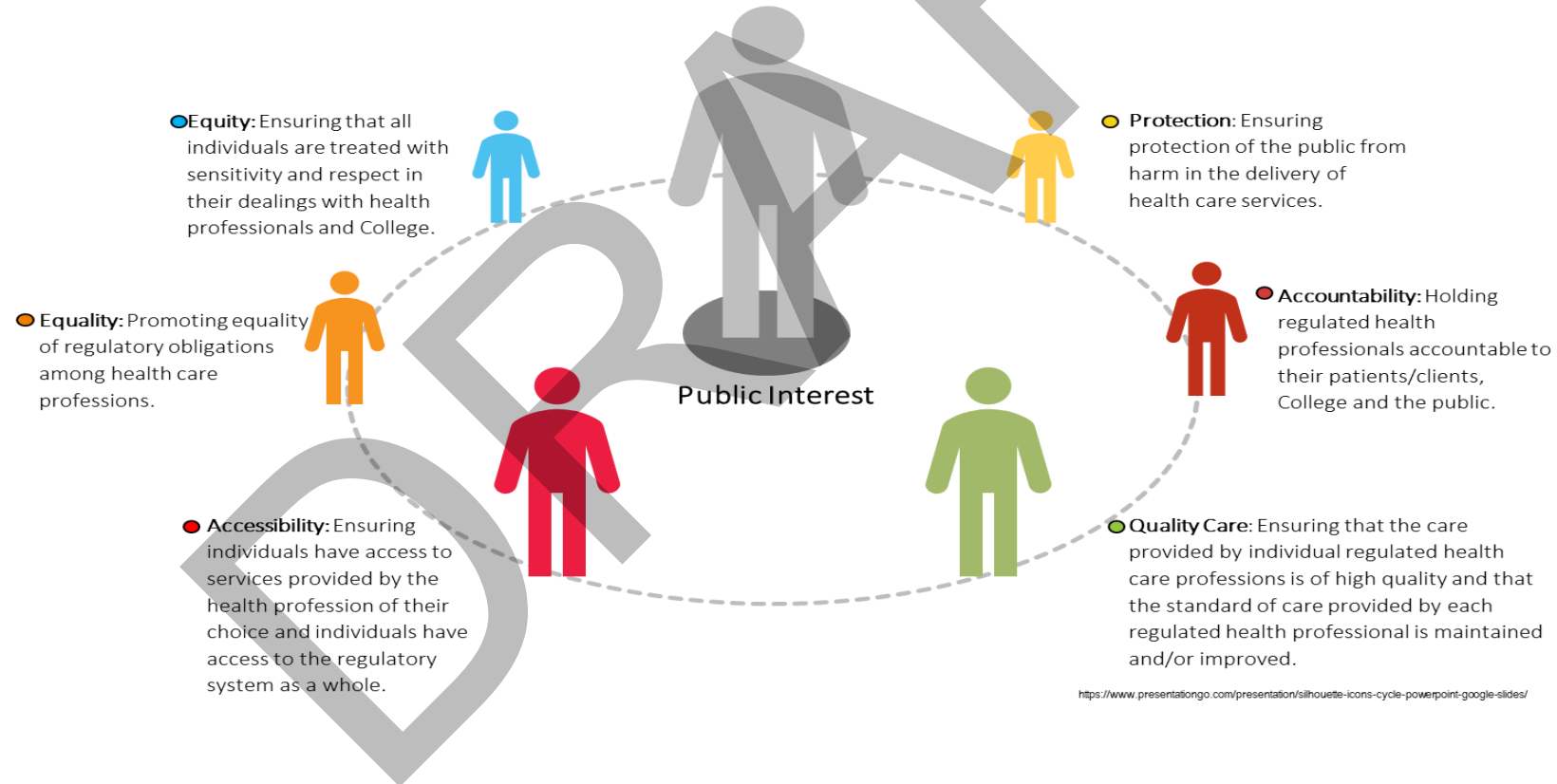
E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



BRIEFING NOTE

2021.01.03H

MARCH 2021 COUNCIL MEETING

ABA REGULATION AND COLLEGE COUNCIL COMPOSITION

STRATEGIC DIRECTION REFLECTION

Collaborating in shaping the regulatory environment; Acting in a responsibly transparent manner; Advancing the Council's governance practices

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That it be recommended to the Ministry of Health that the College Council composition be set out as follows to ensure appropriate regulation of Applied Behaviour Analysts:

Psychology Professional Members – at least 5 and no more than 7

Behaviour Analysts – at least 3 and no more than 5

Public Members – at least 7 and no more than 10

Academic Members – at least 2 and no more than 4

Moved By TBD

PUBLIC INTEREST RATIONALE

It is essential that the College Council have adequate numbers of both professional and public members to appropriately manage and administer the affairs of the College in its regulation of the professions of Psychology and Applied Behaviour Analysis. This includes ensuring adequate number of members to fulfill the governance duties of the Council and the appropriate representation of each profession on College Committees.

BACKGROUND

The regulation of Applied Behavior Analysts within the governance structure of the College of Psychologists will necessitate amendments to the *Psychology Act, 1991*; this includes the provision regarding the composition of the College Council.

It was recognized that in governing two professions, a Council comprised of members from both Psychology and Applied Behaviour Analysis would be considering issues which are common to both professions. These could include items such as the College's strategic direction, mission, and values; initiatives regarding equality, diversity, and inclusion; financial oversight; and other matters of joint interest in the regulation of both professions. While recognizing the many areas of overlap, there are others which are more profession specific such as establishing appropriate entry to practice standards or standards of professional conduct. There was also sensitivity to the need for each profession to take the lead for its members in areas such as registration or complaints and discipline. This has impact on Committee and panel membership, ensuring enough professional and public members to handle the workload.

Currently, the *Psychology Act, 1991* prescribes that there be, "at least five and no more than seven" elected members. The elections by-law establishes electoral districts using all seven. To ensure a sufficient number Behaviour Analysts to adequately represent their profession and undertake the work

of the panels, it is recommended that the legislation prescribe “at least three and no more than five” behaviour analysts. As is currently the case, the Council can determine, through by-law, the specific number to ensure adequate membership for the Committees and panels.

The legislation currently prescribes Academic representation as “two or three members selected in accordance with the by-laws”. The Executive Committee, in recognizing the importance of adequate academic representation from both professions, is recommending an increase of one, with the expectation that at least one of the Academic members would represent a behaviour analyst training program.

In addition to increases in professional members, it is recommended that the current number of public members, “at least five and no more than eight”, be increased by two. Public members play an integral role in the Council decision-making and in representing the public on Committees and panels. An increase would help to ensure the Council has adequate public representation and takes into account the Committee and panel workload demands often made on the public members.

CONTACT FOR QUESTIONS

Rick Morris, Ph.D., C.Psych.

Registrar & Executive Director



REPORT TO COUNCIL

2021.01.04A

MARCH 2021 COUNCIL MEETING

REGISTRAR & EXECUTIVE DIRECTOR'S REPORT

COVID-19 VACCINATION ROLLOUT

The Ministry of Health has asked the regulatory Colleges to assist the local Public Health Units (PHU's) in their efforts to notify regulated health professionals regarding registration to receive the COVID-19 vaccination. The local PHU's have been tasked with organizing the vaccination rollout within regions based on the priorities set by the Ministry. The recent Ministry of Health document [COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination](#) states that, "Health care workers have been identified as a priority population for [Phase 1](#) of Ontario's vaccination program." This information indicates that Psychology has been designated as "High" priority [p.11].

To date, the College has been contacted by three PHU's. The College has worked with these PHU's to send vaccine registration information to members in their catchment areas. In addition, the information for the regions in question has been added to the College [COVID-19 Updates](#) webpage.

PUBLIC MEMBER UPDATE

The College is pleased to announce that Ms. Nancy Tkachuk has been reappointed to our Council for a three-year term effective March 12th. We are saddened to learn that Ms. Jessy Zita has decided not to apply for reappointment as a public member when her term end in May 2021. Ms. Zita has indicated that her employment situation has changed and, unfortunately, she will not have the time to contribute to the College as she would like or as is necessary. We wish to thank Ms. Zita for her contributions to the Council and the work of the Committees on which she participated.

MEMBERSHIP RENEWALS FOR 2021 -2022

Membership renewal for the new year beginning June 1, 2021 will begin shortly. During the week of March 22nd, the College will notify members that renewals are open. I am pleased to report that, although the College expenses continued to increase, there will be no increase in registration fees for 2021-2022 but remain at the level which has been in place since 2002.

CALL FOR INTEREST IN COLLEGE COMMITTEES

Each year the College sends a notice to the membership inviting interested members to put their names forward for positions on the various College statutory Committees. While each Committee has representation from the professional and public members of Council, there is a need for participation by non-Council members. Notices will be sent out by early April. A Working Group consisting of the President, Vice-President and two professional members of the College will review the applications from members and establish a slate to be considered in June by the 2021-2022 Executive.

CONTACT FOR QUESTIONS

Dr. Rick Morris, Registrar & Executive Director

REPORT TO COUNCIL

2021.01.04B

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

REGISTRATION COMMITTEE

COMMITTEE MEMBERS:

Marjory Phillips, Co-Chair, Council Member
Wanda Towers, Co-Chair, Council Member
Mark Coates, College Member
Paula Conforti, Council Member
Jane Ledingham, College Member

Nadia Mocan, Public Member
Adrienne Perry, Council Member
Philip Ricciardi, Council Member
Sheila Tervit, College Member
Jessy Zita, Public Member

STAFF

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

COMMITTEE ACTIVITIES

Meetings of the Registration Committee:

January 29, 2021: Panel A

The Registrar referred a total of 29 cases to Panel A which included:

- 5 academic credential reviews (4 masters and 1 doctoral);
- 18 retraining plans for supervised practice members or eligible candidates (8 doctoral, 10 masters);
- 6 requests for change of area of practice.

January 28, 2021: Panel B

The Registrar referred a total of 30 cases to Panel B which included:

- 6 academic credential reviews (4 masters and 2 doctoral);
- 18 retraining plans for supervised practice members or eligible candidates (8 doctoral, 10 masters);
- 5 cases requests for change of area of practice;
- 1 request to return to a Certificate Authorizing Autonomous Practice from an Inactive Certificate of Registration.

January 28, 2021 Plenary Session:

Staff provided the Registration Committee with updates on the College's required examinations; the completion of the December 2020 Oral Examinations; the Jurisprudence and Ethics Examination (JEE) delivered on-line on the 8th of March; and the EPPP which continues to be available at testing centers in Ontario at a limited capacity due to Covid-19 social distancing guidelines.

Committee Co-Chair, Dr. Marjory Philips provided a brief oral report on the second meeting of the Supervision Resource Manual Working Group, who met on January 27th. The Working Group includes Dr. Marjory Phillips, Dr. Jane Ledingham, Dr. Paolo Pires, and College staff Mr. Barry Gang and Ms. Lesia Mackanyn.

Dr. Wanda Towers, Committee Co-Chair introduced a request from the Council asking that the Committee review how the College assesses competency in the Controlled Act of Diagnosis for practitioners from other Canadian provinces/territories seeking registration through the mobility provisions of the Canadian Free Trade Agreement. Staff reviewed with the Committee the current registration process for such applicants, which involves successful completion of the JEE while holding a Certificate Authorizing Interim Autonomous Practice.

The Committee continued its review of the College's Oral Examination process. They reviewed statements from current Registration Committee members who shared their impressions of the process as examiners and also looked at a sampling of past survey responses from both candidates and examiners. In addition, there was discussion of the College's costs associated with holding these examinations.

The Committee received two recent decisions of the Health Professions Appeal and Review Board (HPARB). In the first case, the Board upheld the Registration Committee's decision to refuse an application for registration. In the second case, the Board returned the matter back to the Registration Committee for further consideration.

SUBMITTED BY

Marjory Phillips, Ph.D., C.Psych., Co-Chair
Wanda Towers, Ph.D., C.Psych., Co-Chair

TERMS

- **Academic Credential Review:** 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 Outcome:** Individual cases that require a review of the outcome of, or an issue with, the Oral Examination, JEE, or EPPP.
- **Reciprocity Application:** Reviews of cases where an applicant has applied from a jurisdiction in which the College has entered into a written reciprocity agreement.
- **Removal or modification of limitation and/or condition:** Autonomous practice members who wish to have a registration related limitation and/or condition removed (or modified) from their certificate of practice.
- **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 to Autonomous Certificate from Inactive Certificate:** Members who have held an Inactive Certificate of Registration for longer than 2 years and who wish to return to a Certificate of Registration Authorizing Autonomous Practice.



REPORT TO COUNCIL

2021.01.04C

THIRD QUARTER, DECEMBER 1, 2020 – FEBRUARY 28, 2021

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

COMMITTEE MEMBERS:

Denise Milovan, Council Member, Chair
Gilles Boulais, College Member, Vice-Chair
Diane Addie, College Member
Jason Brown, College Member
Michael Grand, Council Member
David Gold, College Member
Allyson Harrison, College Member
Emad Hussain, Public Member
Joyce Isbitsky, Council Member

Melanie Morrow, College Member
Rana Pishva, College Member
Naomi Sankar-DeLeeuw, College Member
Fred Schmidt, College Member
Laura Spiller, College Member
Paul Stopciati, Public Member
Nancy Tkachuk, Public Member
Scott Warnock, Public Member
Natasha Whitfield, College Member

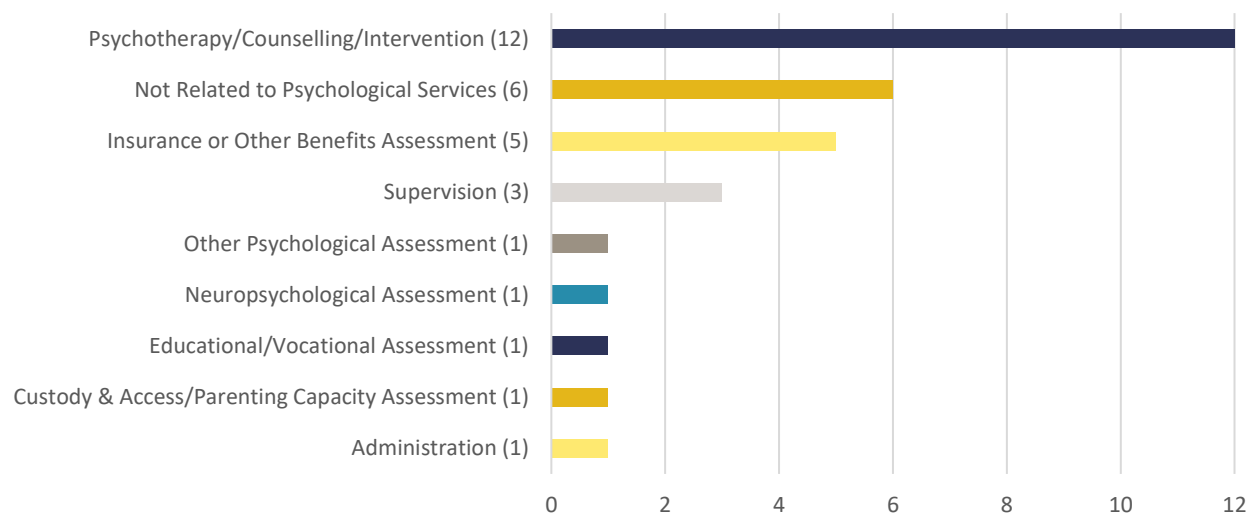
STAFF

Zimra Yetnikoff, Director, Investigations & Hearings
Hélène Theberge, Senior Administrative Assistant
Jennifer Taylor, Administrative Assistant

COMMITTEE ACTIVITIES

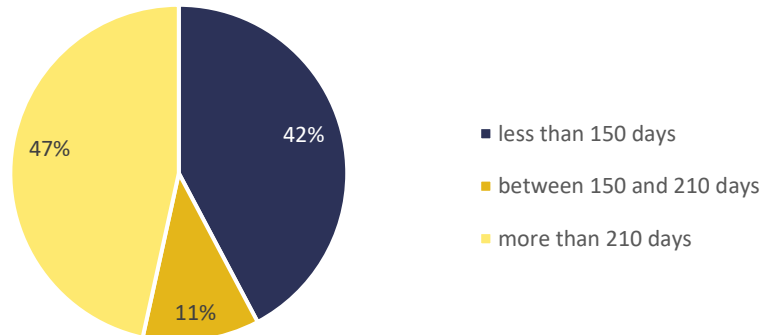
New Complaints and Reports

In the 3rd Quarter, the College received 27 new complaints and opened 4 Registrar's Investigations, for a total of 31 new matters. The nature of service in relation to these matters is as follows:



Timeline Snapshot

There are currently 116 open Complaints and Registrar's Investigations actively being investigated. Most of these cases are under 210 days old, with 42% of files under 150 days old.

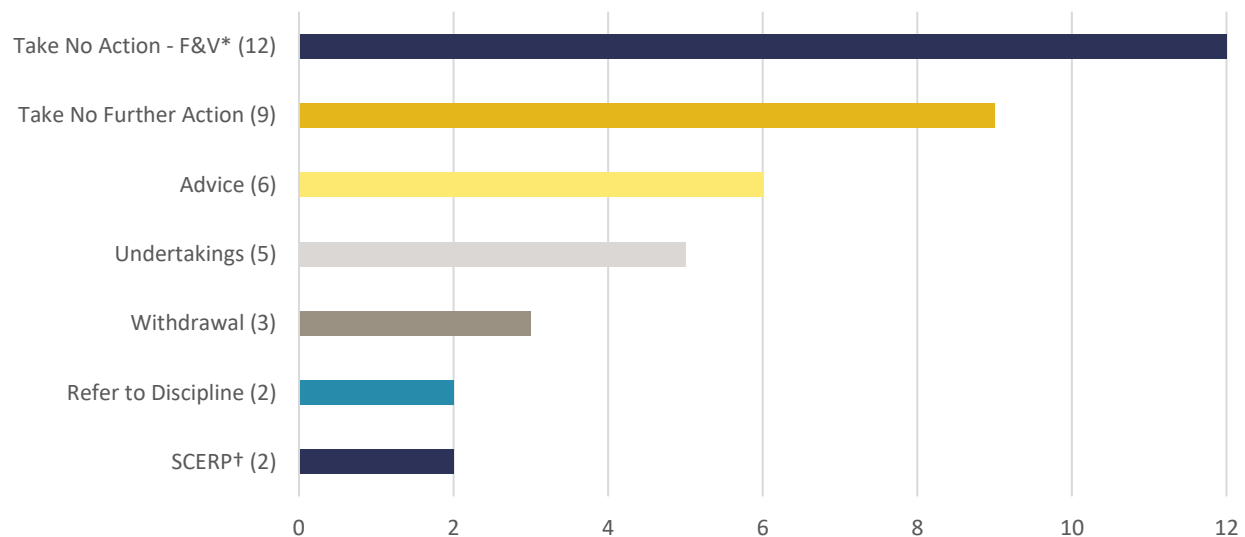


ICRC Meetings

The ICRC met on December 16, 2020, January 12, 2021 and February 17, 2021 to consider a total of 30 cases. The ICRC also held 10 teleconferences to consider 13 cases. The next meeting will take place on March 23, 2021; 10 cases are scheduled to be discussed. A Plenary Session is scheduled for April 14, 2021.

ICRC Dispositions

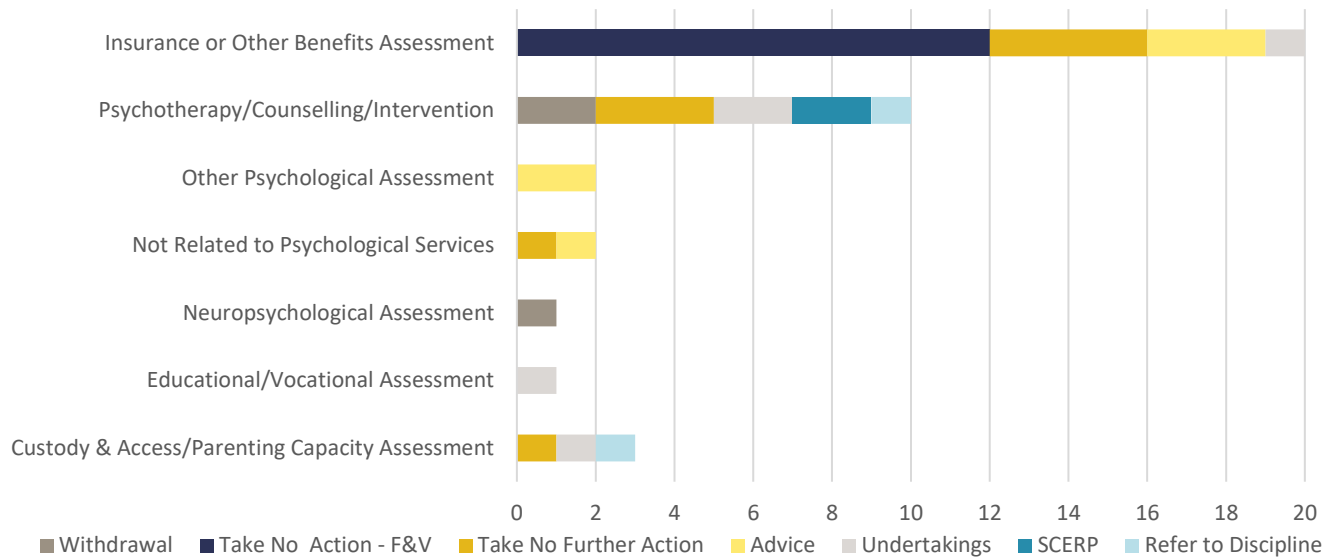
The ICRC disposed of 39 cases during the 3rd Quarter, as follows:



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

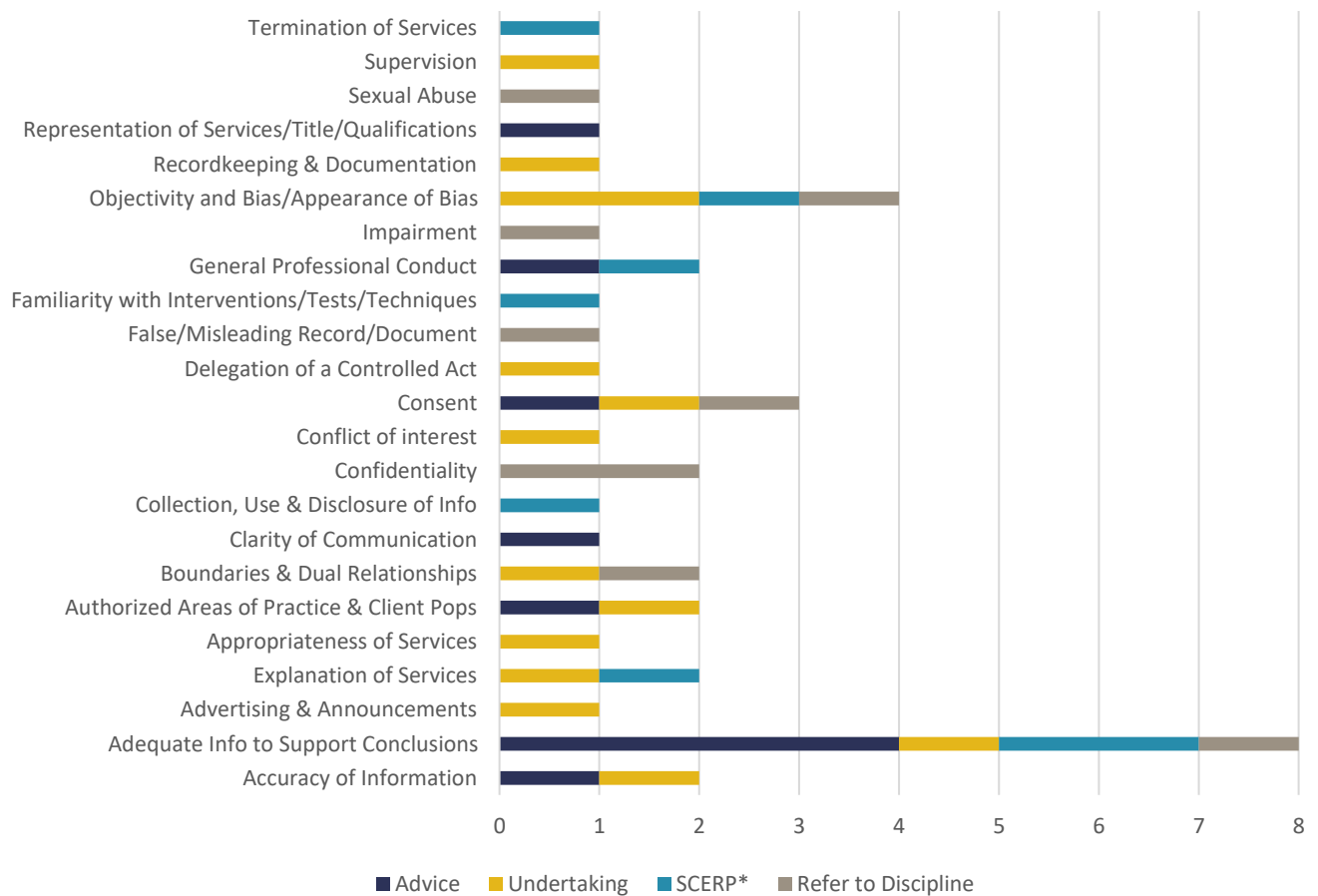
†SCERP: Specified Continuing Education or Remediation Program.

The dispositions of these 39 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 39 cases disposed of included the consideration of 130 allegations. The ICRC took some remedial action with respect to 41, or 32%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 3rd Quarter, eight HPARB reviews of ICRC decision were requested, and the College received two HPARB decisions. One ICRC decisions was confirmed, and one was dismissed as being frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.

SUBMITTED BY

Denise Milovan, Ph.D., C.Psych., Chair

BRIEFING NOTE

2021.01.04D

MARCH 2021 COUNCIL MEETING

PROPOSED BUDGET: JUNE 1, 2021 TO MAY 31, 2022

STRATEGIC DIRECTION REFLECTION

Advancing the Council's Governance Practices

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE AND FINANCE AND AUDIT COMMITTEE RECOMMENDATION

That the proposed budget for 2021 – 2022 be approved.

Moved By TBD

BACKGROUND

The process for creating the annual budget is very lengthy beginning six months (December 2020) in advance of the start of the new fiscal year. Utilizing the information available regarding the current year's financial performance, that is to November 30th, projections to year-end are developed. These numbers are used by the Senior Management Team to create budgets for their areas of responsibility; considering any changes anticipated in the coming year. The Registrar & Executive Director reviews these submissions, queries any substantive changes, and amalgamates these into an overall draft budget. This budget, with the following explanatory notes, was presented to the Finance and Audit Committee in February and to the Executive Committee earlier in March. After discussing the anticipated Revenue and Expenditures for the coming year, both Committees approved the budget as presented

PROPOSED BUDGET SUMMARY

Attached is the proposed College budget for the fiscal year June 1, 2021 to May 31, 2022. This spreadsheet presents the following information in the columns from left to right:

- Actual spending for each of the past 5 years including the year just ended on May 31, 2020;
- Current year's (2020 – 2021) budget;
- Projected Revenue and Expenditures to year-end (May 31, 2021) based on 6 months of actual information available to November 30, 2020. Note: **green = underspending; red = overspending**
- Proposed budget for 2021 - 2022
- Change in the proposed budget as compared to the current budget in dollars. Income has been colour coded (**green = decreased spending; red = increased spending**). In the case of Revenue (**green = increase; red = decrease**), and
- Percent change in the proposed budget compared to the current (2020 – 2021) budget.

The proposed budget for 2021-2022 projects a deficit of \$416,387. This is \$34,040 higher than the approved current year's budgeted deficit (\$382,357) and higher than the current year-end projection (\$309,921). It should be noted that the current year-end projections reflect no spending in *Travel, Accommodation and Meals (T.A.M.)* as all meetings were held virtually which significantly decreased this year's spending. The budget was developed as a primarily status quo budget, reflecting only anticipated

increases in expenses in providing for the continued services offered by the College in fulfilling its mandate.

As is the case each year in developing the budget, there are many areas of College work for which the potential costs are not fully predictable. It is possible to predict relatively fixed costs such as staff payroll, rent, insurance and association membership fees and, with reasonable accuracy, events such as the Barbara Wand Seminar or the Executive Committee's out-of-town member receptions. Other expenses, however, are much more variable. Committee *T.A.M.* for example, is difficult to predict as Committee composition and the number of out-of-town Committee members is not determined until after the June Council meeting by which time the budget has been approved. Costs associated with legal advice for Investigations, Discipline and Registration; Discipline panels and facilities, the need for ICRC and Discipline experts, and requests for funding for therapy are fully dependent on the nature of the matters occurring during the year.

Below is a description of the main features of each budget area noting the reasons for the changes from the current year's budget.

Revenue

The primary source of revenue for the College is member *Registration Fees*; this includes autonomous practice, supervised practice, inactive, retired members. Together with *Application Fees* this accounts for approximately 89% of the College Revenues. The remaining 11% is received primarily from membership *Application Fees, Incorporation Applications and Renewal Fees, Examination Fees, Net Investment Income and Discipline Cost Recovery.*

The budget anticipates a small increase in revenue as compared with the current year's budget and the projected income for this year. This change is due to an increase in anticipated revenues in most revenue areas noted above.

At the late summer meeting of the Finance and Audit Committee, after receiving the final year-end audited financial statements, the Committee considers the need for an increase in membership fees. The regular membership fee of \$795 has been in place since 2002 while the College's expenses have steadily increased. When the Committee meets in August 2021, it will review the College fee structure and consider the need for increases in the coming years.

Cost of Sales

This area represents the expenses that the College incurs primarily in administering the Registration process and offering the Barbara Wand Seminar. The proposed budget anticipates a decrease in these costs over the current year's budget but a small increase over the year-end projection. This decrease is due to lessened costs in the development and administration of the Jurisprudence and Ethics Examination, and in presenting Barbara Wand Seminar. As well, it is anticipated that the June Oral Examinations will be done virtually, significantly decreasing the *T.A.M.* costs for the examiners. At this time, it is anticipated that, for budgeting purposes, the December 2021 Oral Examinations will be conducted in-person however, this is yet to be determined.

Governance

The budget for 2021-2022 is slightly higher than the current year's budget and higher than the projected year-end spending. As with other areas, Council and Executive Committee meetings were held virtually which significantly decreased the *T.A.M.* costs and this is reflected in the lower projected year-end. The proposed budget anticipates in-person meetings in 2021-2022 as well as some additional funding for

meetings of the Applied Behaviour Analysis and the Equity, Diversity, and Inclusion Working Groups (*Special Proj-Other*).

Registration

The proposed expenditures for this area are slightly lower than those in the current year's budget but higher than the projected year-end spending. Once again, the savings to year-end relate to virtual meetings and the impact on *T.A.M.* Expenses for Registration Committee meetings is dependent upon the location from which members are drawn as this affects *T.A.M.* The budget reflects the status quo as the number of meetings is anticipated to remain unchanged from the current year. The budget for legal consultation remains unchanged anticipating continued reviews by the Health Professions Appeal and Review Board (HPARB) and possible matters proceeding to divisional court.

Client Relations Committee

The overall budget for 2021-2022 is significantly lower than that of the current year and the year-end projected spending. The number of Committee meetings planned is similar to the current year, with some held virtually. The virtual meetings are planned to be shorter which impacts the *Per Diems* and, as virtual meetings, there are no *T.A.M.* expenses.

In considering the *Program for Funding* budget, it is difficult to predict the amount that will be required to support this program. Expenses are dependent upon the number of individuals for whom funding is approved, the number of sessions they attend with the therapist or counsellor and the fee charged. The amount budgeted is based on the current year's experience, previous expenditures in this area and the number of individuals currently receiving funds. These costs may be offset by program for funding cost recovery ordered by the Discipline panel.

Quality Assurance

The proposed budget for the Quality Assurance area is substantially the same as that of the current year. The anticipated underspending for the year is due in part to savings in *T.A.M.* as well as a decrease in the number of Peer Assisted Reviews (PAR) anticipated to be conducted. Planning for the upcoming year includes a significant increase in PARs conducted with an accompanying need for additional QA Committee review meetings.

Investigations and Resolutions

The overall budget for this area is slightly lower than that of the 2020-2021 year. While the number of meetings planned remains the same, anticipated decreases are noted in the use of outside experts and investigators.

Hearings

Overall, the budget for 2021-2022 remains relatively the same as that of the current year and the year-end projections. In considering the current year's spending, the savings in *T.A.M.* is offset by increased prosecution/hearing legal expenses. The budget for these has been increased for the coming year. As noted, the expenses in this area, legal costs and costs for pre-hearing conferences and hearings, is highly variable and dependent on the matters which come forward during the year.

Liaison

Liaison expenses are primarily associated with the College's membership fees for the College's involvement in several associations. Currently the College is a member of the Association of Canadian Psychology Regulatory Organizations (ACPRO), the Association of State and Provincial Psychology Boards

(ASPPB), the Council on Licensure, Enforcement, and Regulation (CLEAR), Health Profession Regulators of Ontario (HPRO) and the Canadian Network of Agencies of Regulation (CNAR). The budgets for ACPRO and ASPPB include the cost of the College President attending two meetings a year of each organization. The travel expenses for these meetings is difficult to predict as it depends on the location of the meetings.

Liaison Other relates primarily to meetings of the Directors of Clinical Training and the Internship Director hosted, twice yearly, by the College. It may include other miscellaneous meetings with government, other stakeholders, or other one-time meetings.

Administration

The proposed *Administration* budget is higher than both the current year's budget and the projected year-end spending. This is due primarily to increases in *Office Net and Additional Rent, Bank Charges and Salaries and Wages & RSP*.

The increase in projected *Office Net Rent* in the current year was due to underbudgeting as the cost of the renegotiated lease, beginning January 2020, was unknown at the time that budget was prepared. The amount shown for the upcoming year is accurate based on the signed lease extension. *Bank Charges* are higher than budgeted as increased *Bank Charges* were incurred as the College permitted members to pay their registration fees in two installments. This increased the administration charges for credit card and EFT use. The College has recently undertaken negotiations with the TD Bank resulting in a decrease in the per transaction charge to be paid.

Salaries and Wages & RSP are projected to be higher by year-end as compared to the 2020-2021 budget. This over-expenditure results primarily from two budgeting errors. In developing last year's budget, the RSP staff benefit contribution and the Ontario Employer Health Tax were not included. These have been included in the proposed 2021-2022 budget. The proposed budget includes the provision for annual staff salary reviews as well as a small increase to support the increasing volume of work in the Quality Assurance and Practice Advice areas.

ATTACHMENT

1. Draft Budget 2021-2022

CONTACT FOR QUESTIONS

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

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
 PROPOSED BUDGET
 June 2021 - May 2022

	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	PROJECTED	PROPOSED	\$	%
	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	YEAR-END	BUDGET	CHANGE	CHANGE
							2020-2021	2021-2022		
REVENUE	3,380,747.00	3,386,949.00	3,417,484.00	3,520,579.00	3,645,271.00	3,646,250.00	3,564,204.00	3,663,872.50	17,622.50	0%
COST OF SALES	269,801.00	276,027.00	295,184.00	297,071.00	308,499.00	335,702.00	229,432.00	258,490.00	-77,212.00	-23%
GROSS MARGIN	3,110,946.00	3,110,922.00	3,122,300.00	3,223,508.00	3,336,772.00	3,310,548.00	3,334,772.00	3,405,382.50	94,834.50	3%
EXPENDITURES										
Governance	90,895.00	79,680.00	91,660.00	99,681.00	95,464.00	99,575.00	48,125.00	102,200.00	2,625.00	3%
Registration	98,922.00	70,148.00	84,545.00	87,097.00	97,098.00	103,000.00	84,000.00	101,000.00	-2,000.00	-2%
Client Relations, Communications & Education	34,435.00	21,836.00	19,045.00	19,203.00	17,382.00	33,675.00	11,075.00	21,770.00	-11,905.00	-35%
Quality Assurance	5,501.00	36,378.00	44,930.00	36,043.00	32,790.00	50,641.00	23,050.00	49,600.00	-1,041.00	-2%
Investigations and Resolutions	83,368.00	114,477.00	125,290.00	120,275.00	121,746.00	149,200.00	107,000.00	131,000.00	-18,200.00	-12%
Hearings	163,390.00	147,970.00	494,894.00	343,021.00	183,973.00	337,400.00	328,325.00	332,950.00	-4,450.00	-1%
Liaison (Professional Organizations)	32,420.00	30,616.00	27,074.00	34,293.00	26,084.00	37,695.00	19,950.00	30,950.00	-6,745.00	-18%
Administration	2,293,522.00	2,384,885.00	2,467,217.22	2,535,691.00	2,867,841.00	2,881,719.00	3,023,168.52	3,052,299.95	170,580.95	6%
Total Expenditures	2,802,453.00	2,885,990.00	3,354,655.22	3,275,304.00	3,442,378.00	3,692,905.00	3,644,693.52	3,821,769.95	128,864.95	3%
EXCESS OF REVENUE OVER EXPENDITURES	308,493.00	224,932.00	-232,355.22	-51,796.00	-105,606.00	-382,357.00	-309,921.52	-416,387.45	-34,030.45	9%

BRIEFING NOTE

2021.01.04E

MARCH 2021 COUNCIL MEETING

PREMISES RESERVE FUND REDUCTION

STRATEGIC DIRECTION REFLECTION

Acting in a responsibly transparent manner; Advancing the Council's governance practices.

MOTION FOR CONSIDERATION

That \$772,258 be removed from the Premises Reserve Fund to account for expenditures related to the office leasehold improvements.

Moved By TBD

PUBLIC INTEREST RATIONALE

The College offices, for the most part, have not been renovated since moving to the Eglinton Avenue location over 20 years ago; and they needed to be upgraded. The improvements undertaken provide staff with a modern work environment which conforms to building code standards; many of which had changed over the past two decades. In addition, the layout was redesigned keeping in mind the need to accommodate projected space/personnel needs and the increasing use of virtual technology to support remote meetings.

BACKGROUND

At the meeting of September 27, 2019, in conjunction with the premises lease extension, the Council approved "the tentative \$650,000 relocation and build out budget up to an additional 15%, to be paid from the Premises Reserve Fund. This amount was based on the estimated costs gathered through the construction tender process.

The structural build out was finished in December 2020. As of that date, all construction invoices were paid, and all required permits signed and received, i.e., city, engineering, electrical, mechanical, fire, etc.

The total cost of the build out, including the design and project management, electrical and mechanical, and construction contractor and trades, less the leasehold improvement allowance negotiated with the landlord in the lease renewal agreement was \$772,258.34. There was an over-expenditure, as compared to the amount anticipated by Council, of approximately \$24,750 (3%). This small overrun was due to several unanticipated costs resulting from the need to comply with current building code requirements. These included: the installation of an in-suite fire hose and enclosure to supplement the two in the common corridor; upgrades to fire alarm, emergency lighting and exit signage; code required plumbing and electrical alterations and upgrades to the HVAC system.

The Premises Reserve Fund was added to over the years in anticipation of the need to undertake leasehold improvements. As shown in the Audited Financial Statements, the Fund level is \$1,000,000. The balance of this Fund, once the current expenses are removed, will be \$227,742.

CONTACT FOR QUESTIONS

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

BRIEFING NOTE

2021.01.04F

MARCH 2021 COUNCIL MEETING

EXECUTIVE COMMITTEE ELECTIONS/COUNCIL APPOINTMENTS

STRATEGIC DIRECTION REFLECTION

Advancing the Council's Governance practices

FOR INFORMATION

By-Law 4: Election of Members of Executive Committee requires that at this meeting, Council members wishing to seek election to the Executive Committee for the upcoming year be advised of the process as outlined in this By-law. The election to the Executive Committee takes place at the first meeting of Council in the new fiscal year (June 18, 2021). Those interested in seeking election to the Executive Committee must inform the Registrar of their intention at least 25 business days (May 21, 2021) before the meeting at which the election takes place.

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

Following the elections to Council taking place on March 31, 2021, an e-mail notification regarding the above will be sent to all Council members.

ATTACHMENTS (relevant sections highlighted)

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

CONTACT FOR QUESTIONS

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

BY-LAW 4: ELECTION OF MEMBERS OF EXECUTIVE COMMITTEE

[Approved by Council on June 11, 1994; amended on March 4, 1995, December 6, 2002, March 14, 2003, March 27, 2009, June 19, 2009]

This by-law is made under the authority of the *Regulated Health Professions Act, 1991* as amended, and the *Psychology Act, 1991* as amended.

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

- 4.13 The election of the members of the Executive Committee shall be by secret ballot and, where more than two members of Council are running for any position, the member of Council who receives the lowest number of votes on each ballot shall be deleted from candidacy unless one member of Council receives a majority of the votes cast. This procedure shall be followed until one member of Council receives a majority of the votes cast.
- 4.14 The ballots will be counted by the Registrar and a member of Council not seeking election to office.
- 4.15 In the event of a tie vote, Council will be afforded the opportunity to question candidates for ten minutes, and then vote again. In the case of a second tie, the Registrar will flip a coin to decide the outcome of the election. The member of Council who has been assisting in counting the ballots will call the toss (“heads – candidate A; tails – candidate B”) prior to the toss.
- 4.16 If the office of the President becomes vacant the Vice-President shall become the President for the unexpired term of the office and the office of Vice-President thereby becomes vacant.
- 4.17 A position of the Executive Committee becomes vacant if the holder of the office dies, resigns, ceases to be a member of Council or is disqualified from sitting on the Council by a vote of Council at a special meeting called for that purpose. In addition, the position of Vice-President may become vacant, in accordance with subsection 4.16.
- 4.18 The Council shall fill a vacancy in the office of Vice-President or any other Executive Committee position at a special meeting which the President shall call for that purpose as soon as feasible after the vacancy occurs.

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

[Approved by Council on June 11, 1994; amended on March 4, 1995, December 2002, March 14, 2003, September 2007, March 27, 2009, September 2018]

This by-law is made under the authority of the *Regulated Health Professions Act, 1991* as amended, and the *Psychology Act, 1991* as amended.

- 5.1 The Council may by resolution establish committees additional to those established through Section 10 of the Health Professions Procedural Code being Schedule 2 under the *Regulated Health Professions Act, 1991* (Code).
- 5.2 At least two months prior to first meeting of Council following the annual election, College members will be notified of the opportunity to put their names forward for possible appointment to a Committee of the College. In addition to other information, College members, interested in appointment to a Committee are required to submit a statement of qualifications pertaining to the mandate of the Committees in which they wish to participate.
- 5.3 At the meeting of Council preceding the annual election prescribed in the Bylaws, the President will advise the Council of the process for Committee appointments and for indicating their Committee preference. At least one month prior to first meeting of Council following the annual election, all Council members will be notified of the opportunity to submit their preferences for appointment to committees of the College.
- 5.4 The Nominations and Leadership Development Committee will prepare a list of suggested appointees from the College membership to the committees of the College. This list will be provided to the Executive Committee at the first meeting of Council following the annual election.
- 5.5 Immediately after the first meeting of Council following the annual election, the Executive Committee shall appoint the Chairs and the members of the Committees identified in subsection 5.1 as well as those designated in section 10 of the Code.
- 5.6 Committee Chairs:
 - a. Each Committee will have a Chair and each Statutory Committee will have a Vice-Chair, one of whom is a Council member; with the exception of the Registration Committee which will have Co-Chairs sharing the duties outlined in this policy.
 - b. The Committee Chair reports to Council on behalf of the Committee.
 - i. The Vice-Chair will be elected or appointed by the Committee at the earliest opportunity.
 - ii. If the Chair of a Committee is not a Council member, the Vice-Chair will report to Council.
 - c. The duties of the Committee Chair, or of the Vice-Chair in the Chair's absence, include;
 - i. Chairing Committee meetings;
 - ii. Approving meeting agendas prepared by College staff;
 - iii. Determining whether Committee members have the resources and training to effectively perform the Committee's work;
 - iv. Working with the Committee and College staff to establish, monitor and execute Committee goals;
 - v. Providing effective leadership for the Committee and facilitating Committee Meetings;
 - vi. Liaising with Council and the Executive Committee on the affairs of the Committee; and,
 - vii. Any other duties determined or assigned by Council.
- 5.7 Committee appointments will be announced within five business days of the first meeting of Council following the annual election.
- 5.8 A majority of the members of a committee, other than a Committee prescribed in section 10 of

the Code, constitutes a quorum.

- 5.9 Where one or more vacancies occur in the membership of a Committee during the year, so long as the number is not fewer than the prescribed quorum, the Committee may continue to conduct its business.
- 5.10 The Executive Committee may and, if necessary for a committee to achieve its quorum, shall appoint members of the Council, or of the College where required, to fill any vacancies which occur in the membership of a committee to take effect immediately and to be reported to Council at its next meeting.
- 5.11 Every appointment to a committee automatically expires at the first meeting of Council following the annual elections unless otherwise prescribed in subsection 3(d) of By-law 21: *Committee Composition*; or any provision to the contrary in the Code, the By-laws or the policies of the College.
- 5.12 Both registration titles will be represented on all Statutory Committees.

STRATEGIC DIRECTION 2017-2022

2021.01.05A

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.

IMPLEMENTATION CHART - UPDATED February 4, 2020

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) • Setting the JEE pass point to Ontario first time test takers. (December 2019) • Amendments to the <i>Guidelines for Completing the Declaration of Competence</i> (December 2019) • Amendments to the Guidelines for Retraining for Supervised Practice (March 2020) • Transitioning to Online Administration of the JEE (November 2020) 	<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) • Supervision Resource Manual Working Group formed (September 2020) • Establish a process to assess all CFTA candidates on their competence to perform the controlled act of communication of a diagnosis. (December 2020)
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 (Fall 2016) • Adoption of new <i>Standards of Professional Conduct</i>, to go into effect September 1, 2017 (March 2017) • Implementation 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 	<ul style="list-style-type: none"> • Quality Assurance Committee began auditing CPD forms. (Fall 2019) 	

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 quarterly <i>e-Bulletin</i> • Staff presentations to students and member groups (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) • College Communications Plan (March 2018) • Executive Committee Reception with 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) • New College Logo, as part of Communications Plan, Approved (December 2019) • Launch of new quarterly newsletter, <i>HeadLines</i> (July 2020) • Launch of new Website (August 2020) • Launch of Social Media (October 2020) • Approval of support for victims of sexual abuse and misconduct to be implemented January 1, 2021 (September 2020) 	<ul style="list-style-type: none"> • COVID-19 Updates (Spring 2020) and ongoing • Work with Ministry of Health and local Public Health Units in member vaccine notification
M5	<ul style="list-style-type: none"> • Supporting and assisting members to meet high standards 	<ul style="list-style-type: none"> • Practice Advice Service (ongoing) • Barbara Wand Symposium (December 2016) 	

		<ul style="list-style-type: none"> • Revision of the <i>Self-Assessment Guide and Professional Development Plan</i> (May 2017) • Continuing Professional Development (CPD) Program Implemented • Examination and Corporation Fee reduced (June 2017) • Practical Applications within new <i>Standards</i> to 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 <i>Standards</i> 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 discussion guide. • Barbara Wand Seminar (June 2019) • Peer Assisted Reviewer Training (November 2019) • Barbara Wand Seminar (December 2019) • Barbara Wand Seminar (September 2020) 	
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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> 	<ul style="list-style-type: none"> • Equity, Diversity and Inclusion Working Group formed (October 2020)
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) • Discussions with the MOH and MCCSS regarding regulation of ABA (November 2017) 	<ul style="list-style-type: none"> • Applied Behaviour Analysis Working Group Formed (December 2020) • College Performance Management Framework (December 2020)
M8	<ul style="list-style-type: none"> • Acting in a responsibly transparent manner 	<ul style="list-style-type: none"> • Posting of Council materials on website in advance of meetings (June 2016) • Council and Executive to declare Conflicts of Interest at start of each meeting (June 2017) • Amendments to <i>By-law 18: Fees</i> (December 2017) • Amendments to <i>By-law 25: The Register and Related Matters</i> (June 2018) 	

		<ul style="list-style-type: none"> • Amendments to <i>By-law 5: Selection of Committee Chairs and Committee Members</i> and <i>By-law 21: Committee Composition</i> (September 2018) • Consultation on <i>By-Law 18: Fees</i> (June 2019) • Process implemented for temporary practice in Ontario with 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 <i>By-law 20: Elections to Council. . .</i> (December 2017) • Two Committee Audits Planned for 2017-2018 • HIROC Risk Management System implemented (September 2017) • Sunsetting of Nominations and Leadership Development Committee; role incorporated into the Executive Committee (September 2020) 	

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 December 2020 as activities undertaken in service of the College's Strategic Directions 2017 - 2022