



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

MEETING OF THE COLLEGE COUNCIL

2023.02

DATE: MARCH 24, 2023

TIME: 9:00AM - 1:00PM

LOCATION: TO BE HELD VIRTUALLY

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

2023.02

MARCH 24, 2022

9:00 AM to 1:00PM

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.00	CALL TO ORDER & LAND ACKNOWLEDGEMENT			
.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 2022.04 December 16, 2022	Decision	4	
.01D	Review & Approval of IN CAMERA Minutes - Council Meeting 2023.01 January 20, 2023	Decision	--	
.01E	Review of Action List	Discussion	10	
.01F	Council Meeting Evaluation Review	Discussion	11	
.02	CONSENT AGENDA ITEMS	Information		
.02A	Committee/Working Group Reports	--	--	--
	(1) Executive Committee Report		13	
	(2) Discipline Committee		15	
	(3) Quality Assurance Committee		17	
	(4) Client Relations Committee		19	
	(5) Fitness to Practice Committee		20	
	(6) Finance & Audit Committee Report		21	
	(7) Equity, Diversity, and Inclusion Working Group		25	
	(8) ABA Working Group		26	
.03	POLICY ISSUES			
.03A	College Performance Measurement Framework (CPMF)	Decision	28	All
.03B	<i>Policy II-4(ii): Discipline Committee: Rules of Procedure</i>	Decision	112	M9
.03C	Registration Regulation Consultation - Update	Information	114	M1
.04	BUSINESS ISSUES			
.04A	President's Report	Information	116	M9
.04B	Registrar & Executive Director's Report	Information	118	M9
.04C	Registration Committee Quarterly Report	Information	120	M9
.04D	Inquiries, Complaints and Reports Committee Quarterly Report	Information	122	M9
.04E	Notice: Executive Committee Election/Council Appointments	Information	126	M9
.04F	Proposed Budget 2023-2024	Decision	131	M9
.04G	Closure of <i>Fair Registration Practices Reserve Fund</i>	Decision	137	M9
.05	STRATEGIC ISSUES			

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.05A	Strategic Direction Implementation: Chart Update	Discussion	138	All
.06	OTHER BUSINESS			
.06A	Next Council Meeting: <ul style="list-style-type: none"> May 9, 2023 – 9AM – 10AM June 16, 2023 – 9AM – 1PM 	Information	--	--
.06B	Proposed Council Meeting: <ul style="list-style-type: none"> September 22, 2023 	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

COUNCIL MEETING

2022.04

2

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

6

7

DECEMBER 16, 2022

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PRESENT:

- 10 **Wanda Towers**, Ph.D., C.Psych., President
11 **Marjory Phillips**, Ph.D., C.Psych., Vice-President
12 **Paula Conforti**, Dip.C.S., C.Psych.Assoc.
13 **Carolyn Kolers**, Public Member
14 **David Kurzman**, Ph.D., C.Psych.
15 **Archie Kwan**, Ph.D., C.Psych.
16 **Melanie Morrow**, M.A., C.Psych.Assoc.
17 **Ian Nicholson**, Ph.D., C.Psych.
18 **Cenobar Parker**, Public Member
19 **Fred Schmidt**, Ph.D., C.Psych.
20 **Kendra Thomson**, Ph.D., BCBA-D
21 **Scott Warnock**, Public Member
22 **Ilia Maor**, Public Member
23 **Adrienne Perry**, Ph.D., C.Psych.
24 **Esther Vlessing**, Public Member
25 **Marilyn Keyes**, Ph.D., C.Psych.
26 **Paul Stopciati**, Public Member
27 **Conrad Leung**, M.ADS, BCBA

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REGRETS:

- 30 **Nadia Mocan**, Public Member

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STAFF:

- 33 **Rick Morris**, Ph.D., C.Psych., Registrar & Executive Director
34 **Barry Gang**, MBA, Dip.C.S., C.Psych.Assoc., Deputy Registrar & Director, Professional Affairs
35 **Lesia Mackayn**, Director, Registration
36 **Zimra Yetnikoff**, Director, Investigations & Hearings
37 **Stephanie Morton**, Director, Corporate Services
38 **Caitlin O'Kelly**, Assistant to the Registrar, Recorder

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2022.04.00 CALL TO ORDER

41

42 The Registrar called the meeting to order at 9:02AM. The meeting was held virtually by Zoom and
43 livestreamed on YouTube. The President began the meeting with a land acknowledgement
44 statement in recognition and respect for Indigenous peoples.

44

45

2022.04.01 APPROVAL OF THE AGENDA AND MINUTES**.01A APPROVAL OF AGENDA**

The following changes were made to the Agenda:

- Item .04H Registrar Search Committee Updated moved to .07 as an IN CAMERA Item.

It was MOVED by M. Phillips

That the Agenda for the Council Meeting be approved as amended.

CARRIED

.01B DECLARATIONS OF CONFLICTS OF INTEREST

The President asked if any members of Council wished to declare a conflict of interest pertaining to the items on the Agenda. Council recognized that item .03A ABA Draft Regulations may pose an unavoidable conflict for professional members that also identify as Behaviour Analysts. With regards to item .03B EPPP Update, Dr. Ian Nicholson disclosed his role with ASPPB, being the Chair of the ASPPB Examination Part 1 Committee and sitting on the ASPPB Committee of Examination Chairs. It was determined that this should not interfere with Dr. Nicholson's involvement in the discussion of that item. The President reminded Council members that the potential for conflicts should be kept in mind throughout the meeting and declarations made at any time, if appropriate.

.01C MINUTES FROM THE COUNCIL MEETING 2022.03 SEPTEMBER 23, 2022

It was MOVED by S. Warnock

That the Minutes of Council Meeting 2022.03 September 23, 2022, be approved as presented.

CARRIED

It was MOVED by P. Stopciati

That the Minutes of IN CAMERA Council Meeting 2022.03 September 23, 2022, be approved as presented.

CARRIED

.01D REVIEW OF ACTION LIST

The Council reviewed the Action List drawn from the Minutes of the previous meeting and noted items that were completed, outstanding or on today's meeting Agenda.

.01E COUNCIL MEETING EVALUATION REVIEW

The Council reviewed the September 23, 2022, Council Meeting Evaluation results.

2022.04.02 CONSENT AGENDA

The Consent Agenda was received.

2022.04.03 POLICY ISSUES**.03A APPLIED BEHAVIOUR ANALYSIS REGULATIONS - CONSULTATION RESULTS**

At its September 23, 2022 meeting, Council passed a motion to circulate draft Regulation amendments related to the regulation of Behaviour Analysts to members for 60 days as required by legislation. Other stakeholders will also be included in the circulation. Amendments to these Regulations are necessary to welcome Behaviour Analysts into what will be the new College of

92 Psychologists and Behaviour Analysts of Ontario to be established under the yet to be proclaimed
93 *Psychology and Applied Behaviour Analysis Act, 2021.*

94
95 The Registrar introduced this topic with a presentation discussing the results of the consultation.
96 In addition, Council was provided with a Briefing Note and draft amendments to the College's
97 Registration Regulation, General Regulation (Quality Assurance and Advertising), and the
98 Professional Misconduct Regulation. The Council was asked to consider the feedback received and
99 the recommendations from the ABA Working Group for five, non-substantive, changes to the
100 amendments to O.Reg. 74/15 Registration as circulated.

101
102 The Council reviewed and discussed the Consultation Survey Results along with a summary of the
103 themes received in the feedback. The Council acknowledged there was significant feedback
104 related to the Transitional Route #2 registration requirements. It was established that not all
105 Behaviour Analysts would have had the opportunity in their career to earn Certification, yet they
106 may be practising competently. To ensure that the public continues to receive uninterrupted
107 services from Behaviour Analysts, it was determined that this transitional route to registration
108 was necessary as it provides a registration route for non-certified practitioners who can provide
109 evidence of competence to practice the profession and whose practice is current. The College
110 continues to develop the process and expectations for applicants to provide evidence of
111 competence and to ensure that those who are registered practise the profession competently.

112
113 **It was MOVED by S. Warnock**

114 **That the amended regulations updated to include the profession of Applied Behaviour Analysis**
115 **be approved and submitted to the Ministry of Health. These include amendments to:**

- 116 • O.Reg. 74/15 Registration
- 117 • O.Reg. 801/93 Professional Misconduct
- 118 • O.Reg. 209/94 General (Quality Assurance and Advertising)

119 **CARRIED**

120 **Professional Members in favour: 8**

121 **Note: The President, as Chair of the meeting, did not vote but indicated her support for the**
122 **motion.**

123 **Public Members in favour: 6**

124 **Professional Members opposed: 0**

125 **Public Members opposed: 0**

126
127 **Action Item Office of the Registrar**

128 To submit the amended regulations updated to include the profession of Applied Behaviour
129 Analysis to the Ministry of Health

130
131 **.03B EPPP UPDATE**

132 The Registrar provided Council with information regarding the Examination for Professional
133 Practice in Psychology (EPPP) and the recent decision by the Association of State and Provincial
134 Psychology Boards (ASPPB) Board of Directors to combine the current EPPP Part 1 (Knowledge)
135 and EPPP Part 2 (Skills) into one examination. At this time there are no immediate steps to be
136 taken however, this decision may have significant implications for the College's registration
137 process. It will be necessary for the College to undertake a full review of the EPPP to determine

138 whether to implement the use of the combined examination as of January 1, 2026. It was
 139 suggested that a Working Group should be struck to consider the implications of the ASPPB
 140 Board's decision and make recommendations to Council.

141

142 **.03C COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK UPDATE**

143 The Council received an update from the Deputy Registrar on the work plan for completing the
 144 third reporting cycle of the *CPMF*. The Ministry of Health requires every Health Regulatory College
 145 to complete the *CPMF* and publicly report on its compliance using the Ministry's standardized
 146 performance measures. The College is waiting to receive the final version of the 2022 Reporting
 147 Tool, but once it has been received, staff will start working on it.

148

149 **2022.04.04 BUSINESS ISSUES**

150

151 **.04A PRESIDENT'S REPORT**

152 The Council reviewed the President's Report for the second quarter.

153

154 **.04B REGISTRAR & EXECUTIVE DIRECTOR'S REPORT**

155 The Council reviewed the Registrar's Report for the second quarter

156

157 **.04C REGISTRATION COMMITTEE QUARTERLY REPORT**

158 The Council reviewed the second quarter report.

159

160 **.04D INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE QUARTERLY REPORT**

161 The Council reviewed the second quarter report.

162

163 **.04E INTEGRATED RISK MANAGEMENT REPORT**

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

165

166 **.04F BARBARA WAND SEMINAR REPORT**

167 The Council reviewed a report on the Barbara Wand Seminar held on November 28, 2022.

168

169 **.04G Directors of Clinical Training Programs Meeting Report**

170 Dr. Adrienne Perry gave an oral report on the joint meeting of the Directors of Clinical Training
 171 and Internship Directors that took place on October 13, 2022. Forty-one representatives were in
 172 attendance. Topics discussed included:

173

- Updates from the College and the Registration Committee
- Internship Stipends
- Supervision Opportunities
- New CPA Standards

174

175

176

177

178 **2022.04.05 STRATEGIC ISSUES**

179

180 **.05A STRATEGIC DIRECTION IMPLEMENTATION UPDATE**

181 The Registrar provided the Council with the updated *Strategic Direction Implementation Table*.

182 This table is used to chart the work undertaken and accomplished in fulfilling the College's

183 Strategic Direction. Items added since the Council Meeting of September 23, 2022, were shown

184 in **Bold**. On the workplan for next year will be the development of the next Strategic Direction as
 185 the current one is coming to an end. It was thought this would be an activity to undertake
 186 following the appointment of the new Registrar & Executive Director.
 187

188 **2022.04.06 OTHER BUSINESS**

189
 190 **.06A SET ELECTIONS DATE**

191 The Council confirmed that the date for the elections in District 4 (East) and District 7
 192 (Psychological Associates) will be March 31, 2023.
 193

194 **It was MOVED S. Warnock**

195 **That the elections to Council in District 4 (East) and District 7 (Psychological Associates) will be**
 196 **March 31, 2023. CARRIED**

197
 198 **.06A NEXT COUNCIL MEETINGS:**

199
 200 **It was MOVED by I. Nicholson**

201 **That June 16, 2023, be set as the June Council meeting date. CARRIED**
 202

203 **2022.04.07 IN CAMERA ITEM**

204
 205 **It was MOVED by P. Stopciati**

206 **That the Council go IN CAMERA to discuss items .07 Search Committee Update. CARRIED**
 207

208 While IN CAMERA, Dr. Wanda Towers provided the Council members with an update regarding
 209 the College's Search Committee's progress in the recruitment of a new College Registrar &
 210 Executive Director. She highlighted the steps in decision-making that have occurred to date as a
 211 large group of applicants was gradually narrowed via resume review, screening interviews by
 212 Odgers Berndtson staff, and more structured virtual interviews with the Search Committee
 213 members. Based on the progress made to date, Dr. Towers indicated that Council could anticipate
 214 being called upon to convene at a special meeting, in January 2023, to meet a recommended
 215 candidate. At that time, Council will be asked to confirm the recommended candidate for the
 216 position of Registrar & Executive Director and also to approve the proposed employment
 217 agreement. Council will be approached via email in the near future to set aside a date for this
 218 special IN CAMERA meeting with the recommended candidate.
 219

220 **It was MOVED by C. Kolers**

221 **That the Council end the IN CAMERA portion of the meeting. CARRIED**
 222

223 **2022.04.08 ADJOURNMENT**

224
 225 There being no further business,
 226

227 **It was MOVED by A. Perry**

228 **That the Council Meeting be adjourned. CARRIED**
 229

230 The Council Meeting was adjourned at 11:30AM.

231

232

233

234 _____
Wanda Towers, Ph.D., C.Psych., President

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238 _____
Marjory Phillips, Ph.D., C.Psych., Vice-President

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240 **Minutes approved at the Council Meeting on March 24, 2023.**

DRAFT



ACTION LIST

2023.02.01E

COUNCIL MEETING 2022.04 DECEMBER 16, 2022

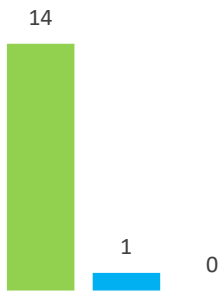
Item:	Responsibility:	Action:	Status:
2019.03.03C	College	To pursue amendments to O.Reg. 74/15 - Registration under the <i>Psychology Act, 1991</i> to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates.	In Process
2020.04.03A	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; undertaken in conjunction with Oral Examination review
2022.04.03A	Office of the Registrar	Submit the amended regulations updated to include the profession of Applied Behaviour Analysis to the Ministry of Health.	Completed. The package was submitted to the Ministry on January 18, 2023.

COUNCIL MEETING EVALUATION SUMMARY

COUNCIL MEETING DECEMBER 16, 2022

15/18 COUNCIL MEMBERS PRESENT COMPLETED EVALUATIONS

■ Very Good/Excellent ■ Good/OK ■ Needs Improvement



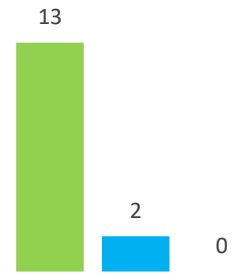
Q1: The Council meeting materials were received in a timely manner.



Q2: The materials were sufficient to assist me in forming an opinion on decisions to be made by Council. Briefing Notes and Reports were clear and contained needed information.



Q3: Agenda items were appropriate for Council discussions. Topics were relevant to the mandate and strategic direction of the College.



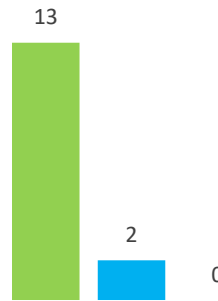
Q4: The public interest was described in Briefing Notes and considered in all discussions.



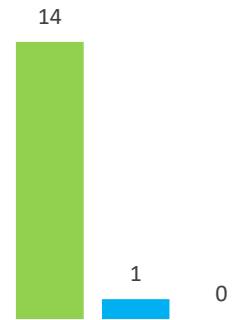
Q5: Time was used effectively. Questions and discussions remained on topic.



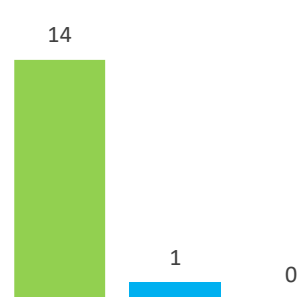
Q6: Council avoided getting into operational, administrative and/or management areas of responsibility.



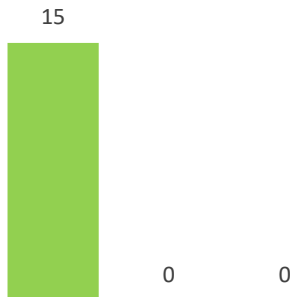
Q7: There was opportunity for me to be actively engaged in all discussions and I felt comfortable participating in the Council discussions.



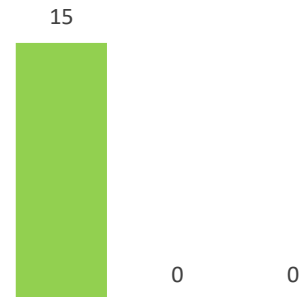
Q8: I was satisfied with the way in which other members of Council contributed to discussions and debate. There was a positive climate of trust and respect. Disagreements were handled openly, honestly, and directly.



Q9: Where appropriate, Next Steps and Action Items were clearly identified.



Q10: In general, Council Members appeared prepared for the meeting.



Q11: The President chaired the meeting in a manner that enhanced Council's performance and decision-making.

ADDITIONAL COMMENTS

Q1	No comments
Q2	<ul style="list-style-type: none"> Materials and formatting presented the information in a clear and concise format. Materials regarding ABA public consultation were succinct and addressed all concerns sufficiently. Rick's presentation on ABA was also helpful
Q3	<ul style="list-style-type: none"> ABA item was thoroughly explained and informed the Council in detail.
Q4	No comments
Q5	<ul style="list-style-type: none"> Wanda did an excellent job facilitating the meeting. very respectful and a good pace.
Q6	No comments
Q7	<ul style="list-style-type: none"> Not much discussion today, but the agenda items were mainly for information so this may have limited the number of questions or comments.
Q8	<ul style="list-style-type: none"> Not much discussion today, but the agenda items were mainly for information so this may have limited the number of questions or comments.
Q9	No comments
Q10	<ul style="list-style-type: none"> Not much discussion today, but the agenda items were mainly for information so this may have limited the number of questions or comments.
Q11	<ul style="list-style-type: none"> As always
Additional Comments	<ul style="list-style-type: none"> Excellent Council meeting Lots of material to work through but it was presented very professionally. Thank you Rick for your excellent support of Council today and in the past.

REPORT TO COUNCIL

2023.02.02A(1)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

EXECUTIVE COMMITTEE

COMMITTEE MEMBERS:

Wanda Towers, Chair, Professional Member of Council
Paula Conforti, Professional Member of Council
Ian Nicholson, Professional Member of Council
Marjory Phillips, Professional Member of Council
Paul Stopciati, Public Member of Council
Scott Warnock, Public Member of Council

STAFF

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

MEETINGS

The Executive Committee met on:

- February 24, 2023

ITEMS TO COUNCIL FOR DECISION

The Executive Committee discussed the following items which are being brought forward for Council consideration:

- The draft 2022 *College Performance Measurement Framework Report*;
- Amendments to *Policy II-4(ii): Discipline Committee: Rules of Procedure*;
- Proposed budget for 2023-2024; and
- Recommendation to close the *Fair Registration Practices Reserve Fund*.

ACTIONS

The Executive Committee took the following actions on behalf of Council:

- The Executive Committee approved a 60-day consultation on draft Registration Regulation amendments for distribution to the membership. The Ministry of Health has asked that regulation amendments be submitted by May 1, 2023. The timing of this does not permit the full Council to approve this consultation to ensure submission early in May so the Executive acted on behalf of Council in this initial phase of the Registration Regulation amendments process;
- The Executive Committee authorized the Registrar to delegate the authority of Registrar as prescribed in the *Regulated Health Professions Act, 1991* to the Deputy Registrar in situations not otherwise covered by College Policy or By-law;

- The Executive Committee appointed Ms. Pascale Gonthier, a recently appointed public member of the College Council, to the Discipline Committee; Quality Assurance Committee; and Registration Committee
- The Executive Committee approved the creation of a Working Group to undertake the first review of Council members and community professional members' applications for Committee appointments and establish a slate to be considered by the 2023-2024 Executive Committee following the first meeting of Council in the new year;

FOR INFORMATION

The Executive Committee undertook its quarterly review of continuing the temporary provisions for telepsychology services for out-of-province practitioners established during the pandemic. To facilitate continuing of care, these provisions permit out-of-province practitioners to continue to provide service to their clients currently in Ontario due to COVID-19. It was determined that these provisions should continue at this time. This will be reviewed again at the next Executive Committee meeting.

SUBMITTED BY

Wanda Towers, Ph.D., C. Psych., Chair

REPORT TO COUNCIL

2023.02.02A(2)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

DISCIPLINE COMMITTEE

COMMITTEE MEMBERS:

Marilyn Keyes, Council Member, Chair
 Janice Currie, College Member, Vice-Chair
 Sara Hagstrom, College Member, Vice-Chair
 Gilles Boulais, College Member
 Deirdre Boyle, College Member
 Paula Conforti, Council Member
 Lisa Couperthwaite, College Member
 Lynette Eulette, College Member
 Robert Gauthier, College Member
 Pascale Gonthier, Public Member
 Michael Grand, Council Member
 Anthony Hopley, College Member
 Sandra Jackson, College Member
 Carolyn Kolers, Public Member
 Archie Kwan, Council Member

David Kurzman, Council Member
 Ilia Maor, Public Member
 Nadia Mocan, Public Member
 Melanie Morrow, College Member
 Ian Nicholson, Council Member
 Cenobar Parker, Public Member
 Adrienne Perry, Council Member
 Marjory Phillips, Council Member
 Philip Ricciardi, College Member
 Fred Schmidt, Council Member
 Paul Stopciati, Public Member
 Wanda Towers, Council Member
 Ester Vlessing, Public Member
 Scott Warnock, Public Member
 Pamela Wilansky, College Member

STAFF SUPPORT:

Zimra Yetnikoff, Director, Investigations & Hearings

REFERRALS TO DISCIPLINE

There were no referrals to the Discipline Committee in the 3rd quarter.

PRE-HEARINGS

Dr. Ian Shields: https://members.cpo.on.ca/public_register/show/1380

The pre-hearing for this matter was held on February 14, 2023. The Hearing has not yet been scheduled.

HEARINGS

Hearings were held for the following matters in the 3rd quarter:

Dr. Romeo Vitelli: https://members.cpo.on.ca/public_register/show/1461

The Hearing regarding this matter was scheduled for February 27, 2023, and was adjourned to a later date (to be scheduled).

ONGOING MATTERS

Dr. André Dessaulles: https://members.cpo.on.ca/public_register/show/2530

This Hearing will take place on April 25-28 and June 5-9, 2023.

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

The Discipline panel's Decision with respect to this matter was released on March 6, 2023.

Dr. Douglas Misener: https://members.cpo.on.ca/public_register/show/2500

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

Dr. Owen Helmkey: https://members.cpo.on.ca/public_register/show/20246

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

SUBMITTED BY

Marilyn Keyes, Ph.D., C.Psych., Chair

REPORT TO COUNCIL

2023.02.02A(3)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

QUALITY ASSURANCE COMMITTEE

COMMITTEE MEMBERS

Michael Minden, College Member, Chair
 Iliia Maor, Public Member, Vice-Chair
 Paula Conforti, Council Member
 Pascale Gonthier, Public Member
 Sabrina Hassan, College Member

David Howard, College Member
 Carolyn Kolers, Public Member
 David Kurzman, Council Member
 Bruno Losier, College Member
 Nadia Mocan, Public Member

STAFF

Barry Gang, Deputy Registrar & Director, Professional Affairs

COMMITTEE ACTIVITY

The full Committee met twice during the third quarter on, December 5, 2022, and February 13, 2023.

MEMBER MATTERS

In addition to full Committee meetings, panels of the Committee met on December 9, 2022, and January 11, and February 6, 2023, during which a total of 44 member-specific matters were discussed.

SELF ASSESSMENT GUIDE (SAG)

Overview

SAG Reviews Arising from Failure to Declare Completion 2022	11
SAG Reviews Carried Over from Previous Cycles	1
Total SAG Reviews Planned	12

Progress	Q1	Q2	Q3	Q4	YTD
Reviews Completed	0	2	1		3
Reviews Not Completed – Referred for Alternate College Processes (ICRC (1), S.81 Assessment (1))	0	0	2		2
Reviews Not Required – Exceptional Circumstances (Resignation (2), Death (1))	0	3	0		3
Process Deferred Due to Significant Illness	0	1	0		1
Total SAG Reviews Completed:					9
Total SAG Reviews Outstanding:					3

No significant concern were noted in any of the Reviews completed, although some members were provided feedback by the Committee in some cases related to the need to make their Declarations of Completion in a timely manner.

PEER ASSISTED REVIEW (PAR)**Overview**

Reviews Carried Over from Previous Years	61
--	----

Progress	Q1	Q2	Q3	Q4	YTD
Completed Peer Assisted Reviews	3	6	13		22
Deferrals Granted due to exceptional circumstances	1	0	1		2

The Committee reviewed and confirmed its earlier decision to require all members previously selected for a PAR to participate either virtually or in-person, without further delay.

The Committee completed reviews of reports related to thirteen Peer Assisted Reviews conducted in the third quarter. In twelve cases, panels of the Committee did not identify any issues related to the professional practice or adherence to the Standards of the profession. In one case, the member was issued remedial feedback, specifically to ensure the designation of a custodian of records in the event of incapacity or death.

The Committee has deferred a decision about the number of new Peer Assisted Reviews to undertake until later in the year, with the expectation that further progress will be made in reducing the current pandemic-related backlog of cases. Generally, 50 new reviews are planned each year.

CONTINUING PROFESSIONAL DEVELOPMENT AUDITS**Overview**

Members Selected for Random CPD Audit	46
Members to be Audited Due to Lack of Declaration of Completion	4
Total Audits Planned for 2022-2023	50

Progress	Q1	Q2	Q3	Q4	YTD
Audits Completed – Met Program Requirements	0	11	15		26
Audits Completed – Remedial Feedback	0	3	5		8
Audits Not Completed – Referred for Alternate College Processes (1 ICRC, 1 S.81 Assessment)	0	0	2		2
Total Audit Decisions:					36
Total Outstanding Audits: (14)					

Remedial feedback included:

- In three cases, members were reminded to ensure that their professional development goals are sufficiently specific and utilize the SMART framework to support progress monitoring.
- In one case, the member was advised to ensure the inclusion of sufficient detail in their CPD materials so that the content and eligibility of the activities could be better determined.
- In one case, a member was advised that even Supervised Practice members are required to participate fully in the Quality Assurance Program.

SUBMITTED BY

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

REPORT TO COUNCIL

2023.02.02A(4)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

CLIENT RELATIONS COMMITTEE

COMMITTEE MEMBERS

Archie Kwan	Council, Chair
Fred Schmidt	Council, Vice-Chair
Esther Vlessing	Council, Public Member
Cenobar Parker	Council, Public Member
Melanie Morrow	College
Rosemary Barnes	College
Kirsten Barr	College
Diana Mandeleew	College

STAFF

Barry Gang, Deputy Registrar & Director, Professional Affairs

COMMITTEE ACTIVITIES

The Committee did not meet during this quarter. The next meeting is scheduled for April 17, 2023. With the support of staff, the Committee continues to work on the creation of flow charts to assist in their review of eligibility for funding for therapy, as well as the preparation of additional information to assist College members in determining when mandatory reports of sexual abuse by regulated health professionals are required.

Funding for Therapy for Clients Sexually Abused by Members, or Individuals Supervised by Members
 There are currently 11 individuals whose therapy or counselling is being funded by the College.

SUBMITTED BY

Archie Kwan, Ph.D., C. Psych., Chair

REPORT TO COUNCIL

2023.02.02A(5)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

FITNESS TO PRACTICE COMMITTEE

COMMITTEE MEMBERS:

Ian Nicholson, Chair, Council Member

Marilyn Keyes Council Member

Melanie Morrow, College Member

Esther Vlessing, Public Member

Mark Watson, College Member

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

REPORT TO COUNCIL

2023.02.02A(6)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

FINANCE AND AUDIT COMMITTEE

COMMITTEE MEMBERS

Wanda Towers, Chair, Council Member
David Kurzman, Council Member
Cenobar Parker, Public Member
Paul Stopciati, Public Member
Alana Holmes, College Member

STAFF

Rick Morris, Registrar & Executive Director
Tony DeBono, Incoming Registrar & Executive Director
Barry Gang, Deputy Registrar & Director, Professional
Affairs Stephanie Morton, Director, Corporate Services
Caitlin O'Kelly, Assistant to the Registrar

COMMITTEE ACTIVITIES

The Finance and Audit Committee (FAC) met by videoconference on January 30, 2023. The Committee reviewed the *Unaudited Financial Statements* and *Variance Report* all to November 30, 2022; 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 in which spending 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, 2022 to November 30, 2022 was received.

2023-2024 Budget

The FAC reviewed the proposed budget for 2023-2024 which is provided separately for Council consideration.

ATTACHMENTS

1. Statement of Revenue and Expenses to November 30, 2022
2. Balance Sheet to November 30, 2022 (unaudited)

SUBMITTED BY

Wanda Towers, Ph.D., C.Psych., Chair

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
STATEMENT OF REVENUE & EXPENSES

June - November, 2022

	Annual Budget	Budget	YTD Actual	YTD \$ Variance	2022-2023 % YTD	Expected % YTD	% Variance YTD	Year End to 31 May-23
REVENUE	3,842,650.00	1,921,325.06	1,931,551.85	10,226.79	50%	50%	0%	3,842,650.00
COST OF SALES	242,642.00	121,321.00	99,131.37	-22,189.63	41%	50%	-9%	242,642.00
GROSS MARGIN	3,600,008.00	1,800,004.06	1,832,420.48	32,416.42	51%	50%	1%	3,600,008.00
EXPENDITURES								
Governance	85,550.00	39,524.96	51,176.80	11,651.84	60%	46%	14%	85,550.00
Registration	105,000.00	52,500.06	21,388.59	-31,111.47	20%	50%	-30%	105,000.00
Client Relations, Communications & Education	21,000.00	10,500.06	19,945.75	9,445.69	95%	50%	45%	21,000.00
Quality assurance	43,600.00	21,800.04	20,459.20	-1,340.84	47%	50%	-3%	43,600.00
Investigations and resolutions	138,700.00	69,349.98	105,488.68	36,138.70	76%	50%	26%	138,700.00
Hearings	390,900.00	195,450.00	182,245.92	-13,204.08	47%	50%	-3%	390,900.00
Liaison (Professional Organizations)	31,800.00	16,549.98	12,580.75	-3,969.23	40%	52%	-12%	31,800.00
Administration	3,158,885.46	1,559,942.82	1,666,214.31	106,271.49	53%	49%	3%	3,158,885.46
Total Expenditures	3,975,435.46	1,965,617.90	2,079,500.00	113,882.10	52%	49%	3%	3,975,435.46
EXCESS OF REVENUE OVER EXPENDITURES	-375,427.46	-165,613.84	-247,079.52	-81,465.68	66%	50%	16%	-375,427.46

The College of Psychologists of Ontario
Balance Sheet Comparison
As of November 30, 2022

	Total		
	As of Nov. 30, 2022	As of Nov. 30, 2021 (PY)	Change
Assets			
Current Assets			
Cash and Cash Equivalent			
10000 Petty Cash	200.00	200.00	0.00
10100 Bank	329,198.57	612,899.52	-283,700.95
10199 Telpay Clearing	0.00	0.00	0.00
10250 Cash Equivalents	0.00	811,236.67	-811,236.67
12001 Undeposited Funds	250.00	0.00	250.00
Total Cash and Cash Equivalent	\$ 329,648.57	\$ 1,424,336.19	-\$ 1,094,687.62
Accounts Receivable (A/R)			
10400 Accounts Receivable - Control	6,849.05	-2,963.10	9,812.15
Total Accounts Receivable (A/R)	\$ 6,849.05	-\$ 2,963.10	\$ 9,812.15
10300 Short Term Investments	5,818,932.28	4,923,928.89	895,003.39
10410 Accounts Receivable - Other	0.00	0.00	0.00
10550 Interest Receivable	0.00	1,271.84	-1,271.84
10600 Prepaid Expenses	19,406.02	96,182.18	-76,776.16
10800 Government Funding-ABA	-120,050.46	12,638.00	-132,688.46
Total Current Assets	\$ 6,054,785.46	\$ 6,455,394.00	-\$ 400,608.54
Non-current Assets			
Property, plant and equipment			
12000 Furniture & Equipment			0.00
12010 Furniture & Equipment - Cost	177,107.75	112,472.33	64,635.42
13000 Accum Amort Furniture & Equip	-87,409.52	-54,602.92	-32,806.60
Total 12000 Furniture & Equipment	\$ 89,698.23	\$ 57,869.41	\$ 31,828.82
12100 Computer Equipment			0.00
12110 Computer Equipment - Cost	143,342.76	143,342.76	0.00
13100 Accum Amort Computer Equipment	-140,912.44	-133,994.87	-6,917.57
Total 12100 Computer Equipment	\$ 2,430.32	\$ 9,347.89	-\$ 6,917.57
12200 Leasehold Improvements			0.00
12210 Leasehold Improvements - Cost	1,331,174.87	1,331,174.87	0.00
13200 Accum Amort Leaseholds	-412,215.81	-296,641.10	-115,574.71
Total 12200 Leasehold Improvements	\$ 918,959.06	\$ 1,034,533.77	-\$ 115,574.71
12300 Website Development			0.00
12310 Website Development - Cost	0.00	0.00	0.00
13300 Accum Amort Website Devt	0.00	0.00	0.00
Total 12300 Website Development	\$ 0.00	\$ 0.00	\$ 0.00
Total Property, plant and equipment	\$ 1,011,087.61	\$ 1,101,751.07	-\$ 90,663.46
10302 Long Term Investment	0.00	40,262.40	-40,262.40
Total Non Current Assets	\$ 1,011,087.61	\$ 1,142,013.47	-\$ 130,925.86
Total Assets	\$ 7,065,873.07	\$ 7,597,407.47	-\$ 531,534.40

These statements have been prepared based on information provided by management/owners. These statements are for internal purposes only and should not be relied on by third parties.

	Total		
	As of Nov. 30, 2022	As of Nov. 30, 2021 (PY)	Change
Liabilities and Equity			
Liabilities			
Current Liabilities			
Accounts Payable (A/P)			
21000 Accounts Payable - Control	142,776.42	218,074.19	-75,297.77
Total Accounts Payable (A/P)	\$ 142,776.42	\$ 218,074.19	-\$ 75,297.77
21100 Accounts Payable - Other	282,872.50	264,703.36	18,169.14
22000 Employee Tax Deductions Payable	30,736.89	28,954.96	1,781.93
22100 Payroll Clearing	0.00	0.00	0.00
23000 Prepaid Fees	1,628,210.75	1,616,376.00	11,834.75
24000 Peer Mentorship - Clearing	0.00	-225.00	225.00
25500 GST/HST Payable	0.00	0.00	0.00
Direct Deposit Payable	0.00		0.00
Payroll Liabilities			0.00
Life Insurance Premium	0.00		0.00
LTD	0.00		0.00
RRSP	0.00		0.00
Vacation Pay	0.00		0.00
Total Payroll Liabilities	\$ 0.00	\$ 0.00	\$ 0.00
Total Current Liabilities	\$ 2,084,596.56	\$ 2,127,883.51	-\$ 43,286.95
Non-current Liabilities			
27000 Deferred Leasehold Inducement	231,277.41	269,470.01	-38,192.60
Total Non-current Liabilities	\$ 231,277.41	\$ 269,470.01	-\$ 38,192.60
Total Liabilities	\$ 2,315,873.97	\$ 2,397,353.52	-\$ 81,479.55
Equity			
30000 Opening Balance Equity	0.00	0.00	0.00
31100 Investigtns&Hearing ReserveFund	813,640.00	850,000.00	-36,360.00
31200 Contingency Reserve Fund	1,000,000.00	1,000,000.00	0.00
31300 Fee Stabilization Reserve Fund	481,895.44	820,000.44	-338,105.00
31400 Website&DatabaseDevtReserveFund	165,872.02	165,872.02	0.00
31500 Premises Reserve Fund	227,742.00	227,742.00	0.00
31600 FairRegn Practices Reserve Fund	80,000.00	80,000.00	0.00
Retained Earnings	2,227,929.16	2,227,929.91	-0.75
Profit for the year	-247,079.52	-171,490.42	-75,589.10
Total Equity	\$ 4,749,999.10	\$ 5,200,053.95	-\$ 450,054.85
Total Liabilities and Equity	\$ 7,065,873.07	\$ 7,597,407.47	-\$ 531,534.40

These statements have been prepared based on information provided by management/owners. These statements are for internal purposes only and should not be relied on by third parties.

REPORT TO COUNCIL

2023.02.02A(7)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

EQUITY, DIVERSITY, AND INCLUSION WORKING GROUP

COMMITTEE MEMBERS:

Donna Ferguson, Chair, College Member
Wanda Towers, Vice-Chair, Council Member
Kofi Belfon, College Member
Michael Grand, College Member
Tae Hart, College Member
Chris Mushquash, College Member

STAFF SUPPORT:

Tony DeBono, Registrar & Executive Director
Caitlin O’Kelly, Assistant to the Registrar

MEETINGS

The Equity, Diversity, and Inclusion (EDI) Working Group met on:

- January 16, 2023

FOR INFORMATION

The focus of the Working Group discussions was on the member survey undertaken last year. The results have yielded a vast amount of information and the Working Group is exploring how it can be improved upon in the future. The Client Relations Committee has asked the Working Group to review the public facing documents related to funding for therapy and others created by that Committee. This request was discussed, and a plan put in place for this review. The Working group has continued to support the various College Committees in their efforts to integrate EDI in their initiatives.

SUBMITTED BY

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

REPORT TO COUNCIL

2023.02.02A(8)

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

ABA WORKING GROUP

WORKING GROUP MEMBERS

Jennifer Cunningham, M.ADS., BCBA

Nancy Marchese, Ph.D., C.Psych., BCBA-D, President, Ontario Association for Behaviour Analysis (ONTABA)

Nicole Neil, Ph.D., BCBA-D, Western University, ABA Program Coordinator

Adrienne Perry, Ph.D., C.Psych., BCBA-D, Registration Committee Co-Chair

Kendra Thomson, Ph.D., BCBA-D, Brock University ABA Faculty

Wanda Towers, Ph.D., C.Psych., College President

Scott Warnock, Public Member

STAFF

Paula Garshowitz, OD, ABA Regulation-Project Lead

Rick Morris, Ph.D., C.Psych., Registrar & Executive Director (before February 24)

Tony DeBono, MBA, Ph.D., C.Psych., Registrar & Executive Director (beginning February 27)

Caitlin O'Kelly, Assistant to the Registrar

Shannon Elliot, ABA Coordinator

Lesia Mackanyn, Director, Registration

MEETINGS

The ABA Working Group met four times since the December Council meeting; January 11, 25, February 8 and March 8.

FOR INFORMATION

On December 16, 2022, Council approved proposed amendments to O. Reg. 74/15, Registration, O. Reg. 801/93 Professional Misconduct, and O. Reg. 209/94 General (Quality Assurance and Advertising), updated to include the profession of Applied Behaviour Analysis, to be submitted to the Ministry of Health. A submission package was provided to the Ministry on January 18th. College staff has now begun to work with the Ministry to answer any questions they have regarding these proposals.

At its recent meetings, the ABA Working Group discussed the following:

- Revised guidelines for those applying for registration using the transitional (grandparenting) routes of registration. These guidelines were revisited to incorporate feedback the College received during the circulation of the proposed regulation amendments, including enhanced educational requirements for those applying through Transitional Route #2.
- Developed guidelines specifying the kinds of activities that the College will consider as acceptable for determining the 1500 practice currency hours in Canada needed to apply using Transitional Route #2. The guidelines also include a list of activities that the College does not consider as practising the profession and would not count towards the 1500 practice currency hours.
- Work has begun on the development of the College's examination of knowledge or competence for Behaviour Analysts. A call for interest went out to members of the Ontario Association of

Behaviour Analysts (ONTABA) and several behaviour analysts expressed interest in participating as subject matter experts in various activities related to examination development. A committee has now been struck to review the existing Job Task Analysis for the profession, which will inform a Canadian/Ontario competency profile for the profession and blueprint development for the examination. The Committee had its first meeting on March 7th.

- The Working Group has also begun to draft standards of practice for the ABA profession. They will build upon the College's current [Standards of Professional Conduct, 2017](#), to include standards that are specific to the practice of Applied Behaviour Analysis.

Transitional Route #2

During the consultation, concerns were raised regarding the requirements for Transitional Route #2. This is the registration route for individuals currently working as Behaviour Analysts but who are not certified by the Behavior Analyst Certification Board (BACB). Work on this route has been undertaken by Council member and Behaviour Analyst, Dr. Adrienne Perry, Lesia Mackanyn, Director, Registration, and me, and will be presented to the Registration Committee for discussion at their upcoming plenary meeting, being held at the end of March.

RECOMMENDATIONS TO EXECUTIVE/COUNCIL

None currently.

The ABA Working Group welcomes Dr. Tony DeBono as he begins in his new position as College Registrar & Executive Director and looks forward to working with him as the College approaches regulation of the ABA profession.

SUBMITTED BY

Paula Garshowitz, OD

ABA Regulation-Project Lead

BRIEFING NOTE

2023.02.03A

MARCH 2023 COUNCIL MEETING

COLLEGE PERFORMANCE MEASUREMENT 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 Measurement Framework Report* for the 2022 year, for submission to the Ministry of Health and posting on the College website.

PUBLIC INTEREST RATIONALE

To promote consistency in reporting key domains of regulatory responsibility across all Health Colleges in Ontario. The completion of the *College Performance Measurement Framework* will inform continuous improvement of regulatory performance and promote transparency and accountability, as this will be publicly posted by each College.

BACKGROUND

In November 2020, the Ministry of Health (MOH) introduced the *College Performance Measurement Framework (CPMF)*. All health regulatory Colleges are required to prepare performance data in a standard format as detailed in the *Framework*, for review by the Ministry and posting on the College website by March 31, 2023. This is the College's third *CPMF* covering the period January 1, 2022 – December 31, 2022.

According to the Ministry the *CPMF* was:

Developed. . . 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. Each Standard asks if, "The College fulfills this requirement: Yes, Partially or No." If the answer is "Partially" or "No", the College is asked to indicate if there are plans 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.

Attached is the full *CPMF* document. The first eight pages provide the introduction to the *Framework*, completion instructions, and a brief note as to what has changed in the 2022 version. This is followed by the College prepared performance assessment.

Over the past year, the College has completed many of the items that were previously marked “No” or “Partially” completed. At this time, there are only two Standards for which the response is “not complete” and three marked as “partially” complete. For ease of reference, the following table shows these outstanding items.

Page #	Standard Reference #	Response	Explanation
16	1.2(b): The framework includes a third- party assessment of Council effectiveness at a minimum every three years.	No	At this time there are no plans to undertake a third-party assessment of Council effectiveness. This may be reviewed as Council considers the results of its current Council meeting evaluation surveys.
23	2.1 c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. d. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u>	No	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.
30	3.3 b. The College conducts Equity Impact Assessments to	Partially	The College will consider the need for a formal Equity Impact Assessments within the coming year.

	<p>ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>		
49	<p>9.3</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>	Partially	The College continues to communicate regularly with the OFC and is working collaboratively to address the outstanding issues.
63	<p>14.1</p> <p>a. Outline the College's KPIs, including a clear rationale for why each is important.</p>	Partially	The Executive Committee of the College has considered the possibility of developing formal KPIs and is of the current view that the Colleges current active use and monitoring of Action lists at the Council meeting provides an adequate mechanism for ensuring that goals are clear and monitored regularly for progress. This will be considered further in 2023.

ATTACHMENT

1. Draft Completed 2022 *College Performance Measurement Framework Reporting Tool*

CONTACT FOR QUESTIONS

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

College Performance Measurement Framework (CPMF) Reporting Tool

College of Psychologists of Ontario

Reporting Year: January 2022 – December 2022

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

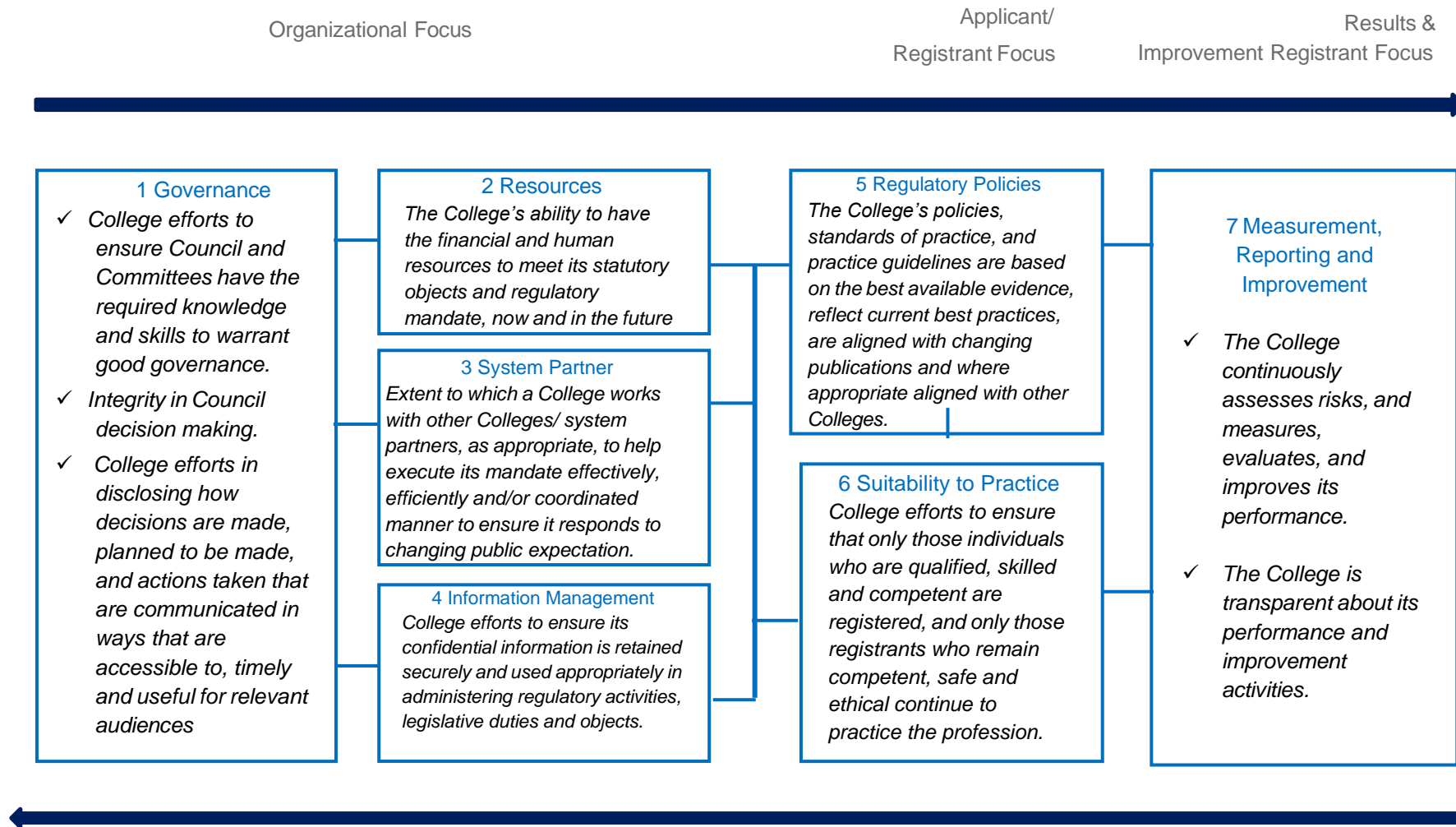


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

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

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

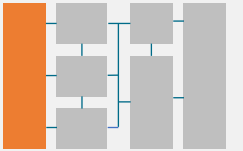
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

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

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

		<p>Measure: 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.</p>			
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response		
		a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency and suitability criteria; and <hr style="border: 1px solid #0070C0;"/> <p style="text-align: center; color: #0070C0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070C0;"/>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The minimum suitability/competency criteria are found in the publicly available College By-laws, specifically <i>By-Law 20: Election to Council, Qualifications, Terms of Office and Conditions for Disqualification</i>. These are described in section 20.7 for professional members and section 20.8 for Academic member (beginning on page 33).</p> <p>Competency suitability information is further elaborated upon on the Council Elections webpage. This includes statements regarding the need for Council to represent the diversity of the College membership and the public served.</p> </td> <td style="width: 20%; text-align: center; vertical-align: middle; padding: 5px;"> Yes </td> </tr> </table>	<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The minimum suitability/competency criteria are found in the publicly available College By-laws, specifically <i>By-Law 20: Election to Council, Qualifications, Terms of Office and Conditions for Disqualification</i>. These are described in section 20.7 for professional members and section 20.8 for Academic member (beginning on page 33).</p> <p>Competency suitability information is further elaborated upon on the Council Elections webpage. This includes statements regarding the need for Council to represent the diversity of the College membership and the public served.</p>	Yes
		<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The minimum suitability/competency criteria are found in the publicly available College By-laws, specifically <i>By-Law 20: Election to Council, Qualifications, Terms of Office and Conditions for Disqualification</i>. These are described in section 20.7 for professional members and section 20.8 for Academic member (beginning on page 33).</p> <p>Competency suitability information is further elaborated upon on the Council Elections webpage. This includes statements regarding the need for Council to represent the diversity of the College membership and the public served.</p>	Yes		
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>					

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Amendments to <i>By-law 5: Selection of Committee Chairs and Committee Members</i> and <i>By-law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification</i> were approved by Council at its meeting on March 11, 2022, following consultation with the membership. The feedback received from members and reviewed by Council during the consultation period is available in the March 2022 Council Materials (Page 106). The amendments require members to complete an online Orientation Program before they submit their nomination to run for Council. The orientation discusses the role and governance of the College and the duties, obligations and expectations of Council and Committee members. The orientation module is available here.</p> <p>The College also provides an orientation to professional and public members joining Council following their election or appointment and prior to attending their first Council Meeting.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			Additional comments for clarification (optional):	

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>A Call for Interest in Statutory College Committees is published as a News Post on the College website. The College distributes the Call for Interest to all members asking those interested in serving on College Committees to make this known. Members are asked to provide a statement of their interest in a particular Committee, their background and experience, and what they believe they will bring, or can offer, to the work of the Committee. The Call for Interest sets out eligibility criteria. A small working group reviews the expressions of interest and, considering the needs of each Committee, draws up a slate of candidates for the Executive 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 interested.</p> <p>Amendments to <i>By-law 5: Selection of Committee Chairs and Committee Members</i> were approved by Council at its meeting on March 11, 2022, following consultation with the membership. The feedback received from members that was reviewed by Council is available in the March 2022 Council Materials (Page 106). The amendments require members to complete an online Orientation Program before they submit their interest in serving on a College Committee. The Orientation discusses the role and governance of the College and the duties, obligations and expectations of Council and Committee members. This requirement will go into effect with the next Call for Committee Interest in the Spring of 2023.</p>	Yes
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

	<p>ii. 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:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>In 2022, those appointed to College Committees were required to attend orientation and training after their appointment and at the beginning of the term.</p> <p>The duration of the training varies depending on the Committee. The Quality Assurance, Client Relations and Registration Committees each meet independently for a ½ day orientation. The Inquiry, Complaints and Reports Committee (ICRC) Handbook and Resource Manual is distributed to all new members at the earliest opportunity. The ICRC orientation training is a one-hour session, followed by observation of an ICRC meeting, and discussion of the process observed. New ICRC members will also have a dedicated debriefing session a week or two after the observation. Discipline Committee orientation is a ½ day session conducted by the College's independent legal counsel. In addition, Committee members attend the full-day Health Professions Regulators of Ontario (HPRO) Discipline Training sessions.</p> <p>Committee orientation is conducted in-person or virtually in real time and is facilitated by the Committee Chair and the College Director with staff responsibility for the Committee. In the case of the Discipline Committee, orientation and training is also provided by the Discipline Committee's independent legal counsel.</p> <p><u>Quality Assurance and Client Relations Committee Orientation Topics:</u> 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. The Client Relations Committee training also addresses eligibility for funding for therapy and counselling for those alleging sexual abuse while receiving services from, or under the supervision of, a member.</p> <p><u>Registration Committee Orientation Topics:</u> Registration Committee Mandate and Committee Policy and Procedure Manual; Review of the: 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>			

			<p><u>ICRC Committee Orientation Topics:</u> 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.</p>				
			<table border="1"> <tr> <td data-bbox="776 695 2196 743"> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 695 2628 743"></td> </tr> <tr> <td data-bbox="776 743 2196 1006"></td> <td data-bbox="2196 743 2628 1006"></td> </tr> </table>	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>							

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>	
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The duration of the orientation is 2 - 3 hours. The training is conducted in-person or virtually in real time by the College President and the Registrar & Executive Director.</p> <p><u>Topics include:</u> Objects and Duty of the College; Governing Legislation (The <i>Regulated Health Professions Act, 1991 (RHPA)</i>; RHPA Themes; Prevention of Sexual Abuse; Controlled Acts; The <i>Psychology Act, 1991</i>); Vision, Mission, Strategies; College Structure and Council Member Role; Expectation of Council Members; Code of Conduct; Committees and College Activities; Current Priorities.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence	College Response			
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table>			Yes
		Yes		
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>At its meeting of December 17, 2021, the College Council passed a motion to implement a Council Meeting Evaluation. A Briefing Note and sample of the evaluation can be found in the December 2021 Council Materials (Page 37). Evaluations are sent to Council members immediately after each Council meeting and results distributed in the subsequent Council Materials package for discussion. The September 23, 2022 meeting evaluation results can be viewed in the December 16, 2022 Council Materials (Page 11). The Council meeting evaluations encompass not only the effectiveness of Council meetings but also of the Council itself.</p>			
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>			Choose an item.	
	Choose an item.			
Additional comments for clarification (optional)				

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>No</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>At this time there are no plans to undertake a third-party assessment of Council effectiveness. This may be reviewed as Council considers the results of its current Council meeting evaluation surveys.</p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College Executive Committee is responsible for ongoing Council member training. Prior to COVID-19, when meetings were held in-person, Council training was held on the day prior to the September and March Council business meetings. Training Day topics are scheduled based on the suggestions and identified needs of Council members or ideas prompted by timely matters and Council meeting evaluations. The next Training Day is scheduled for March 23, 2023.</p> <p>Committee training plans are informed by Council and Committee members, Chairs and staff identification of training needs.</p> <p>Council and Executive Committee: A new Registrar & Executive Director has been hired to begin February 27th. It was decided that the March 2023 training session would be a consideration of the College’s Strategic Directions and the role of the new Registrar in moving these directions forward. Prior to this, the Executive Committee had invited Ms. Deanna Williams to discuss Council Governance processes. This was in follow up to the review done by Mr. Harry Cayton and Ms. Williams of the Ontario College of Social Workers and Social Service Workers (OCSWSSW). Plans to invite Ms. Williams have been postponed.</p> <p>Quality Assurance and Client Relation Committee: Training needs are identified by the Committee throughout the year. For example, at the request of the Client Relations Committee, following review of the eligibility criteria for funding for therapy and counselling, the Committee requested that materials be simplified with flow charts; that work is currently underway and is expected to be completed at the beginning of 2023.</p> <p>Registration Committee: Training needs are identified by the Committee and also be informed by the College’s Council training initiatives. For example, members of the Registration Committee, as well as all staff in the College’s registration department, attended the OFC’s Incorporating <i>Equity, Diversity and Inclusion Principles into Fair Registration Practices</i> presentation on October 27, 2022.</p> <p>Inquiries, Complaints and Reports Committee: Training needs are identified by Committee members and are also informed by issues identified by College staff. Training in 2022 included the threshold and necessary information and reasons required for making an interim order. A useable flow chart was created for panels to use in assessing whether an interim order would be necessary and appropriate, and introduced at the training session. The panel also learned about Quality Assurance referrals and the role of the ICRC in Registrar’s Investigations.</p>	<p>Yes</p>
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			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>In November 2022 the College offered a seminar available to all members entitled: Fostering Equity Competencies. Approximately 3400 members participated. The College’s Equity, Diversity, and Inclusion (EDI) Working Group continues to explore areas in which Council and Committee members can work towards greater EDI within the College processes. The latest report of the EDI Working Group was made to the Council at its meeting of December 16, 2022 and is available on page 25 of the Council Materials.</p> <p>Information about public expectations is regularly received through the College’s complaints process and from the College’s Practice Advisory Service. The Practice Advisory Service received a total of 1660 Queries during 2022. 377 queries (23%) were received from members of the public and the others from members of the College. Information about concerns on the part of the public are shared among College staff supporting and training the different Committees. Frequently occurring questions and concerns are addressed in <i>HeadLines</i>, the College’s quarterly publication, through which this information is shared with all members of the College, Committees and the Council. This information is also available on the Professional Practice FAQ page of the College website. Examples of issues brought to the attention of the College by the public in 2022 included concerns about Access to Information and Consent procedures, most often by parents as it relates to their children. Other commonly identified challenges included authorized areas of practice, in cases where a member of the public wished to receive services from a member with the appropriate authorized area of practice, and the availability of in-person services as it related to COVID-19 safety measures.</p> <p>In December 2018, Council approved the introduction of an Integrated Risk Management Plan using the Risk Management Register through the Healthcare Insurance Reciprocal of Canada (HIROC). The risk assessment includes a review of three risk categories: Risks to Office/Staff, Risks to the College (reputation/self-regulation), and Risks to the Public (from members). Each year the risk register is reviewed to assess the effectiveness of the mitigation strategies applied and to identify any new risks to be included. This review is reported to Council annually, the last report is available in the December 16, 2022 Meeting Materials (Page 109).</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure: 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	College Response	
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>All College policies are reviewed at least every three years.</p> <p>Policy I-2a: Council & Committee Orientation and Training: Code of Conduct for Members of Council and its Committees. At its meeting on June 17, 2022, Council approved amendments to <i>Policy I – 2a: Code of Conduct for Members of Council and its Committees</i>. This amendment including adding a statement to reflect the College’s commitment to Equity, Diversity, and Inclusion.</p> <p>Policy I – 6: Conflict of Interest and Reasonable Perception of Bias was reviewed and amended by the Client Relations Committee at their meeting on May 5, 2022. Through this amendment the Committee added examples of conflicts of interest and bias, to assist members in understanding and identifying such issues.</p>	Yes
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>Policy I-2a Council & Committee Orientation and Training Policy I-6 Conflict of Interest and Reasonable Perception of Bias</p>	<p>Yes</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <p>The College has a one year cooling off period. The member is not and has not been within one year before the date of the election, a director, officer, board, committee, or staff of any professional psychological association involved in the advocacy for the profession;</p> <p>The member does not hold, and has not held, within one year before the date of the election, a position which would cause the member, if elected as a member of Council, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization.</p> <p>At its March 11, 2022 (Page 106) Council approved amendments to By-law 20: Election to Council, Qualifications, Terms of Office, and Conditions for Disqualification following consultation with the membership. The amendments established a one-year cooling off period between a member's participation on the leadership of a psychology professional association and running for a Council seat.</p>	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.</p> <p>d. <u>Additionally:</u></p> <p>i. the completed questionnaires are included as an appendix to each Council meeting package;</p> <p>ii. questionnaires include definitions of conflict of interest;</p> <p>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</p> <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>The College fulfills this requirement:</p>	<p>No</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: NO • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The College does not require members to complete a questionnaire at each meeting. Each Council member signs a formal agreement or declaration at the beginning of their term of office as per Policy I-6 Conflict of Interest and Reasonable Perception of Bias: <i>“The Registrar will require members of Council, Committees, staff, and all individuals providing services on behalf of the College to sign a Declaration, Undertaking and Agreement, before beginning their terms, stating that they have read, understand, and commit to comply with this policy and these procedures as well as any specific procedures that may apply to a particular activity or committee”</i></p> <p>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 was demonstrated in Item .01B Declarations of Conflicts of Interest in the Minutes of the June 2022 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?</i></p>		
		<p><i>Additional comments for clarification (optional)</i></p> <p>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>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>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. This can be seen in the December 2022 Council meeting materials. 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. This can be seen in the June 2022 Council Minutes.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In December 2018, Council approved the introduction of an Integrated Risk Management Plan using the Risk Management Register through the Healthcare Insurance Reciprocal of Canada (HIROC). The risk assessment included a review of three categories of risk: Risks to Office/Staff, Risks to the College (reputation/self-regulation), and Risks to the Public (from members). Each year the risk register is reviewed to assess the effectiveness of the strategies applied and to identify any new risks that should be included. You can view the policy on page 39 of the December 2018 Council Materials.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

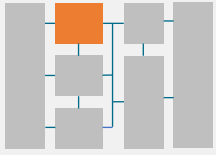
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Council Minutes are posted on the College website on a page noting Upcoming Meetings as well as a list of available Agendas, Minutes and Materials from past meetings. 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. Approved minutes and the Council materials can be found here.</p>
		Met in 2021, continues to meet in 2022	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Choose an item.	
	<i>Additional comments for clarification (optional)</i>		

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <p>i. the meeting date;</p> <p>ii. the rationale for the meeting;</p> <p>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>A report of Executive Committee meetings is provided to Council at each meeting and is available to the public in the posted Council materials package. This Report includes the date of the meeting(s), a report on the items discussed and actions taken as well as a notation of those items to be brought forward for Council decision or approval. Any decisions which were taken on behalf of Council are presented to the next Council meeting. The December 2022 Executive Report to Council is available on pages 13-14 here.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. This has been standard practice for the College since June 2016. The College's Council Meeting web page notes upcoming meetings as well as a list of available Agendas, Minutes and Materials from past meetings. This can be found here . Agendas, Minutes and Materials are not removed from the College website and are available indefinitely.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
	Choose an item.	
Additional comments for clarification (optional)		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. Notices of Discipline Hearings are posted as soon as a date for the Hearing is confirmed. This is always at least one month before a hearing, with the exception being when a hearing must be conducted expeditiously, as required, for example by s. 25.4 of the Health Professions Procedural Code. This has happened only once within the recent history of the College. The Notice of Hearing includes the specified allegations. The Listing of Hearings can be viewed here and each individual Notice of Hearing can be found on the publicly available members' page.	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
			<p><i>Additional comments for clarification (optional)</i></p>		
		<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
		<p>Required Evidence</p>	<p>College Response</p>		
		<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>In 2020 the College established an Equity, Diversity, and Inclusion Working Group tasked with identifying any issues of racism, systemic discrimination or bias that may be present within the College and its regulatory processes, as well as the profession itself. The Working Group is first focusing on possible discrimination or bias in the College regulatory processes; following which it will turn its attention outward toward the profession, in general. A College webpage was created to provide regular updates and resources on EDI initiatives. It can be viewed here. The Working Group also reports to Council quarterly on its activities, the December 2022 report can be viewed on page 25 here and reported to the membership and public via the College's publication, <i>Headlines</i>, on a quarterly basis.</p>				
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>			
	<p><i>Additional comments for clarification (optional)</i></p>				

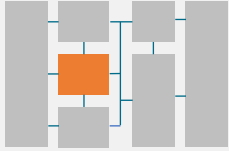
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>Currently, the Equity, Diversity, and Inclusion (EDI) Working Group is actively considering the diversity practices across the various College Committees providing some direction and assistance to them in incorporating EDI in their work.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>	
<p><i>Additional comments for clarification (optional)</i></p> <p>The College will consider the need for a formal Equity Impact Assessments within the coming year.</p>				

		<p>Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 2: RESOURCES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 4</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>The College has a Strategic Direction. Each quarter a report is prepared for Council detailing the activities undertaken to support the Plan. See pages 115 - 122 here.</p> <p>Every 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 current year end. Resources considered during budget allocation include human resources, technology (hardware and software), office space and funding. The outcome of the resource allocation supports the strategic direction. The draft budget is submitted for review to the Finance and Audit Committee then to the Executive Committee for comment before being taken to Council for approval. The most recent budget discussion at Council were in March 2022 and can be viewed on pages 169-173 here.</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
			<p><i>Additional comments for clarification (optional)</i></p>
			<p>Yes</p>
			<p>Choose an item.</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</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The College maintains six Reserve Funds: Investigations and Hearings; Fee Stabilization; Website Development; Premises; Fair Registration Practices; Contingency; and Fee Stabilization. The Reserve Funds Policy describes the purpose of those established by policy, 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 was reviewed by the Finance and Audit Committee at its meeting on April 28, 2022, no amendments were made. Each year amounts within the reserve funds are reviewed by the Auditor who may make recommendations to Council for transfer of funds. 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 2022, each Reserve Fund carried an amount within the limit set in policy.</p>	<p>Met in 2021, continues to meet in 2022</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The College does a comprehensive review of all staff positions and anticipated staffing needs as part of the budget development process. Succession needs as well as any known or expected 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 2022-2023, beginning in June 2022, was reviewed and approved by the Finance and Audit Committee at their meeting in February, the Executive Committee in March, with final review and approval by Council at the March 11, 2022 (Page 169).</p> <p>The College has a <i>Succession Plan</i> for the position of Registrar & Executive Director. The <i>Plan</i> is comprised of two parts:</p> <ol style="list-style-type: none"> 1. <i>Temporary Leadership Plan</i> 2. <i>Permanent Leadership Plan</i> <p>The College has had a <i>Succession Plan</i> in place since 2012. The <i>Plan</i> had remained as a stand-alone document since its development although, as required, it was updated every year following the June Council meeting. Given its importance, it was seen as prudent to move the standalone <i>Succession Plan for the Position of Registrar & Executive Director</i> into an official College policy. <i>Policy I-14: Succession Plan for the Position of Registrar & Executive Director</i> was put into policy format and approved by Council at its meeting on June 17, 2022 (Page 76). It continues to be updated on a yearly basis and was last revised in June 2022.</p>	<p>Yes</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College has, and regularly updates, its data and technology plan. The current version is up to date through to the end of 2024. A link is not included as it contains information that may compromise IT security plans when this CPMF report is published. The plan covers:</p> <ul style="list-style-type: none"> • The prescribed decision making process • Itemization of the technology in use, including hardware, software and a description of the infrastructure supporting the IT functions • Guidelines regarding data management, digital communication, training and technical support • A list of current technology projects, with implementation plan, timelines and budget <p>The College has recently engaged the services of an external vendor with a managed IT approach for technology. This allows for greater access to resources and expertise to enable more robust cybersecurity with active monitoring. Servers have been moved to a more secure cloud environment. The recently redesigned website allows for more agility in updates and information presented in a clear, logical manner. In addition, the College is currently engaged in the development of a new database to allow for greater flexibility in data management. College functions such as applications, complaint submissions, elections to Council and membership renewals have already been moved to an electronic format.</p> <p>The College has also initiated use of cybersecurity training through <i>Know4before</i>, which all staff are required to participate in, to prevent inadvertent security breaches.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

<p>DOMAIN 3: SYSTEM PARTNER</p>		
<p>STANDARD 5 and STANDARD 6</p>		
<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</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 dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</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>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 for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>The College attends the meetings of the Health Profession Regulators of Ontario (HPRO) be it the regular meetings of the organization or Zoom conferences arranged for special issues, for example, issues related to COVID-19 and facilitating Equity, Diversity, and Inclusion. This permits the College to consider and understand the way in which other health regulatory Colleges are addressing topics of common interest. In addition to the Registrar's regular participation in the HPRO Board of Directors, appropriate College staff participate in various formal and informal HPRO subgroups including those comprised of Deputy Registrars; Quality Assurance staff; Practice Advisors; Managers and Directors of Investigations and Hearings; and Corporate Service Managers. This permits information sharing among specific areas within the College's operations.</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</p>	

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 Registered Psychotherapists of Ontario (CRPO) as well as representatives of the insurance industry regarding the definitional questions related to the performance of the Controlled Act of Psychotherapy and issues concerning the supervision of Registered Psychotherapists by members of the College of Psychologists. Ongoing contact with, in this case the CRPO, facilitates more effective interprofessional collaboration. Interaction with other Health Professions Regulators in Ontario and beyond ensure the efficient use of resources, so that the College does not have to recreate existing policies others may have already developed. This cooperation also ensures more consistency in public-facing regulation and avoidance of confusion on the part of the public and funders of services.

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 for support in addressing 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 year there has been continued discussion on COVID-19 related matters such as out of province practice and most recently about interjurisdictional practice, in general. The College was also actively involved in creating ACPRO's [*"An Apology to Indigenous People and a Pledge to Be Anti-Racist"*](#).

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. The organization holds semi-annual meetings. The theme of the most recent meeting, in October 2022, was "A New Day; No More Business as Usual". In addition to semi-annual meetings, the College participates in various ASPPB cross-jurisdiction committees and working groups. For example, one working group is currently developing a mechanism for jurisdictions to efficiently share information about legislative developments relevant to the field across North America.

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 Managing Cultural Differences which has been attended by College registration staff.

College staff, Council and Committee members also attend meetings of the Council on Licensure Enforcement and Regulation (CLEAR), the Canadian Network of Agencies of Regulation (CNAR), and the Society of Ontario Adjudicators and Regulators (SOAR), and in this way, obtain information and training that allows the College learn about and consider adoption of best practices in other professions and jurisdictions. In 2022, the Director, Investigations & Hearings attended the Annual CNAR Conference which included sessions on trauma-informed investigations and the latest legal developments in professional regulation. The Director, Investigations & Hearings also attended the 2022 SOAR Conference, which included sessions on culturally competent decision writing and issues of identity in administrative justice.

The College shares 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 are involved in the supervised provision of psychological services about which there may be a complaint or report.

These reports are made as soon as an individual is identified as being a member of one of the other Colleges or is in the process of qualifying to become a member. This information sharing practice has been in place since June 2019.

The College also shares 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.

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.

To prepare for proclamation of the [Psychology and Applied Behaviour Analysis Act, 2021](#), the College developed Regulations related to the regulation of Behaviour Analysts. To ensure that all draft proposals reflect the College's public interest mandate and to mitigate risk of harm to the public, the College engaged the profession of Applied Behaviour Analysis as well as members of the College and a public member of Council in the development of the draft Regulations. To broaden the range of input into the draft Regulation development, the College circulated the proposals to members, as required by legislation, but also to numerous other stakeholders. The consultation materials were distributed to members (4806), non-member College email subscribers (508), and stakeholders (184). Stakeholders included Government Ministries, Regulatory Colleges, Associations, Certification Boards, Client/Parent Groups, Service Providers and Educational Institutions. The consultation was also posted on the College's social media accounts. In addition, the consultation was provided to Ontario Association for Behaviour Analysis (ONTABA) and Behavior Analyst Certification Board (BACB) for distribution to their members.

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

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

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

Semi-annually the College hosts a meeting of members representing organizations providing training and internship opportunities to students on the path to registration with the College. The meeting is attended by the Directors of Clinical Training representing the 15 Ontario Universities with training programs that meet the College's requirements for registration. Also participating are the Internship Directors from 31 internship sites which provide internships necessary to fulfill the Ph.D. requirements. The two groups meet jointly for ½ day and then separately for ½ day. 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. 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.

Presentations are regularly made by College staff to graduate 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 others. This introduces students to role and expectations of the College to ensure an early understanding of the College's public protection/interest mandate. College staff has also made presentations to law students about issues in professional regulation.

The College has established a relationship with the Ontario Association of Behaviour Analysis (ONTABA). This important relationship is assisting the College in the process of establishing well-informed policies and practices necessary to regulate Behaviour Analysts, pursuant to the *Psychology and Applied Behaviour Analysis Act, 2021* when it comes into force.

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.

The College endorses the *Canadian Code of Ethics For Psychologists* published by the Canadian Psychological Association. While the College expects compliance with the Professional Misconduct Regulation and the Standards of Professional Conduct, it strongly recommends the Code to members 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.

The College is a regular participant at meetings of the Association of Psychology Leaders with Ontario Schools (APLOS). This is a voluntary group made up of the leadership 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 APLOS, the College reviewed and revised the definition of the area of practice of School Psychology.

The Registrar, Deputy Registrar, Directors, and the President also regularly meet with local groups of College members with the purpose of providing professional education and receiving feedback concerning the policies and practices of the College.

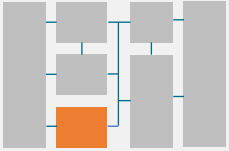
The College meets with the Office of the Fairness Commissioner (OFC) at least annually to discuss the College's Fair Practices Report as well as recommendations of the OFC and work that is in progress toward implementation.

The College encourages members of the public to join the College's email 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 was designed with greater an emphasis on 'easy to access' information for the public. To further public engagement, the College utilizes Facebook, Twitter and LinkedIn to broaden the College's communication base.

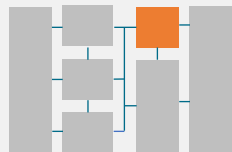
Using surveys, the College solicits the views of all complainants after the disposition of a complaint, regarding their experience with the process and uses this information to improve public experience with the College's investigations process. The College also surveys College members and members of the public who have sought information from the College's Practice Advisory service.

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.

Staff members and Committees all actively monitor the need for information from others and collaboration with those outside of the College. Whenever problems are identified, all major College activity areas access a broad network of colleagues via HPRO, directly with Colleagues at other RHPA and non-RHPA Colleges and professional associations and both national and international organizations including ACPRO and ASPPB.

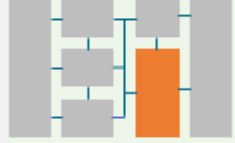
		<p>Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 4: INFORMATION MANAGEMENT</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 7</p>	<p>Required Evidence</p>	<p>College Response</p>	
		<p>a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;</p>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.</p> <p>Policy III A-3: Privacy describes the voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the <i>Regulated Health Professions Act, 1991 (RHPA)</i>, the Health Professions Procedural Code and the <i>Psychology Act, 1991</i>.</p> <p>The College's <i>Privacy Policy</i>, with an embedded link to the College's <i>Privacy Code</i> may be found here.</p>	<p>Yes</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>Internal security measures include use of a records management program which restricts access to files and information to authorized individuals. The system allows for monitoring and auditing of file access. External measures include use of managed IT services who engage in 24/7 monitoring of the College servers. Use of an outside organization allows for greater resources and expertise than would be available should this be managed internally. Access to the information on the College SharePoint site is restricted.</p> <p>The College has also contracted with a third-party cyber security training program and all staff are required to complete training modules on an ongoing and regular basis as a means of protecting against security breaches.</p> <p>Please find the College's Privacy Policy, Privacy Statement, Privacy Code and Policy on Confidentiality Obligations and Handling of Confidential Materials below:</p> <ul style="list-style-type: none"> Privacy Policy Privacy Statement Privacy Code Policy on Confidentiality Obligations & Handling of Confidential Materials <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>Measure:</p> <p>8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>Policy I – 1: Policy Development and Maintenance</p> <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 (Standards)</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 Advice 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</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.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>As mentioned above, Senior College staff involved in Registration, Complaints and Discipline, the Quality Assurance Program and the Practice Advisory service 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 (Standards)</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 Advice 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</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.</p> <p>Proposed changes to the Standards are presented to the Executive Committee and then the Council. The revised draft <i>Standards</i> are distributed to members for final consultation prior to Council approval. Draft revisions are also provided to other health profession regulators in Ontario and psychology regulators across Canada to ensure alignment with other relevant policies and practices.</p> <p>A Working Group of the College’s Registration Committee completed revisions to the <i>Supervision Resource Manual</i> in 2022. The Supervision Resource Manual, 2022 is intended to supplement the College’s Registration Guidelines for Supervised Practice Members, providing assistance to both supervisees and supervisors. Prior to finalizing the revisions to the Supervision Resource Manual, the Working Group consulted with the College’s EDI Working Group for input and circulated a draft version for consultation to members of the College and other interested parties for feedback.</p>	<p>Yes</p>
		<p style="text-align: center;"><u>Benchmarked Evidence</u></p>	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>As a Code of Ethics, the College has adopted the Canadian Psychological Association's Canadian Code of Ethics for Psychologists, as outlined in By-law 16: Codes of Ethics and Practice for Members (Page 24). Several items within Principle I of the Code Respect for the Dignity of Persons and Peoples are related to DEI.</p> <p>As part of the ongoing Equity, Diversity, and Inclusion initiatives, the College has begun a review of its documents and publicly available information.</p> <p>The Colleges <i>Standards of Professional Conduct, 2017</i>, the <i>Registration Guidelines</i> and the <i>Colleges Policy and Procedures Manual</i> have been revised to ensure gender neutral language. A new question related to gender identity in the renewal form is now more inclusive and reflective of the College membership. Further changes are expected as current documents are reviewed and new ones developed.</p> <p>The College has also added several items to the Quality Assurance Program Self-Assessment Guide to prompt members consideration of their EDI practices. This includes an attestation indicating that the member has made best efforts to utilize an objective and structured tool to evaluate and further develop these practices. In addition, the College has added formal requirements within the mandatory Continuing Professional Development Program to complete a specified number of credits every two years that demonstrate efforts to address Equity, Diversity, and Inclusion.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 9</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The Documentation requirements are set out in the Registration Guidelines describing the application process.</p> <p>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.</p> <p>Academic transcripts and foreign credential evaluations must be submitted to the College directly from the university or credential evaluation service and a Language Fluency score must be submitted to the College directly from the testing agency.</p> <p>Confirmation of current/past registration/licensure must be submitted to the College directly from the licensing agency.</p> <p>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.</p> <p>Proposed supervised practice information must be co-signed by the proposed supervisors and supervisor contact information is required.</p> <p>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.</p>

			<p>The Review requirements are set out in the Registration Guidelines describing the non-exemptible academic requirements for registration:</p> <ul style="list-style-type: none">• Psychologist• Psychological Associate <p>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>
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¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The College periodically reviews its criteria and processes for determining applicants meets the registration requirements. The College's Registration Committee meets in Plenary Session approximately every other month and regularly reviews registration Guidelines and registration related policies.</p> <p>Registration related policies have a review schedule; the Language Fluency Policy was created in 2015 and was reviewed by the Registration Committee in March 2022. The Examination Accommodations Policy, created in 2016, was also reviewed in March 2022.</p> <p>The Guidelines for Training for Supervised Practice Members were last reviewed in 2019 and revisions were 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?</i></p>	<p>Choose an item.</p>		
<p><i>Additional comments for clarification (optional)</i></p>				

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.				
		c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. Please briefly describe how the College identified currency and competency requirements. Please provide the date when currency and competency requirements were last reviewed and updated. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. 		
		<p>All members, other than those with Retired Certificates of Registration are required to participate in Self-Assessment, which includes assessment of current competence in their areas of practice. The College's mandatory Continuing Professional Development Program then requires that members self-monitor their progress towards goals they have set in self-assessment. The tools for self-assessment may be seen here and information of the mandatory Continuing Professional Development program may be seen here.</p> <p>Members are required to consider the following in conducting their self-assessments and planning their CPD activities: addressing changes in relevant Legislation, Standards and Guidelines; remedying gaps in knowledge and skills; addressing changes in practice environments; and incorporating standards of practice and advances in technology. These requirements are reviewed on an annual basis by senior staff of the College and the Quality Assurance Committee.</p> <p>Members are required to self-declare that they have conducted self-assessment and met the minimum requirements of the CPD program. Member self-assessment and participation in CPD activities are reviewed when members are selected for Peer Assisted Reviews. In addition, any members that do not make a declaration of completion of Self-Assessment and completion of the mandatory requirements for CPD by the due date must provide their completed Self-Assessments and/or CPD documentation, as the case may be, for review by the Quality Assurance Committee.</p>		
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (optional)</i>				

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

Measure: 9.3 Registration practices are transparent, objective, impartial, and fair.		
		<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:</p> <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: In Progress <p>The most recent assessment report by the OFC was in 2016-17, the link to the OFC report is found on the OFC website.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
		Partially
		Yes
		<p>The College continues to communicate regularly with the OFC and is working collaboratively to address the outstanding issues.</p>

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.			
	Required Evidence	College Response		
	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). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided 		Yes
			Yes	
		There were no new <i>Standards</i> or amendments to the current <i>Standards</i> in 2022. All members are notified of new and amended Standards in <i>HeadLines</i> , the College’s quarterly publication. The most recent amendment of the <i>Standards</i> was provided here: https://cpo.on.ca/council-highlights-april-2021/ . Members are also provided with ongoing individual, personalized support, and assistance in understanding and applying the <i>Standards</i> upon request, by way of the College’s Practice Advisory Service. The Practice Advisory service surveys recipients of practice advice using an anonymous survey. In 2022, the Practice Advisory Service received 1660 requests for assistance. 1283 (77%) of these requests were from members and the rest from members of the public.		
<ul style="list-style-type: none"> • Does the College always provide this level of support: Yes If not, please provide a brief explanation: 				
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.			
Additional comments for clarification (optional)				

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>a. The College has processes and policies in place outlining:</p> <p>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;</p> </td> <td style="width: 60%; vertical-align: top;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>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 for review or audit. The College’s areas of focus, including those in the Self-Assessment Guide and Continuing Professional Development Plan, and Peer and Practice Assessments are described here. Self-Assessment is required of all (except Retired) members, in all areas of practice, at least once every two years. Information about self-assessment requirements may be seen here. Participants in these QA activities are surveyed following receipt of their Declarations of Completion of their mandatory QA activities and results are shared with the QA committee. The structured self-assessment tool is reviewed every year by the Quality Assurance Committee and updated to ensure that members are familiarized with new Legislation and Standards and requires reflection on changes in the field and environment. During 2021, for example, an item was added to the Self-Assessment Guide to prompt consideration of Equity, Diversity, and Inclusion principles.</p> <p>As mentioned above, assessment also takes the form of Peer-Assisted Reviews. By Regulation members chosen to participate may be chosen by random or stratified random selection. The Quality Assurance Committee determines the stratified random selection criteria based on several factors each year, after considering information from the Inquiries Complaints and Reports Committee, Practice Advisory Service and its own reviews of Self-Assessment and Peer Assisted Review files through the Quality Assurance Program. Using this multifaceted approach it identifies groups of members who appear to be at higher risk of difficulties in upholding the Standards of Professional Conduct. This has been the practice of the Committee for several years. Criteria may, for example, include years in practice, work with a particular population group, members providing a significant amount of supervision, or members in private practice. Assessors who conduct Peer-Assisted Reviews are provided with guidance during annual Assessor training. This includes information regarding the appropriate evaluation of those they review, as set out on pages 36 and 37 of the most recent Assessor training presentation slides, available here.</p> <p>In addition, the Quality Assurance Committee conducts audits and assesses whether a member's participation in mandatory Continuing Professional Development is adequate. Criteria for selecting participants in the Continuing Professional Development program are addressed in Policy II-5(iii): Continuing Professional Development Program Audit and Audit Selection.</p> </td> <td style="width: 15%; vertical-align: top; text-align: center;"> <p>Met in 2021, continues to meet in 2022</p> </td> </tr> </table>	<p>a. The College has processes and policies in place outlining:</p> <p>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;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>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 for review or audit. 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During 2021, for example, an item was added to the Self-Assessment Guide to prompt consideration of Equity, Diversity, and Inclusion principles.</p> <p>As mentioned above, assessment also takes the form of Peer-Assisted Reviews. By Regulation members chosen to participate may be chosen by random or stratified random selection. The Quality Assurance Committee determines the stratified random selection criteria based on several factors each year, after considering information from the Inquiries Complaints and Reports Committee, Practice Advisory Service and its own reviews of Self-Assessment and Peer Assisted Review files through the Quality Assurance Program. Using this multifaceted approach it identifies groups of members who appear to be at higher risk of difficulties in upholding the Standards of Professional Conduct. This has been the practice of the Committee for several years. Criteria may, for example, include years in practice, work with a particular population group, members providing a significant amount of supervision, or members in private practice. Assessors who conduct Peer-Assisted Reviews are provided with guidance during annual Assessor training. This includes information regarding the appropriate evaluation of those they review, as set out on pages 36 and 37 of the most recent Assessor training presentation slides, available here.</p> <p>In addition, the Quality Assurance Committee conducts audits and assesses whether a member's participation in mandatory Continuing Professional Development is adequate. Criteria for selecting participants in the Continuing Professional Development program are addressed in Policy II-5(iii): Continuing Professional Development Program Audit and Audit Selection.</p>	<p>Met in 2021, continues to meet in 2022</p>
<p>a. The College has processes and policies in place outlining:</p> <p>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;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>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 for review or audit. The College’s areas of focus, including those in the Self-Assessment Guide and Continuing Professional Development Plan, and Peer and Practice Assessments are described here. Self-Assessment is required of all (except Retired) members, in all areas of practice, at least once every two years. Information about self-assessment requirements may be seen here. Participants in these QA activities are surveyed following receipt of their Declarations of Completion of their mandatory QA activities and results are shared with the QA committee. The structured self-assessment tool is reviewed every year by the Quality Assurance Committee and updated to ensure that members are familiarized with new Legislation and Standards and requires reflection on changes in the field and environment. During 2021, for example, an item was added to the Self-Assessment Guide to prompt consideration of Equity, Diversity, and Inclusion principles.</p> <p>As mentioned above, assessment also takes the form of Peer-Assisted Reviews. By Regulation members chosen to participate may be chosen by random or stratified random selection. The Quality Assurance Committee determines the stratified random selection criteria based on several factors each year, after considering information from the Inquiries Complaints and Reports Committee, Practice Advisory Service and its own reviews of Self-Assessment and Peer Assisted Review files through the Quality Assurance Program. Using this multifaceted approach it identifies groups of members who appear to be at higher risk of difficulties in upholding the Standards of Professional Conduct. This has been the practice of the Committee for several years. Criteria may, for example, include years in practice, work with a particular population group, members providing a significant amount of supervision, or members in private practice. Assessors who conduct Peer-Assisted Reviews are provided with guidance during annual Assessor training. This includes information regarding the appropriate evaluation of those they review, as set out on pages 36 and 37 of the most recent Assessor training presentation slides, available here.</p> <p>In addition, the Quality Assurance Committee conducts audits and assesses whether a member's participation in mandatory Continuing Professional Development is adequate. Criteria for selecting participants in the Continuing Professional Development program are addressed in Policy II-5(iii): Continuing Professional Development Program Audit and Audit Selection.</p>	<p>Met in 2021, continues to meet in 2022</p>			

			<p>Committee members, staff and Assessors all receive training in the area of Right Touch Regulation, which guides their decision-making. The materials provided for Committee members and staff can be found on slides 4 and 5 of the Committee Orientation slides. Right Touch principles are also embedded in the rating system within the Standard Assessment Report Form, available here.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

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

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please 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"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Choose an item. - <i>other stakeholders</i> Choose an item. <p>The Quality Assurance Committee has reviewed and discussed the Professional Standards Authority document: Right Touch Regulation in 2020 and every year since then.</p> <p>Assessors who conduct Peer-Assisted Reviews are provided with guidance during annual Assessor training. This includes information regarding the appropriate evaluation of those they review and reflects a “right-touch” approach throughout the Assessor training presentation slides available here. Right Touch principles are also embedded in the rating system within the Standard Assessment Report Form, available here.</p> <p>The right touch approach was implemented several years ago when senior staff of the College and Council members began reading about this approach and attending relevant trainings. This approach informs all policy decisions, as may be seen in the standard structure of our policy briefing notes, where decision-makers are required to justify the public interest value of all initiatives and report on the likely demand on resources.</p> <p>The Quality Assurance Committee was audited by an independent consultant during the Fall of 2019. The Auditor's report dated November 27, 2019, was summarized in the Quality Assurance Committee Report (Page 21) provided to Council in March 2020. In the audit report, the auditor stated that: “<i>The peer-assisted review is both a random and risk-based program which is consistent with the evolving regulatory environment</i>” and in describing the QA program generally stated: “<i>This approach drives member participation, is proportionate to the potential risks of non-compliance, and achieves high levels of participation and compliance.</i>”</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>		
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. The criteria for recommending remediation are provided to Peer Assessors and as shown in the Peer Assisted Reviewer Training Presentation Slides , particularly slides 7 and 38-40.		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
			<i>Additional comments for clarification (optional)</i>		

Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>The Quality Assurance Committee either requires remediation or seeks voluntary remedial undertakings from members and conducts follow-up when remedial activity is recommended by Assessors in the course of a Peer Assisted Review or when review of documentation indicates such a need. When a remedial activity is required by the Committee, College staff monitor the disposition on a case-by-case basis and discuss progress at regular Quality Assurance staff meetings. The member subject to the requirement, or when a mentor is retained to assist the Committee, the mentor 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 may be referred by the Committee for Investigation by the ICRC.</p> <p>Remedial outcomes for both ICRC and Discipline involve reporting to the Registrar on an interim and/or final basis. The reports will come from members themselves if the remediation is self-directed. Otherwise, the reports will come from a coach or instructor engaged in the remedial activity with the member. This reporting allows the Registrar to determine whether the goals of remediation have been appropriately met.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (if needed)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly 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); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <ul style="list-style-type: none"> • Complaints and Reports to the College • Facilitated Resolution Process • FAQ: What action can the ICRC take? • The College's Risk Assessment Framework also indicates what outcomes are possible in relation to risks identified. • Funding For Therapy <p>Policies/procedures for ensuring all relevant information is received during intake: Investigations staff reviews all complaints and reports with an internal investigation plan. This assists staff in identifying all allegations, potential witnesses and sources of information. The investigation plan also prompts staff to determine whether third parties ought to be informed (e.g. another regulator, CAS) and prompts thinking about whether a request to appoint an Investigator or to direct that the Registrar make an Interim Order of Suspension might be considered by the ICRC.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
<p><i>Additional comments for clarification (optional)</i></p>			
		Yes	

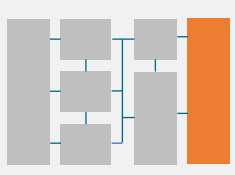
	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>ICRC staff evaluates whether public information provided to complainants is clear by ensuring that documents are written at a grade 10 level, as measured by "readable.io", a web-based service measuring readability. The ICRC also has a feedback form available directly on its website which provides an opportunity for complainants to provide information to the College about their experience with the complaints process. Every complainant has personal contact with a staff case manager and provided with telephone contact information, allowing direct contact, in addition to all the written information available.</p>	<p>Yes</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>The College does not currently track the length of time between an inquiry and a response; however, it is a performance expectation that staff will respond to inquiries within 24-48 hours and there has been no indication that this is not occurring. The Investigations team received 175 inquiries in 2022.</p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Anyone who alleges sexual abuse by a member or a supervisee of a member is offered the support of an independent professional retained by the College. This professional offers guidance with respect to College processes and will assist in connecting them to other services. This support is offered as soon as sexual abuse is identified as an allegation in a complaint or report.</p> <p>Where language or communication is identified as a barrier, College staff will offer to arrange interpretation and/or transcription services to assist the complainant in expressing their concerns. In addition, the College will offer to fund legal support to witnesses who are involved in a Disciplinary hearing when a motion has been made to obtain the witness' confidential health records. It will also fund professional support to witnesses who require it in order to testify at a hearing.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. 	
	The Complaints and Reports page on the College website has several references to the Investigation’s department contact phone number and email. Complaint and Report forms can be filled out and submitted directly on the website. There is also a feedback form available on the website . College staff provide complainants with updates in a number of ways. Complainants are provided with a copy of the member's response to the complaint. In the unusual event that a complainant will not receive a copy of the response, they are informed of such and of the next steps in the investigation. Complainants are also notified of the progress of the investigation if the case is not disposed of after 150 days, and thereafter at 210 days, 240 days, etc. in accordance with the requirements of the Health Professions Procedural Code, 1991.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. Please provide the year when it was implemented OR evaluated/updated (if applicable). 	
			The ICRC uses a risk assessment framework to assess complaints and reports, which is accessible on the College website. This risk assessment framework was implemented in 2017.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)				

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
	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: <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>Where allegations against a member are received by the College and are of a nature that may appear to warrant criminal and/or provincial offence charges the following policy is applicable: Policy II-3(v): Reporting to Police and Other Authorities.</p> <p>Investigations staff also have an internal procedure for reporting information to the CAS where the reporting requirement under the <i>Child, Youth and Family Services Act, 2017</i>, may arise. In addition, the College has a reporting protocol with the CRPO and the OCSWSSW with respect to members of those other Colleges who are providing psychological services under the supervision of a member of the College of Psychologists.</p> <p>Where there is information about another regulated health professional which may indicate incapacity or other concerns, the College will consider, on a case-by-case basis, whether that information ought to be reported to the relevant regulator. Where the College learns that a member or former member is registered in another jurisdiction, the College will inform the other regulator(s) about investigations and outcomes of investigations.</p>
		Met in 2021, continues to meet in 2022
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
	Choose an item.	
	Additional comments for clarification (if needed)	

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Partially</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <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 Committee regarding the disposition of complaints and reports, as well as the Quality Assurance Program activities. 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.</p>		Partially
			Partially		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes		

			<p><i>Additional comments for clarification (if needed)</i></p> <p>The Executive Committee of the College has considered the possibility of developing formal KPIs and is of the current view that the Colleges current active use and monitoring of Action lists at the Council meeting provides an adequate mechanism for ensuring that goals are clear and monitored regularly for progress. This will be considered further in 2023.</p>	
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <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 109 of the December 2022 Council Meeting materials package. The College's achievement of its Strategic Directions is reviewed at each Executive Committee and Council meeting as presented on page 115 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?</i></p>	<p>Choose an item.</p>	
			<p><i>Additional comments for clarification (if needed)</i></p>	

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. The latest risk management report in 2022 , which contains this information, can be found beginning on page 109 of the December 2022 Council Meeting materials.	
	<i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. The College monitors performance related to its Strategic Directions routinely at both Executive Committee and Council meetings. 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 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.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (if needed)</i>		

Part 2: Context Measures

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

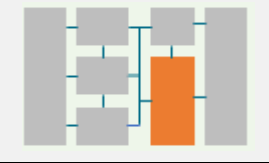
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. Mandatory Formal Self-Assessment	2216	
ii. Mandatory Continuing Professional Development	2103	
iii. Peer Assisted Review	31	
iv. Assessment under S. 81 of HPPC	NR	
v. Committee Review of Member Self-Assessment	NR	
vi. Continuing Professional Development Audit	84	
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

** 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.*

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

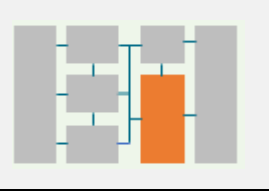
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	2325	53	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	23	1	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
NR			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

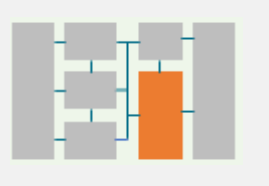
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	22	96	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<i>Additional comments for clarification (if needed)</i>			
-			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College's own method: College Method <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	1	NR	NR	NR
II. Billing and Fees	16	4	NR	NR
III. Communication	40	10	1	4
IV. Competence / Patient Care	111	27	4	17
V. Intent to Mislead including Fraud	19	5	NR	NR
VI. Professional Conduct & Behaviour	155	37	13	57
VII. Record keeping	6	1	1	4
VIII. Sexual Abuse	7	2	1	4
IX. Harassment / Boundary Violations	38	9	3	13
X. Unauthorized Practice	6	1	NR	NR
XI. Other <Supervision>	15	4	NR	NR
Total number of formal complaints and Registrar's Investigations**	414	100%	23	100%

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

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p>This information relates to allegations, of which there were 414 for 118 formal complaints and 23 with respect to 7 Registrar's Investigations. It should be noted that there may be numerous allegations per matter, with each complaint, on average, comprised of 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. Competence/Patient Care also includes allegations such as the appropriateness of services and familiarity with interventions. All of these allegations are tracked separately by the College.</p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	141	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.</i>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	13		
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 2022	10		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#		%
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	20		16
IV. Formal complaints that proceeded to ICRC and are still pending	90		70
V. Formal complaints withdrawn by Registrar at the request of a complainant	4	3	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	8	6	

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>5</p>	<p>4</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: College Method							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++ 76 decisions (not including F&V and complaint withdrawals) (250 allegations)					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	4	NR	NR	2	NR	NR
III. Communication	8	5	NR	1	3	6	NR
IV. Competence / Patient Care	39	15	NR	1	10	1	NR
V. Intent to Mislead Including Fraud	7	4	NR	NR	2	NR	NR
VI. Professional Conduct & Behaviour	56	17	NR	1	17	11	NR
VII. Record Keeping	1	1	NR	NR	1	NR	NR
VIII. Sexual Abuse	4	NR	NR	NR	NR	1	NR
IX. Harassment / Boundary Violations	8	NR	NR	1	4	3	NR

X. Unauthorized Practice	1	2	NR	NR	NR	NR	NR
XI. Other <Supervision>	4	3	NR	NR	3	NR	NR

• 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 2022.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.
[NR](#)

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

The outcomes are with respect to allegations in 76 decisions released by the ICRC in 2022, not including withdrawals and decision not to investigate a matter deemed frivolous, vexatious, made in bad faith or otherwise an abuse of power. There are multiple allegations (average 3) per case.

Table 7 – Context Measure 11

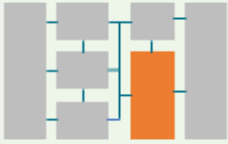
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: College Method <i>If College method is used, please specify the rationale for its use:</i> The College tracks the number of calendar days as opposed to working days		
Context Measure (CM)		
CM 11. 90 th 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 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2022	540	<i>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>
II. A Registrar’s investigation in working days in CY 2022	452	
Disposal		
The College tracks “number of days” related to ICRC work as calendar days not working days. There were 10 Registrar's Investigations disposed of in 2022.		

Table 8 – Context Measure 12

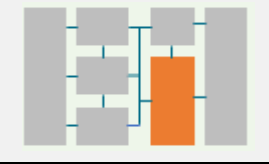
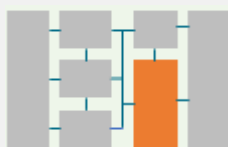
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<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>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>
I. An uncontested discipline hearing in working days in CY 2022	NR	
II. A contested discipline hearing in working days in CY 2022	NR	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
There was one uncontested hearing held in 2022. -		

Table 9 – Context Measure 13

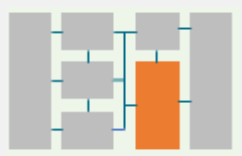
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: College Method <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		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.
Type	#	
I. Sexual abuse		
II. Incompetence	1	
III. Fail to maintain Standard	1	
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional	1	
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		

** 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](#)

These discipline findings relate to one matter.

Table 10 – Context Measure 14

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

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)

BRIEFING NOTE

2023.02.03B

MARCH 2023 COUNCIL MEETING

PROPOSED AMENDMENTS TO THE DISCIPLINE COMMITTEE: RULES OF PROCEDURE – PRE-HEARING CONFERENCE CHAIRS

STRATEGIC DIRECTION REFLECTION

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

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That *Policy II-4(ii): Discipline Committee: Rules of Procedure* be amended.

Moved By TBD

PUBLIC INTEREST RATIONALE

Additional flexibility in appointing Pre-hearing conference Chairs will assist in ensuring that no single Pre-hearing Chair shoulders an unfair burden and Pre-hearings can proceed without delay.

BACKGROUND

For many years, the Discipline Committee primarily has relied upon three Pre-hearing Conference Chairs. They were very experienced Discipline Committee members, as well as being experienced in College governance. Historically all Pre-hearing Chairs have also been past College Presidents. Recently, these three Pre-hearing Chairs have indicated their wishes to retire, or to step back from the Pre-hearing Chair role. Two new Pre-hearing Chairs have been identified and have begun training for the role.

While the two new Pre-hearing Chairs have been fulfilling the role admirably, disciplinary matters have been increasing. It does not appear that in the long term, two Pre-hearing conference Chairs will be sufficient to ensure that no single Pre-hearing Chair shoulders an unfair burden, and Pre-hearings can proceed without delay. It is also seen to be beneficial to have a process in place whereby the need for Pre-hearing Chairs is regularly assessed with clear and transparent criteria for appointing and training new Chairs.

At its plenary session on November 30, 2022, the Discipline Committee directed that a small task group consider the criteria and procedures for identifying, appointing and training new Pre-hearing Chairs so as to meet the Discipline Committee's ongoing requirements. This task group met on December 22, 2022.

The Discipline Committee has directed that, with the new criteria and procedures in place, the Rules of Procedure be amended to allow the Discipline Committee Chair to appoint Pre-hearing Chairs who are not currently on the Discipline Committee.

The Discipline Committee is recommending the following amendment:

3.02 Pre-Hearing Chair.

- 3.02(1) The Chair of the Discipline Committee shall appoint one ~~Discipline Committee~~ member [of the College](#) to ~~serve as the Pre-Hearing Chair~~ [preside](#) at the Pre-hearing Conference. The Chair of the Discipline Committee cannot be appointed as Pre-hearing Chair.
- 3.02(2) The Pre-hearing Chair will facilitate dialogue between the parties on any matters identified in the notice of the hearing, or that arise in the course of the Conference.
- 3.02(3) The Pre-hearing Chair may express opinion on the matters being addressed, in order to assist the parties in reaching a settlement.
- 3.02(4) The Pre-hearing Chair may make any orders necessary or advisable with respect to the conduct of the Pre-hearing Conference.
- 3.02(5) The Pre-hearing Chair may also make orders with respect to the conduct of a Hearing not otherwise specifically dealt with in the *Health Professions Procedural Code* or the *Statutory Powers Procedure Act*, subject to review by the Panel of the Discipline Committee conducting the Hearing, or on consent of the parties.
- 3.02(6) The Pre-hearing Chair and any member of the Discipline Committee who attends a Pre-hearing Conference may not become a member of the Panel constituted to hear the matter, without the express written consent of the parties.

RISK

There is some risk that without increased flexibility, and an attendant plan and procedure to maintain a roster of Pre-hearing conference Chairs, the Discipline Committee may find itself in a position where it is not able to appoint an appropriate Pre-hearing Chair in a timely manner. This may have the effect of slowing down or pausing a disciplinary process. A clear and transparent plan to identify, appoint and train new Pre-hearing Chairs, would allow the Discipline Committee Chair, with the support of College staff, to adjust quickly as Pre-hearing needs change.

BUDGETARY IMPLICATIONS

None

CONTACT FOR QUESTIONS

Zimra Yetnikoff
Director, Investigations & Hearings

BRIEFING NOTE

2023.03.03C

MARCH 2023 COUNCIL MEETING

DRAFT REGULATION AMENDMENTS – CONSULTATION UPDATE

STRATEGIC DIRECTION REFLECTION

Enforcing standards fairly and effectively through developing, establishing and maintaining standards of qualifications for individuals seeking registration; Responding to changing needs in new and emerging practice areas; and, Collaborating in shaping the regulatory environment.

FOR INFORMATION

There is no action required at this time. The following is preliminary information on the feedback of the current consultation. Following the close of the consultation on April 28, 2023, the College Council will review the feedback and make a final approval for submission to the Ministry of Health. At this time, it is anticipated that no substantive changes will be necessary.

PUBLIC INTEREST RATIONALE

As per the Health Professions Procedural Code which is Schedule 2 of the *Regulated Health Professions Act*, “it is a duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”.

The government of Ontario has determined there is a need to have mechanisms in place to increase health human resource capacity in order to help Ontario respond and recover from the pandemic, or to respond to future “emergency” situations. During these occasions, the typical pathway to registration as outlined in the Ontario Regulation 74/15 Registration, may not be adequate or may not be able to respond quickly enough. By enabling the implementation of amendments that include an “Emergency Class” of registration for qualified practitioners, additional members may be available to support the health care system on an expedited basis.

BACKGROUND

As per the requirement set out in [Bill 106, Pandemic and Emergency Preparedness Act, 2022](#), the Executive Committee approved in principle draft regulations to create an emergency class of registration. These were circulated to the members and other stakeholders for a 60-day consultation. The Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991*, permits the Executive Committee to act on behalf of the Council and make decisions on matters it believes require immediate attention. The Ministry of Health has asked that regulation amendments be submitted by May 1, 2023. The timing of this did not permit the full Council to approve this consultation to ensure submission early in May. Council must approve the actual submission of the regulation amendments, a special meeting of Council has been set for May 9th for this specific purpose.

UPDATE

The consultation materials were distributed to members (4842) subscribers (561) and stakeholders¹ (184) on February 27, 2023. The deadline for responses is April 28, 2023. The consultation materials can be reviewed [here](#). To date the College has received 34 responses.

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & Executive Director

¹ Stakeholders include Government Ministries, Regulatory Colleges, Associations, Certification Boards, Client/Parent Groups, Service Providers, Educational Institutions.

REPORT TO COUNCIL

2023.02.04A

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

PRESIDENT'S REPORT

There are a few changes to highlight in the makeup of Council this month. I want to welcome some newcomers and say one farewell.

I'd like to welcome:

Tony DeBono, MBA, Ph.D., C.Psych., Registrar & Executive Director – Although we have had an opportunity to meet Dr. DeBono prior to today, it is noteworthy that this is his first official Council meeting as Registrar & Executive Director of the College. So, welcome Dr. DeBono to your first of many Council meetings.

Ms. Pascale Gonthier, Public Member of Council – Ms. Gonthier received an appointment as our newest Public Member of Council in February 2023. She is a Franco-Ontarian who resides with her family in the GTA. She brings along her experience as a professional in the IT industry, a coach and mentor to women in the IT workplace, and a community volunteer. As I welcome her formally today to her first Council meeting, I want to thank her for her willingness to join us on Council in the year ahead.

Ms. Carolyn Kolers, Public Member of Council completed her term on Council on March 23, 2023. On behalf of Council, I want to thank her for her contributions to Council deliberations, and Committee work. We wish her all the best in her future endeavors.

ABA regulation

Dr. Paula Garshowitz, our Coordinator for Applied Behaviour Analysis (ABA) work at the College, will be leaving her contracted position at the end of March. Under her leadership, we have now submitted the ABA draft Regulations to the Ministry of Health for review. The ABA Working Group continues to meet routinely to complete the tasks of identifying criteria for Registration as a Behaviour Analyst under Transitional Route #2 (i.e., "Grandparenting" route), and developing draft Standards of Professional Practice for the profession. An appointed group of subject matter experts have started work on the development of the ABA entry to practice exam. Dr. Garshowitz will remain available to the College for consultation on an ad hoc basis. Ms. Shannon Elliott has been hired to take over the responsibilities of Coordinator for the ABA focused work at the College. Some of you may know Shannon from her time spent working in the area of Registration at the College.

Master's level registration

Dr. Garshowitz has provided Dr. DeBono with all of the information she gathered to date regarding the Council action point 2019.03.03C, "To pursue amendments to O.Reg. 74/15 - Registration under the *Psychology Act, 1991* to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates." While this project is not yet complete, I am pleased to write that Dr. DeBono has indicated he is prepared to take over as project lead for this action item and

will prioritize its timely completion. He has reviewed the information collected to date and plans to gather the remainder of the data via work with College staff and reaching out to additional key stakeholders.

Association of State & Provincial Psychology Board (ASPPB) Chairs Meeting

The Boards/Councils of other Provinces and States discussed some common issues they are addressing or monitoring. Among these was responding to government's direction to write some form of Emergency Registration Class License to practice; deliberating about the implementation of the EPPP2 now that ASPPB has concluded they will proceed with its mandatory implementation if a jurisdiction continues to use the EPPP beyond January 1, 2026; and regulating the interjurisdictional provision of psychological services.

Our Council has an introduction to a proposed Emergency Registration Certificate to practice on our agenda today. We are working to meet the Ministry of Health's May 2023 deadline for submission of this addition to our Registration Regulation. We are active participants in talks with the other Canadian Provinces to develop a Memorandum of Understanding that simplifies applying for interjurisdictional interim practice registration when for example, a professional is providing continuing care via telepsychology to a client moving across borders. Finally, in the year ahead, our College will also begin deliberations on how we will act on ASPPB's decision to bundle the EPPP1 with EPPP2 in our own requirements for registration.

Respectfully,
Wanda Towers, Ph.D., C.Psych.

REPORT TO COUNCIL

2023.02.04B

MARCH 2023 COUNCIL MEETING

REGISTRAR & EXECUTIVE DIRECTOR'S REPORT

NEW PUBLIC MEMBER

I am pleased to announce that Ms. Pascale Gonthier was recently appointed as a public member to the College Council. At their meeting in February the Executive Committee appointed Ms. Gonthier to the Discipline Committee; Quality Assurance Committee; and Registration Committee for the remainder of the term. She is very interested in the work of the College, and it is anticipated she will be a valuable addition to our Council and the Committees on which she will serve.

COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK

Included in the Council materials is the *College Performance Management Framework (CPMF)* for this year. Completing this document required significant time and effort by the Senior Management Team and their staff. I would like to acknowledge the efforts of the entire Senior Team and their staff, with special thanks to Mr. Barry Gang for his leadership in coordinating this project and preparing the final draft document. Of note, several Colleges have Human Resources dedicated to completing the CPMF while our Senior Team collectively completed the CPMF, while managing their regular workload, roles, and responsibilities. I would like to extend my sincerest appreciation to Barry Gang, Lesia Mackanyn, Zimra Yetnikoff, Stephanie Morton and Caitlin O'Kelly!

ASSOCIATION OF CANADIAN PSYCHOLOGY REGULATORY ORGANIZATIONS (ACPRO)

The membership of ACPRO met on Friday March 10, 2023, to review a draft Memorandum of Understanding (MOU) regarding interjurisdictional telepsychology within Canada. Two appendices were also reviewed: an Attestation of Good Standing and an application for Limited Telepsychology Practice. Jurisdictions have the opportunity to receive consultations, as appropriate, prior to deciding on endorsement. The MOU and accompanying appendices have been designed primarily to enable continuity of care and to minimize disruptions to clinical care for clients within Canada. ACPRO's June meeting will be held in Toronto from June 22 to 23, 2023.

MEMBERSHIP RENEWALS FOR 2023-2024

Membership renewal for the new year beginning June 1, 2023 will begin shortly. During the week of March 22nd, the College will notify members that renewals are open.

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 2023-2024 Executive.

ONTARIO MINISTRY OF HEALTH – “AS OF RIGHT” LEGISLATION

On [January 19](#), the Premier of Ontario announced that the government would introduce legislative changes that, if approved, would permit certain regulated health professionals registered in other provinces and territories to practise without further registering with the corresponding health regulatory college for “up to 12 months”. The intended legislative amendments would also allow healthcare professionals to perform “low-risk tasks outside their scope of practice as long as they have the knowledge, skill and judgement to do so.” At this time, these changes will not directly impact the College of Psychologists of Ontario

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & Executive Director

REPORT TO COUNCIL

2023.02.04C

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

REGISTRATION COMMITTEE QUARTERLY REPORT

COMMITTEE MEMBERS:

Marjory Phillips, Co-Chair, Council Member
 Adrienne Perry, Co-Chair, Council Member
 Mark Coates, College Member
 Paula Conforti, Council Member
 Pascale Gonthier, Public Member
 Carolyn Kolers, Public Member

Samantha Longman-Mills, College Member
 Nadia Mocan, Public Member
 Eduardo Roldan, College Member
 Fred Schmidt, Council Member
 Paul Stopciati, Public Member
 Sheila Tervit, College Member

STAFF

Lesia Mackanyn, Director, Registration

COMMITTEE ACTIVITIES

Meetings of the Registration Committee:

January 19, 2023: Plenary Session

The Committee reviewed two registration policies that were scheduled for review: 1) Language Fluency Policy, and 2) Examination-Taking Irregularities – Cheating. For each policy the Committee suggested some updated language, but no substantial changes were suggested. In continuing their work on reviewing the Oral Examinations process, the Committee tested out using a step-by-step guide for creating diagnostic vignettes and discussed first impressions.

January 20, 2023: Panel A

The Registrar referred a total of 37 cases to Panel A.

These cases included:

- 4 cases involving academic credential reviews (1 doctoral, 3 masters);
- 20 cases involving training for supervised practice members or eligible candidates (14 doctoral, 6 masters);
- 3 cases involving an examination outcome (1 EPPP, 2 Oral Examination);
- 1 case involving an application for removal or modification of limitation and/or condition;
- 9 cases involving a request for change of area of practice;

January 19, 2023: Panel B

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

These cases included:

- 4 cases involving academic credential reviews (1 doctoral, 3 masters);
- 22 cases involving training for supervised practice members or eligible candidates (13 doctoral, 9 masters);
- 1 case involving an examination outcome (Oral Examination);
- 9 cases involving requests for change of area of practice;
- 2 cases involving a request to return to an autonomous certificate from an inactive certificate.

SUBMITTED BY

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

Adrienne Perry, Ph.D., C.Psych., Co-Chair

REGISTRATION RELATED 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

2023.02.04D

THIRD QUARTER, DECEMBER 1, 2022 – FEBRUARY 28, 2023

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

COMMITTEE MEMBERS:

Melanie Morrow, College Member, Chair
 Tanaya Chatterjee, College Member
 Adam Ghemraoui, College Member
 David Gold, College Member
 Allyson Harrison, College Member
 Joyce Isbitsky, College Member
 Jacob Kaiserman, College Member
 Marilyn Keyes, Council Member
 Archie Kwan, Council Member
 Iliia Maor, Public Member

Denise Milovan, College Member
 Ian Nicholson, Council Member
 Cenobar Parker, Public Member
 Jasmine Peterson, College Member
 Rana Pishva, College Member
 Naomi Sankar-DeLeeuw, College Member
 Wanda Towers, Council Member
 Esther Vlessing, Public Member
 Scott Warnock, Public Member

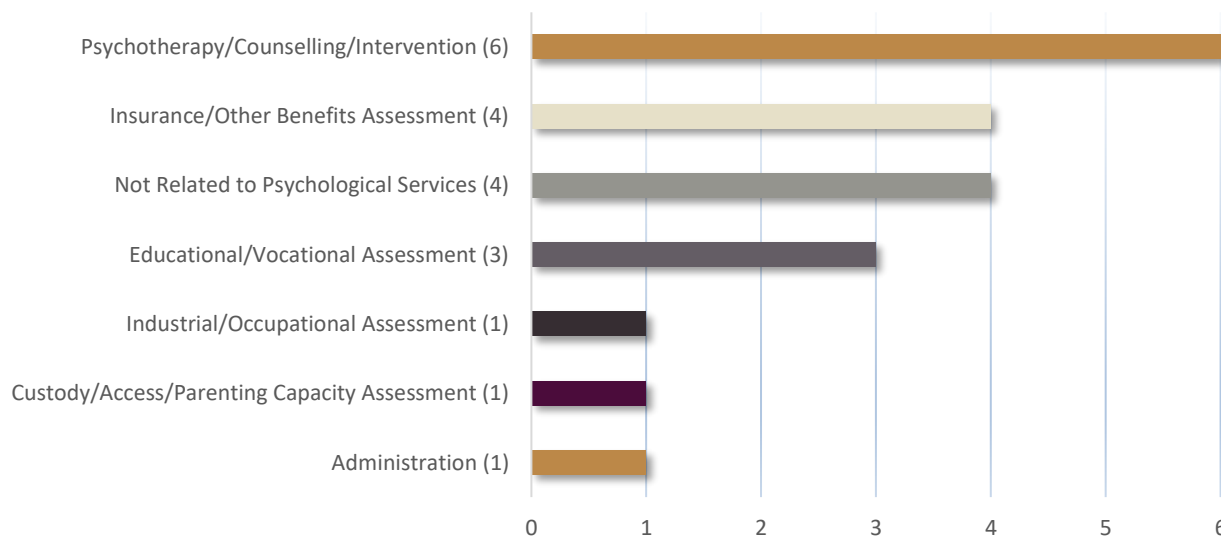
STAFF

Zimra Yetnikoff, Director, Investigations & Hearings

COMMITTEE ACTIVITIES

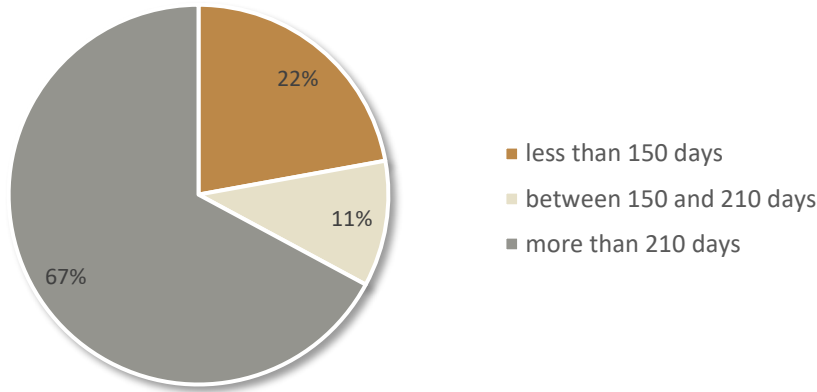
New Complaints and Reports

In the 3rd Quarter, the College received 20 new complaints. The nature of service in relation to these matters is as follows:



Timeline Snapshot

There are currently 140 open Complaints and Registrar’s Investigations that are being actively investigated.

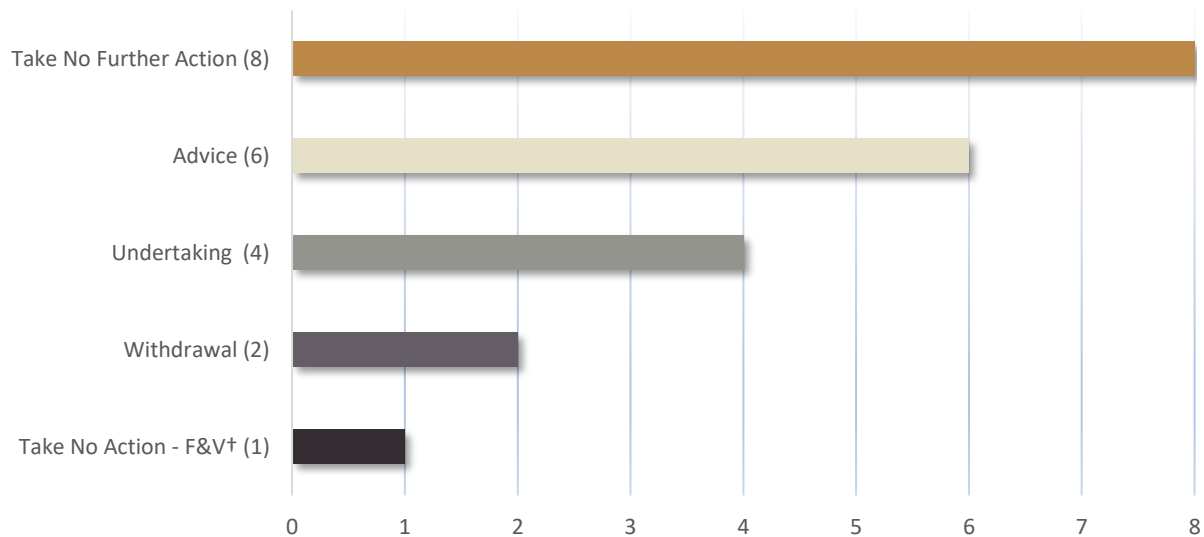


ICRC Meetings

The ICRC met on December 8, 2022, January 12, 2023, and February 9, 2023 to consider a total of 26 cases. In addition, the ICRC held 18 teleconferences to consider 47 cases. The next ICRC meeting is scheduled for March 16, 2023, with 4 cases on that agenda.

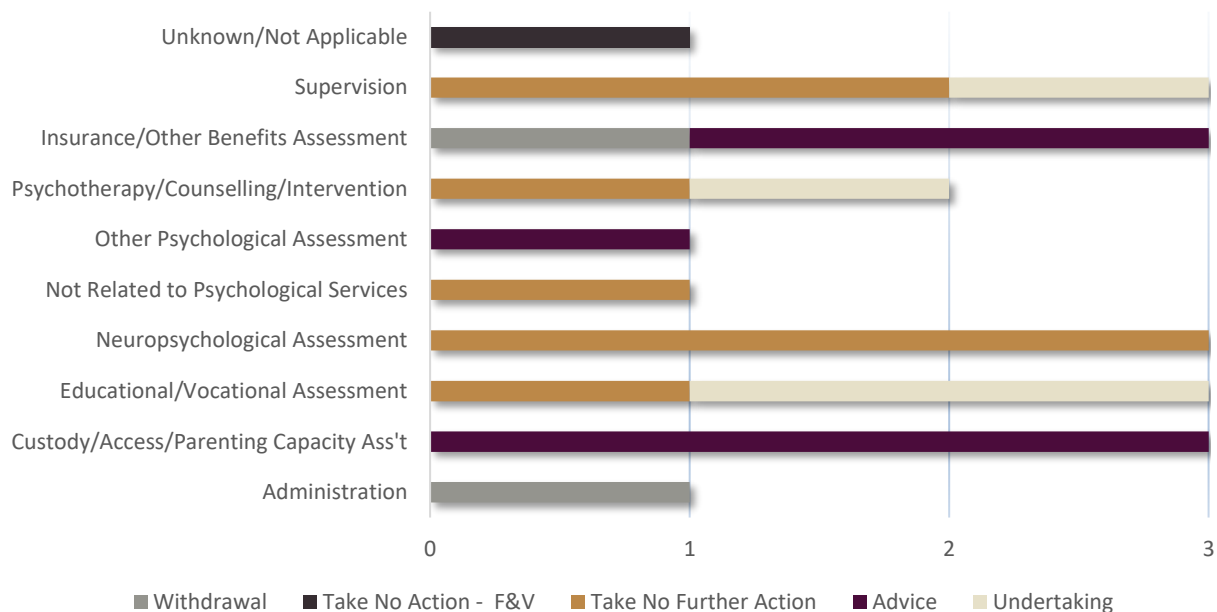
ICRC Dispositions

The ICRC disposed of 21 cases during the 3rd Quarter. The ICRC took some remedial action, ranging from providing advice to seeking Undertakings, in 10, or 48%, of these cases:



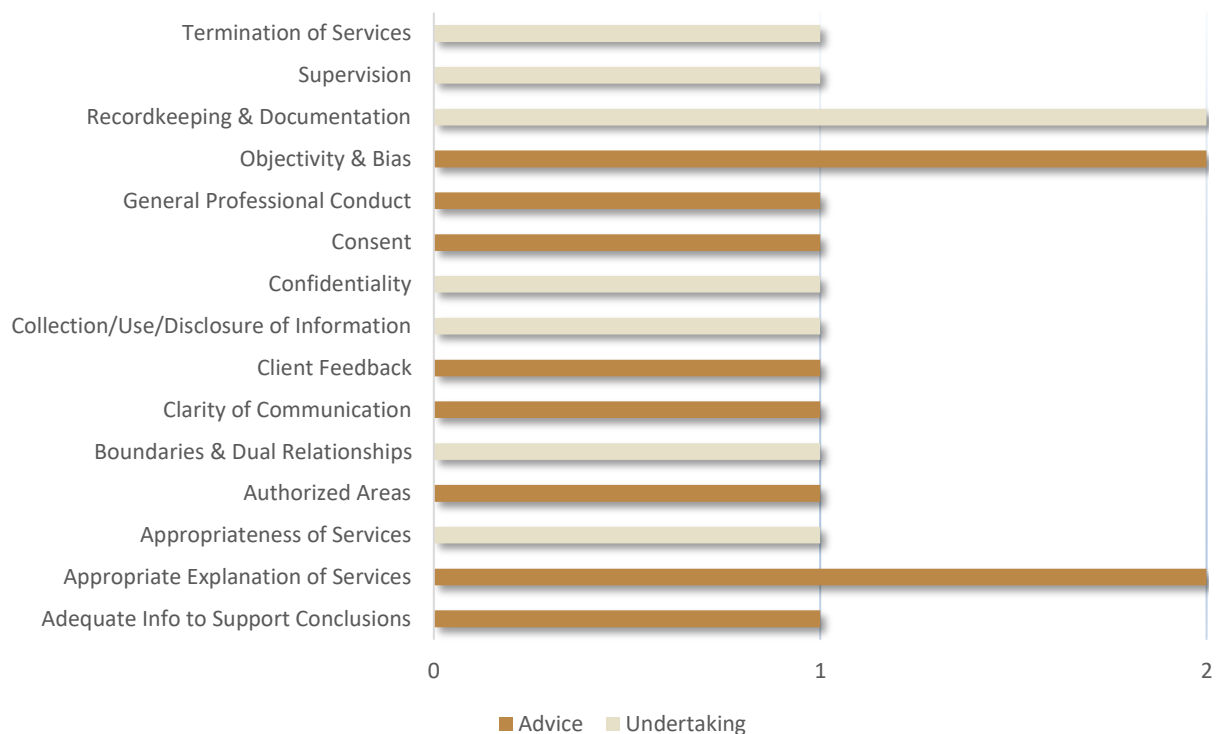
†F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

The dispositions of these 21 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 21 cases disposed of included the consideration of 58 allegations. The ICRC took some remedial action with respect to 18, or 31%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 3rd Quarter, two HPARB reviews of ICRC decisions were requested. The College received nine HPARB decisions, six confirming ICRC decisions, and three were dismissed by HPARB as frivolous, vexatious, made in bad faith, moot, or an abuse of process.

SUBMITTED BY

Melanie Morrow, M.A., C.Psych.Assoc., Chair



BRIEFING NOTE

2023.02.04E

MARCH 2023 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 16, 2023). Those interested in seeking election to the Executive Committee must inform the Registrar of their intention at least 25 business days (May 12, 2023) 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, 2023, 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

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & Executive Director

BY-LAW 4: ELECTION OF MEMBERS OF EXECUTIVE COMMITTEE

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

This By-law is made under the authority of the *Regulated Health Professions Act, 1991* as amended, and the *Psychology 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; last amended on March 11, 2022]

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 of the *Regulated Health Professions Act, 1991*.

Notification of Committee Positions Available

- 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. Prior to the member submitting a Committee interest form, the member has completed any orientation program specified by the College relating to the business and governance of the College and the duties, obligations and expectations of Council and Committee members.

- 5.3 At the meeting of Council preceding the annual election prescribed in the By-laws, 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.

Committee Appointments Working Group

- 5.4 A Committee Appointments Working Group 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.

Appointment Process

- 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.

BRIEFING NOTE

2023.02.04F

MARCH 2023 COUNCIL MEETING

PROPOSED BUDGET: JUNE 1, 2023 TO MAY 31, 2024

STRATEGIC DIRECTION REFLECTION

Advancing the Council's Governance Practices

MOTION FOR CONSIDERATION – RECOMMENDATION FROM EXECUTIVE COMMITTEE

That the Budget for 2023-2024 be approved as presented.

Moved By TBD

BACKGROUND

The process for creating the annual College budget is very lengthy beginning six months (December 2022) in advance of the start of the new fiscal year. Utilizing the information available regarding the current year's financial performance to date, that is to November 30th, projections to year-end are developed. These numbers are used to create the budget, considering any changes anticipated in the coming year.

The attached draft budget, with the following explanatory notes, was presented to the Finance and Audit Committee at its meeting in January and to the Executive Committee at its February meeting. After discussing the anticipated Revenue and Expenditures for the coming year, both Committees accepted the budget, and the Executive Committee is recommending it to Council for approval. Upon the recommendation of these Committees, a minor adjustment was made to ensure funding is available within the Registration area to permit the formation of an EPPP Working Group. This Group will be charged with considering the impact on the College's registration process, of ASPPB's announcement that as of January 2026, the EPPP1 (knowledge) and EPPP2 (skills) will be combined into one examination. The EPPP1, currently required by the College, will no longer be available as a standalone examination. In addition, following the review by the Executive Committee, funds were added to fund a review of the *Standards of Professional Conduct*.

PROPOSED BUDGET SUMMARY

Attached please find the proposed College budget for the fiscal year June 1, 2023 to May 31, 2024. For your reference, I have attached the budget spreadsheet which presents the following information in the columns from left to right:

- Actual spending for each of the past 5 years including the fiscal year just ended on May 31, 2022;
- Current (2022-2023) year's budget;
- Projected estimated spending to year-end based on 6 months of actual information available to November 30, 2022;
- Proposed budget for 2023-2024;
- Dollar change in the proposed budget as compared to the projected year end; and

- Percent change in the proposed budget compared to the projected year end.

The proposed budget for 2023-2024 projects a deficit of \$543,176. This is \$209,553 lower than the projected year end spending (\$752,729). The increases in line items in the proposed budget anticipated increased cost in providing the current level of service offered by the College in fulfilling its mandate, while decreases reflect areas in which efficiencies are expected.

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. This significantly decreased this year's spending. In looking at the bottom line however, much of this saving was offset by higher investigation and hearing costs as well as unusual legal expenses related to the handling of one particular case. It should also be noted that the projected year-end numbers are based on only six months of actual spending and therefore subject to change especially in areas which are less predictable.

In the hope that circumstances will permit, the proposed budget provides for some in-person meetings. Committees and working groups have functioned extremely well virtually and it is recommended that most continue this way or through a hybrid model. In considering a return to in-person meetings, it is recognized that virtual meetings are far more economical, and some have found them to be more efficient. It will be important to carefully consider the "value added/return on investment" of hosting in-person meetings.

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

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

Below is a description of the main features of each budget area noting the reasons for the changes from the Projected Year-End.

Revenue

The primary source of revenue for the College is member *Registration Fees*; this includes both autonomous practice, supervised practice, inactive, and retired members. Together with *Application Fees* this accounts for approximately 90% of the College Revenues. The remaining 10% is received from *Incorporation Applications and Renewal Fees, Examination Fees, Net Investment Income, Quality Assurance Penalties, and Discipline Cost Recovery*.

The budget anticipates an increase in revenue as compared with the current year's budget and in the projected total income for the 2022-2023 year. This change is due to projected increased revenue in most

areas. While it is difficult to calculate the actual increase in membership, the budget reflects the increase in members in the current year and some continued growth as has been seen over the past many years.

Cost of Sales

This area represents the expenses which the College incurs in administering the Registration process and offering the Barbara Wand Seminar. The proposed budget anticipates small decrease in these costs over the current year's budget as well as over the year-end projection. This decrease is primarily due to a decrease in the Jurisprudence and Ethics Examination Development and Maintenance. A major review of the examination process and the questions in the item bank was budgeted for, and undertaken, in the current year. This was a one-time event which is not expected to recur for three or four years.

The budget continues to anticipate that the June and December Oral Examinations will be held virtually. This has been done successfully over the past three years and results in significant savings in examiner *T.A.M.* costs and the facility expense associated with the rental of a large number of hotel rooms as well as catering. Similarly, the budget anticipates that the Barbara Wand Seminar will continue to be offered virtually resulting in significantly lower costs over in-person events.

Governance

The *Governance* budget for 2023-2024 shows a decrease over the projected year-end spending and a small increase over the current year's budget. The budget takes into account the possibility of holding some in-person or hybrid meetings for both Council and the Executive although this results in increased *Per Diems, T.A.M.* costs. The projected year-end for the current year includes the cost of the Registrar Search Firm and the College Search Committee within (*Special Proj-Other*); a cost that is not anticipated to recur. Additional funding in this line is budgeted for continued meetings of the Equity, Diversity, and Inclusion Working Group and the Applied Behaviour Analysis Working Group.

Registration

The proposed expenditures for this area are lower than those in the previous budget and higher than the projected year-end spending. The draft budget allows for some in-person or hybrid meetings (*T.A.M.*) for which there was no expense in the current year. The *Per Diem* and *Prep Time* reflects the status quo as the number of meetings is anticipated to remain unchanged from the current year. The budget for legal consultation regarding HPARB reviews has been decreased reflecting the current year's projected spending in this area.

Client Relations Committee

The anticipated spending in Client Relations in 2023-2024 is consistent with that of the projected year-end spending. The number of Committee meetings planned is the same as those in the current year, and a small amount (*T.A.M.*) budgeted to permit some hybrid meetings.

In preparing the budget, it is difficult to predict the funds that will be required to support the *Program for Funding for Therapy or Counselling for Victims of Sexual Abuse*. Expenses are dependent upon the number of individuals for whom funding is approved, the number of sessions they attend with their therapist or counsellor over the year, and the fee charged. The budget is based on the current and previous years' experience and the number of individuals currently benefitting from the program.

Quality Assurance

The proposed budget for the Quality Assurance area is higher than the projected year-end spending but similar to that budgeted for the current year. In the current year, meetings and many PARs were held virtually resulting in substantially lower *T.A.M* costs. The budget shows a small increase budgeted for *Per Diems* reflecting the current years' experience as well as a small amount budgeted (*T.A.M.*) to permit some hybrid meetings. As well, it is anticipated that more PARs will be held in-person, resulting in an increase in *T.A.M.* over this year's spending but consistent with the current year's budget.

Investigations and Resolutions

The overall budget for this area is higher than the budget for 2022-2023 and lower than the projected year-end spending. The number of meetings (*Per Diems*) and associated *Prep Time* planned remains the same as the current year and a small amount is budgeted (*T.A.M.*) to permit some hybrid meetings. The budget also reflects a continued need for outside experts as well as the use of external services (computer specialists, summons servers). This area is among those which is very hard to predict as the costs are dependent on the nature of complaints and the need to go 'outside' to ensure a full and comprehensive investigation.

Hearings

Overall, the budget for 2023-2024 is higher than the projection for the year-end and considerably higher than the current year's budget. The current year's spending reflects the need for increase legal consultation which is anticipated to continue. As noted, the expenses in this area for legal consultation or costs for pre-hearing conferences and hearings is highly variable and dependent on matters which come forward during the year.

Liaison

Liaison expenses are primarily associated with the College's membership in a variety of regulatory organizations and 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 Health Profession Regulators of Ontario (HPRO), the Council on Licensure, Enforcement, and Regulation (CLEAR), the Canadian Network of Agencies of Regulation (CNAR) and the Canadian Society of Association Executives (CSAE).

The budget includes funds to support the College President's attendance at meetings year held by ACPRO and ASPPB. The cost of travel to support the President's attendance is difficult to predict as it depends on the location of the meetings.

Within the *Liaison* area are funds to support the meetings hosted by the College for the Directors of Clinical Training and the Internship Director and miscellaneous meetings with government, other stakeholders, or other one-time meetings.

Administration

The overall proposed *Administration* budget is higher than the projected year-end spending. There is an anticipated increase in office rent based on the lease extension which began in January 2020. Overall payroll is similar to the projected year-end. There are savings being realized with the pending retirement of our long-term IT Administrator. Included in the *Administration* budget are the cost of outsourcing the College IT management.

The budget as presented is the anticipated spending for 2023-2024. As previously noted, many areas, both in revenue (membership and application fees, etc.) as well as Funding for Therapy and Counselling, ICRC and Discipline costs are highly dependent on circumstances that are variable from year to year. As noted at the outset, the budget allows for the introduction of some hybrid meetings which have not occurred over the past three years. The decision to return to in-person or hybrid meetings must take into consideration the “value added/return on investment”.

ATTACHMENT

1. Draft Budget 2023-2024

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & Executive Director

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
DRAFT BUDGET

June 2023 - May 2024

	ACTUAL 2017-2018	ACTUAL 2018-2019	ACTUAL 2019-2020	ACTUAL 2020-2021	ACTUAL 2021-2022	BUDGET 2022-2023	PROJECTED YEAR-END 2022-2023	PROPOSED BUDGET 2023-2024	\$ CHANGE Proposed to Projected	% CHANGE Proposed to Projected
REVENUE	3,417,484.00	3,520,579.00	3,645,271.00	3,603,232.48	3,721,941.29	3,842,650.00	3,877,625.00	4,182,292.50	304,667.50	7%
COST OF SALES	295,184.00	297,071.00	308,499.00	231,156.92	257,740.24	242,642.00	245,675.00	218,420.00	-27,255.00	-12%
GROSS MARGIN	3,122,300.00	3,223,508.00	3,336,772.00	3,372,075.56	3,464,201.05	3,600,008.00	3,631,950.00	3,963,872.50	331,922.50	8%
EXPENDITURES										
Governance	91,660.00	99,681.00	95,464.00	46,739.42	60,817.98	85,550.00	112,550.00	111,005.50	-1,544.50	-11%
Registration	84,545.00	87,097.00	97,098.00	82,050.08	95,501.26	105,000.00	65,000.00	75,000.00	10,000.00	13%
Client Relations, Communications & Education	19,045.00	19,203.00	17,382.00	22,866.25	29,530.25	21,000.00	28,534.00	28,500.00	-34.00	0%
Quality Assurance	44,930.00	36,043.00	32,790.00	11,325.00	17,296.30	43,600.00	38,500.00	43,500.00	5,000.00	11%
Investigations and Resolutions	125,290.00	120,275.00	121,746.00	94,892.04	146,996.70	138,700.00	191,200.00	172,700.00	-18,500.00	-11%
Hearings	494,894.00	343,021.00	183,973.00	340,403.75	350,337.48	390,900.00	586,800.00	687,300.00	100,500.00	15%
Liaison (Professional Organizations)	27,074.00	34,293.00	26,084.00	17,890.36	24,117.46	31,800.00	25,920.00	28,500.00	2,580.00	9%
Administration	2,467,217.22	2,535,691.00	2,867,841.00	2,936,142.24	3,114,069.37	3,158,885.46	3,336,175.46	3,355,543.40	19,367.94	1%
Total Expenditures	3,354,655.22	3,275,304.00	3,442,378.00	3,552,309.14	3,838,666.80	3,975,435.46	4,384,679.46	4,502,048.90	117,369.44	1%
EXCESS OF REVENUE OVER EXPENDITURES	-232,355.22	-51,796.00	-105,606.00	-180,233.58	-374,465.75	-375,427.46	-752,729.46	-543,176.40	209,553.06	-39%

BRIEFING NOTE

2023.02.04G

MARCH 2023 COUNCIL MEETING

CLOSURE OF *FAIR REGISTRATION PRACTICES RESERVE FUND*

STRATEGIC DIRECTION REFLECTION

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

MOTION FOR CONSIDERATION – EXECUTIVE COMMITTEE RECOMMENDATION

That the *Fair Registration Practices Reserve Fund* be closed and the \$80,000 in the Fund transferred to the *Fee Stabilization Reserve Fund*.

Moved By TBD

PUBLIC INTEREST RATIONALE

To ensure that the College's Reserve Funds are maintained and used in a financially prudent manner.

BACKGROUND

As noted in the Draft Budget 2023-2024, the College maintains, as one of its Reserve Funds, the *Fair Registration Practices Reserve Fund* in the amount of \$80,000. This Fund was created many years ago and was designated to cover the costs of future audits of the College's registration practices required by the Office of the Fairness Commissioner (OFC). It has not been necessary to access these funds for many years and, due to changes in the OFC review processes, these funds will not be required for this purpose. The OFC no longer requires the type of extensive audit, which necessitated hiring an outside auditor, that was initially in place and for which this fund was developed.

Since the funds are no longer required for the purpose, Finance and Audit Committee (FAC) are recommending that this Fund be closed and the balance transferred to the *Fee Stabilization Reserve Fund*.

Following the FAC meeting, the question of the process for the closure and transfer was asked of the College auditors who noted that, with the recommendation of the FAC, the closure and transfer, could be done by a motion. The auditor noted that this was the process unless the College by-laws specifically allow the delegation of such authority from the Council to the Finance and Audit Committee. A review of the by-laws notes no such delegation of authority.

NEXT STEPS

With the approval of the Executive, Council will be asked to approve the closure of the *Fair Registration Practices Reserve Fund* and the transfer of the \$80,000 in the Fund to the *Fee Stabilization Reserve Fund*.

CONTACT FOR QUESTIONS

Tony DeBono, MBA, Ph.D., C.Psych.
Registrar & Executive Director

STRATEGIC DIRECTION 2017-2022

2023.02.05A

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 March 2, 2023

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) • Supervision Resource Manual Working Group formed (September 2020) • Transitioning to Online Administration of the JEE (November 2020) • <i>Supervision Resource Manual for Registration, Third Edition, 2022</i> (September 2022) 	<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) • Project Researcher hired, to begin in fall 2022, to develop a report to further Council's decisions to discontinue Master's level registration (June 2022) • Establish a process to assess all CFTA candidates on their competence to perform the controlled act of communication of a diagnosis. (December 2020) • Consultation on Registration Regulations circulated to members and stakeholders (February 2023)
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) 	

		<ul style="list-style-type: none"> • Update to the <i>Standards of Professional Conduct, 2017</i> with regards to the language of clinical records (March 2021) • <i>Standards of Professional Conduct, 2017</i> updated with gender neutral language (March 2021) 	
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) 	

		<ul style="list-style-type: none"> • 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) • COVID-19 Updates (Spring 2020) and ongoing • Work with Ministry of Health and local Public Health Units in member vaccine notification (Spring 2021 and ongoing) • Encourage engagement with ONTABA and the ABA community through sharing of updates and invitation to join College notifications subscribers' list 	
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) • 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) 	<ul style="list-style-type: none"> •

		<ul style="list-style-type: none"> • 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) • Barbara Wand Seminar (June 2021) • Barbara Wand Seminar (January 2022) • Barbara Wand Seminar (November 2022) 	
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> • 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) 	

		<ul style="list-style-type: none">• 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)• Applied Behaviour Analysis Working Group Formed (December 2020)• Applied Behaviour Analysis Working Group formed (December 2020)• College Performance Measurement Framework submitted/posted (March 2021)• Council Composition recommendation provided to the Ministry of Health for the regulation of ABA (March 19, 2021)• College Performance Measurement Framework submitted/posted (March 2022)• Two transitional non-voting Behaviour Analysts appointed to the Council effective at the June Council meeting (May 2022)• Submission to the Ministry of Health regarding Bill 106 (June 2022)	
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		<ul style="list-style-type: none"> • Consultation on ABA distributed (October 2022) • Submitted amendments to the Registration Regulation (O. Reg. 74/15), General Regulation (O. Reg. 209/94) and Professional Misconduct Regulation (O. Reg. 801/93) to the Ministry of Health (January 2023) 	
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) • 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) • Amendments to <i>By-Law 5 and 20</i> (March 2022) 	
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 	

		<ul style="list-style-type: none"> • 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) • Expansion of Funding for Therapy Eligibility (June 2021) • Equity, Diversity and Inclusion Training for Council, Committees Members and Staff (December 2021) 	
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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 2022 as activities undertaken in service of the College's Strategic Directions 2017 - 2022**