



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

MEETING OF THE COLLEGE COUNCIL

2023.04

DATE: JUNE 16, 2023

TIME: 9:00AM - 3:00PM

LOCATION: TO BE HELD VIRTUALLY

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

2023.04

JUNE 16, 2023

9:00AM to 3:00PM

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.00	CALL TO ORDER & LAND ACKNOWLEDGEMENT			
.00A	Welcome of New and Returning Council Members	--	--	--
.00B	Election of Executive Committee and Officers	Decision	4	M8/M9
.01	APPROVAL OF AGENDA & MINUTES			
.01A	Review & Approval of Agenda	Decision	2	
.01B	Declarations of Conflicts of Interest	Discussion	--	
.01C	Review & Approval of Minutes	Decision	12 17	
	a) Council Meeting 2023.02 March 24, 2023 b) Council Meeting 2023.03 May 9, 2023			
.01D	Review of Action List	Discussion	20	
.01E	Council Meeting Evaluation Review	Discussion	21	
.02	CONSENT AGENDA ITEMS Information			
.02A	Committee/Working Group Reports		--	--
	(1) Executive Committee Report		23	M8
	(2) Discipline Committee Report		25	M8
	(3) Quality Assurance Committee Report		27	M8
	(4) Client Relations Committee Report		30	M8
	(5) Fitness to Practice Committee Report		31	M8
	(6) Finance & Audit Committee Report		32	M8
	(7) Equity, Diversity, and Inclusion Working Group Report		36	M8
	(8) ABA Working Group Report		37	M7
	(9) Jurisprudence and Ethics Examination Committee Report		39	M8
.02B	Staff Presentations		41	M4/M5
.03	POLICY ISSUES			
.03A	Telepsychology Memorandum of Understanding	Decision	42	M1
.03B	CFTA and Communication of a Diagnosis	Decision	50	M1
.03C	ABA Knowledge Examination Blueprint	Decision	73	M1
.03D	ABA Transitional Guidelines for Registration	Decision	91	M1/M4
.04	BUSINESS ISSUES			
.04A	President's Report	Information	107	M8/M9
.04B	Registrar & Executive Director's Report	Information	109	M8/M9
.04C	Registration Committee Quarterly Report	Information	111	M8/M9
.04D	Inquiries, Complaints and Reports Committee Quarterly Report	Information	114	M8/M9
.04E	Directors of Clinical Training Programs Meeting Report	Oral Report	--	M7

AGENDA ITEM	TOPIC	ACTION	PAGE #	STRATEGIC DIRECTION*
.04F	Appointment of Signing Officers	Information	118	M9
.04G	Proposed Amendments to <i>By-law 18: Fees</i> for Consultation	Decision	119	M8
.05	STRATEGIC ISSUES			
.05A	Strategic Direction Implementation: Chart Update (2017-22)	Discussion	132	All
.05B	New Strategic Direction 2023 - 2028	Decision	140	All
.06	OTHER BUSINESS			
.06A	Next Council Meeting: <ul style="list-style-type: none"> September 22, 2023 	Information	--	--
.06B	Proposed Council Meetings: <ul style="list-style-type: none"> December 15, 2023 March 22, 2024 	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.*

BRIEFING NOTE

2023.04.00B

JUNE 2023 COUNCIL MEETING

EXECUTIVE COMMITTEE ELECTIONS 2023/2024

STRATEGIC DIRECTION REFLECTION

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

PROCEDURE

The first order of business at the Council meeting of June 16, 2023 will be the election of the Executive Committee for 2023/2024. The elections are administered by the Registrar.

As set out in *By-law 21: Committee Composition* [21.1(1)]:

The Executive Committee shall be composed of:

- (a) four members of the Council who are members of the College;
- (b) both titles shall be represented among the members in section (a); and,
- (c) two members of the Council appointed to the Council by the Lieutenant Governor in Council

Given that the Council meeting is being held by Zoom, the procedure for the Executive Elections necessarily will be conducted virtually.

The College has received nominations for all positions on the Executive Committee. In keeping with section 4.7 of *By-law 4: Election of Members of the Executive Committee* further nominations are only accepted if there is no nominee for a position. Therefore, all of the positions will be acclaimed as shown below.

CANDIDATES FOR POSITIONS

President:	Wanda Towers	Acclaimed
Vice-President:	Ian Nihcolson	Acclaimed
Public Member of Council:	Paul Stopciati	Acclaimed
	Scott Warnock	Acclaimed
Member of the College:	Glenn Webster	Acclaimed
	Fred Schmidt	Acclaimed

Voting

Voting will be conducted using SurveyMonkey. At the appropriate time, each Council member will be sent the SurveyMonkey link and asked to indicate their choice.

As required by *By-law 4: Election of Members of the Executive Committee* each candidate has provided a biographical statement and candidate statement. These are attached.

ATTACHMENTS

Biographical Statement and Candidate Statements (presented alphabetically)

- Ian Nicholson
- Fred Schmidt
- Paul Stopciati
- Wanda Towers
- Scott Warnock
- Glenn Webster

CONTACT FOR QUESTIONS

Dr. Tony DeBono, Registrar & Executive Director

EXECUTIVE COMMITTEE STATEMENT OF INTEREST

Ian Nicholson, Ph.D., C.Psych.- Professional Member, Vice-President

Biography

I have been registered for independent practice with the College of Psychologists of Ontario since 1994 and am currently authorized to practice in the areas of Clinical Psychology and Health Psychology and to practice with Children, Adolescents, and Adults. While born and raised in Sault Ste. Marie, I completed my Psychology Baccalaureate, Masters, and Doctoral training at Western University and have spent most of my career in hospital psychology at London Health Sciences Centre (LHSC) – although I have been fortunate to have brief stints in chronic pain rehabilitation at St. Joseph’s Health Care, London and as the Director of the University of Waterloo’s Centre for Mental Health Research in their Department of Psychology. For most of the last 25 years, I have been the Manager for Psychology at LHSC. Throughout my career, I have also focused on teaching and training, including current Western University appointments as Assistant Professor (part-time, limited duties) in the Faculty of Education, Lecturer and Adjunct Faculty in the Department of Psychology, and Associate Professor (part-time) in the Schulich School of Medicine and Dentistry’s Department of Psychiatry. I was the Psychology internship director at LHSC (1997-2007) and am a Consulting Editor for the journals “Training and Education in Professional Psychology” and “Professional Psychology: Research and Practice”. I was on the CPA Accreditation Panel (1999-2005) and had the good fortune to serve numerous times as a panel site visitor. I also co-chaired the 2019 CPA “National Conference on the Future of Professional Psychology Training in Canada”. In my career, I have also been able to serve in many roles on numerous committees and working groups for both the Ontario and Canadian Psychological Associations and have been chosen to serve as President of both professional associations. However, I have always maintained an ongoing link with professional regulation. With our College, I have served on the (now defunct) Government Relations Committee (1999-2000), Registration Committee (2009-2011), Jurisprudence and Ethics Examination Committee (2002-2017) including serving as its Chair (2009-2016). Currently, I have the privilege to serve on our Inquiries, Complaints, and Reports Committee (ICRC), Discipline Committee, Executive Committee, and chair our Fitness to Practice Committee. I have also been on College Task Forces on Supervision and Delegation (2008-2009) and Internship and Training Issues in Ontario (2010-2011). I have also been an oral examiner for our College starting in 2004 and have been a peer reviewer and a coach within our College. With the Association of State and Provincial Psychology Boards (ASPPB), I was on the EPPP Item Development Committee (2004-2011), have served on the EPPP-Part 1 Examination Committee since 2012, having served as its chair since 2018. I also currently serve on the ASPPB Committee of Exam Chairs.

Candidate Statement

I would like to put forward my candidacy for the position of Vice-President, Council of the College of Psychologists of Ontario. While our College Council has had several challenges over the years, I believe the changes for the College in the next few years will be some of the most demanding since our shift from the Ontario Board of Examiners in Psychology during 1991 through 1994. Our expanded role to become the College of Psychologists and Behaviour Analysts of Ontario will require numerous changes. There are also pressures from outside the College as models of regulation are continuing to evolve and regulatory bodies are having to change, often in fundamental ways, in their work protecting the public. I believe that that my experiences in leadership with different psychology professional and regulatory organizations, and my experiences working in supporting our College, will allow me to actively support our Council during this unique and important period of transition. I should also mention that I have had the good fortune to serve on our Executive Committee for the past year. Not only has it been a pleasure to serve in this role, those experiences have reinforced for me the important role of our College. I believe that I can make a valuable contribution to its important work, and hope you will support me in my candidacy for the position of Vice-President.

EXECUTIVE COMMITTEE STATEMENT OF INTEREST

Fred Schmidt, Ph.D., C.Psych. – Professional Member

Biography

I graduated from the University of Windsor Clinical-Child program in 1991 and moved to Thunder Bay where I began work at Children's Centre Thunder Bay, a community-based child development and mental health centre. From 1991 to 2014, I worked in many different frontline clinical roles, including outpatient assessment and treatment, youth justice, and 14 years of intense consultation in the child welfare and court system completing parent capacity assessments. Over this time, I expanded my competencies to include forensic work and added adults to my original training with children, adolescents, and families. Over the past 9 years, I have continued my role at the Children's Centre in a senior Director role, supporting overall clinical services, serving as Privacy Officer and psychology practice lead, and overseeing Continuous Quality Improvement (CQI) practices. In May 2021, I became certified as a Lean Black Belt practitioner and have actively supported Lean CQI practices across the agency. This recent training has been a wonderful learning experience and shown me the power of groups to enact change and enhance organizational performance.

I strongly adhere to the scientist-practitioner model of our profession and have actively incorporated science and research into my career and work. I have actively taught graduate and undergraduate courses at Lakehead University over the past 20 years and have actively worked with students conducting research and supervising clinical placements for the entire span of my career. Applying our available science to the realities of clinical practice is rewarding and requires flexibility and creativity. It has shaped my view of evidence-based practice and the challenges involved in applying, adapting, and tailoring our best science to the unique and individual needs of every client.

I have also been very fortunate to have had multiple past and current opportunities to be involved with the College. My first involvement with the College involved participation as an Oral Examiner, which I have done regularly over the past 10 years. In addition, between 2014 and 2022, I served on the Inquiries, Complaints, and Reports Committee for a total of six years. More recently, over the past year, I have been a member of Council and have had new learning opportunities by serving on the Registration, Discipline, and Client Relations committees. It has been an honour to be a small part of supporting these professional activities and has motivated me to continue to assist in the important work of the College.

Candidate Statement

My past professional experiences and current work with the College have increased my desire to continue to contribute to our profession through the work of the Council and serving on the Executive. My wish is to bring my various background experiences involving frontline clinical work, senior leadership, mentoring students, and research practice to the work of the Executive and the important decisions facing the College over the next year. I am committed to upholding the high standards of our profession and the College and look forward to the opportunity to work closely with others to accomplish this end. Thank you for considering me in this possible role on the Executive.

EXECUTIVE COMMITTEE STATEMENT OF INTEREST

Paul Stopciati – Public Member

Expression of Interest

I am writing to express my interest in serving another term on the Executive Committee of the Council of the College of Psychologists of Ontario. I recognize that such a position requires strong analysis and decision-making skills, communication, and effective management of direct reports. These are all skills that I have demonstrated throughout my 38-year career. Based on my past experience, I know I can contribute my knowledge and work as a team member for the betterment of the Council and the College of Psychologists.

Biography

Paul is an accomplished professional with over 38 years of experience managing and driving high performance across multiple industries, including diverse roles in sales and senior management with Nabob Foods, Richelieu Hardware, and Bristol Myers-Squibb. In 2003 he moved into entrepreneurship and founded PES Commercial Cleaning Ltd. to advance commercial fire safety among a broad client base. Paul was instrumental in the success of two fundraising events for local causes while serving on the Board of Directors of the Northern Cancer Research Foundation. He was a founder of the Strokes for Hope Golf Classic, a charity tournament that raised over \$300,000 for cancer research over five years under his chairmanship. He also served as chair of the NHL Oldtimers' Hockey Game for four years. He has also served with other community organizations, including the Sudbury-Manitoulin Alzheimer Society and the Sunrisers Rotary Club.

Paul has been heavily involved in public safety work; he was appointed by the provincial government to the Greater Sudbury Police Services Board for a three-year term. He is a former member of the Ontario Provincial Police's Auxiliary Unit (Auxiliary Constable) as well as founding member Rainbow District Crime Stoppers.

In 2011, Paul was appointed to the Greater Sudbury Public Library Board. As a member of the Board, he oversaw the successful construction of the new South End Branch, which opened in July 2012, and the feasibility study of a new main branch downtown.

Most recent, on April 8, 2020 Paul was appointed to The Council of The College of Psychologist and re-appointed on April 9, 2021 for a period of 3 years ending April 9, 2024. Currently serving on the Executive Committee, Finance Committee, ICRC, Discipline Committee and Registration Committee.

On October 1, 2021 Paul was appointed by The Ministry of The Attorney General to (Tribunals Ontario) as an Adjudicator, member of The Fire Safety Commission of Ontario and The Animal Care Review Board. Paul is fluent in both English and Italian. He is currently an active member of the Marchigiana Association of Sudbury as well as a 36-year member of the Knights of Columbus.

EXECUTIVE COMMITTEE STATEMENT OF INTEREST

Wanda Towers, Ph.D., C. Psych. – Professional Member, President

Biography

I registered in 1998 with the College of Psychologists of Ontario (CPO) after obtaining my PhD from the University of Waterloo. My areas of declared competence include a clinical and rehabilitation focus with adults and seniors.

I began work at Baycrest Centre for Geriatric Care during my doctoral training and remained for a decade. I gained experience not only in assessment and intervention, but also in consultation, supervision, speaking, and authoring materials for various program areas. After another two years working with adults experiencing serious burns and amputations at St. John's Rehabilitation Hospital, private practice opportunities drew me north. I have now worked on my own and with colleagues in group practices for about 17 years. I value the opportunities to consult and connect with colleagues that group practice now offers.

I enjoy teaching, supervision, and board/committee work as an extension to my clinical practice. I am an Adjunct Faculty Supervisor at University of Waterloo, providing supervision for clinical psychology graduate students. In the past, I've taught undergraduate psychology courses at Tyndale University; participated as a public member on the Placement Coordination Services of York Region Board; and represented my profession on the Senior Support Program Advisory Board and the Planning Committee for the Apotex Centre, Baycrest.

I am in my second term as a professional, elected member of Council. I served as President of Council for the past two years, which also provided the opportunity to participate as Chair of the Executive, as well as Finance and Audit Committees. I have been a member and Co-Chair of the Registration Committee, and a member of the ICRC and Discipline Committees. Additionally, I have acted as an Oral Examiner, Peer Reviewer, Chair of the Registrar and Executive Search Committee, and as a member of the Applied Behaviour Analysis, and Equity Diversity and Inclusion Working Groups.

Candidate Statement

As I seek re-election for a final term as CPO Council President, I note that having the support of Council members in this role has been invaluable. It has been a pleasure to work for and with each of you in various capacities over the past two years. I look forward to the opportunity to lead Council once more as we move forward with many projects, such as launching a new strategic plan; reviewing standards of professional practice; onboarding Behaviour Analysts; identifying interjurisdictional telepsychology practices; discussing the EPPP2; and finalizing our submission for proposed Master's level registration changes. In the past year we experienced both hopeful and challenging events as a group. With well placed optimism, we were able to recruit an excellent new Registrar and Executive Director who appears to be transitioning well to the new role, while we simultaneously said our farewells to Dr. Rick Morris as he retired. We also faced a new challenge, as members of the public expressed their displeasure with the College's decision-making processes, in often times threatening ways in the past months. Despite this, I have been impressed by each member of Council's and staff's efforts to continue to work on our unwavering goal to regulate the profession in a manner that protects the Ontario public, ensuring that every individual in contact with psychologists and psychological associates receives excellent, ethically sound, professional care. In my third and final term as President, I will continue to respectfully consider all the voices at Council as we make meaningful decisions regarding the many issues that will shape the future of the College. I appreciate your continued confidence in my leadership, and once again ask for your vote in 2023-2024.

EXECUTIVE COMMITTEE STATEMENT OF INTEREST

Scott Warnock - Public Member

Expression of Interest

I am writing to express my interest on continuing to serve on the Executive Committee of the College of Psychologists for a third year. My background is one of service to my community and the people of Ontario. Having been involved in municipal politics for 21 years and 16 years on the Board of Health at the Simcoe Muskoka District Health Unit, as both an elected and appointed member I have developed the skills to make strong decisions analytically and pragmatically, balance a busy schedule, maintain a high level of professionalism and accountability and an effective management style. All of these skills have come in handy during the last 12 months. The College is going through a transition with Dr. De Bono replacing Dr. Morris as Registrar and changes to both the Board and Committee structures is still a possibility. I feel that having been part of the Executive Committee for the last 24 months my experience will be beneficial going forward. I have been an active member of several College committees and I currently serve on ICRC (Vice-chair), Discipline, JEEC and the Behaviour Analyst Working Group. I feel that I have a great deal to contribute to the Executive Committee for the betterment of the Council and the College of Psychologists as a Public Member.

Biography

During over five decades in various professional roles, I have proven to be a strong communicator, a pragmatic thinker and strong advocate for Health Care in Ontario. Scott's broadcasting career was spent in Central Ontario and during this time he developed a strong sense of community and the role that the individual can play in it.

In 1997 Scott left Broadcasting to pursue a career in municipal politics. During the next 21 years Scott served on Tay Township Council. Scott was elected to six terms in office, the final three as Mayor. Scott also served as a member of Simcoe County Council and as a member of Board of Health of the Simcoe Muskoka District Health Unit from 2003-2018. Scott currently sits as a Provincial Appointee to SMDHU and is the current Vice-chair.

Scott played an important role in bringing together the four local municipalities to create both the Economic Development Corporation of North Simcoe (EDCNS) and the Destination Marketing Organization (DMO) The Heart of Georgian Bay. Both of these groups have heightened the awareness and the benefits of the Southern Georgian Bay area.

Scott remains active in his community as the Executive Director of the Huronia Community Foundation. This organization has provided over 4 million dollars in support to local charities and non-profit organizations since 2000. This past year working with a group of volunteers and members of local service clubs Scott established the Huronia Ukrainian Support Project and currently four families from Ukraine have settled in the North Simcoe area.

Scott was awarded the Queen's Diamond Jubilee Medal in 2013 for his volunteerism and community involvement and in 2021 he was selected as one of 10 recipients of the Inspirational People's Award from the Cultural Alliance of North Simcoe for his four decades of service and being a champion for the local communities (Midland, Penetanguishene, Tiny and Tay).

Scott is also an Appointed Minister with Clergy Support Memorial Church in Ottawa.

EXECUTIVE COMMITTEE STATEMENT OF INTEREST

Glenn Webster, M.Ed., C.Psych.Assoc. - Professional Member

I have an honors BA from UK as well as a teacher's licence. Some graduate work at U of Manitoba, an Med from U of T and a certificate of Adult Education from OISE course work for doctorate completed. Over 50 years of PD and conferences

I have been a schoolteacher in U.K. and Jamaica, a mental health counsellor in Manitoba, school psych at TCDSB (for 38) years, brief stints at Mennonite New Life Centre and Jewish Vocational Services and private practice most recently.

My school board work included assessment, intervention, counselling and consultations, supervision and professional development. All areas of exceptionality were addressed including giftedness, learning disabilities, social and behavioural issues, risk assessment, ASD, ADHD, OCD ODD mood. I worked in teams with social workers, special education resource teachers, speech pathologists and other professionals. I had extensive contact with community agencies such as CAS, CCAC, hospitals, community and mental health agencies.

For the last 4 years, I was a "lead" and spent 40% of my time on administrative duties.

My private practice includes much of the above. I work with children, adolescents and adults. I have provided consultation and assessments to several group homes (Cedar Heights) and was their consultant for psychological assessments. I have assessed children from several CAS and CCAS agencies and been a consultant to "Kidspeech and Family Rehabilitation" I have provided psychological services for As Sadique Islamic school. I have consulted and carried out psycho-vocational assessments for two career counselling and job search agencies including VPI.. I have assisted students with learning disabilities receive post secondary accommodations at college and university and completed ODSP applications for students and young adults with disabilities. My current practice focuses on clients in the Chinese, and other Asian communities.

A recent position was Academic Director of a bridge training programme for international trained psychologists and other mental health professionals. My students came from Europe, Asia, the Caribbean and South America.

I have been a part time instructor at George Brown, Ryerson and Durham College.

I was an elected member of the Council of the College of Psychologists of Ontario from June 2005 – June 2008 and sat on the Executive and Nominations committees. I was a member of ICRC. I have served AS chair of the Discipline (5 years) and Fitness to Practise committees. I was elected to the College Council for another nine years from June 2009 to June 2018. I have been on panels for oral examination.

I believe my experience will be an asset to the Executive Committee.

COUNCIL MEETING

2023.02

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

MARCH 24, 2023

PRESENT:

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

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

Paula Conforti, Dip.C.S., C.Psych.Assoc.

Pascale Gonthier Public Member

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

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

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

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

Cenobar Parker, Public Member

Fred Schmidt, Ph.D., C.Psych.

Kendra Thomson, Ph.D., BCBA-D

Scott Warnock, Public Member

Ilia Maor, Public Member

Adrienne Perry, Ph.D., C.Psych.

Esther Vlessing, Public Member

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

Paul Stopciati, Public Member

Conrad Leung, M.ADS, BCBA

REGRETS:

Nadia Mocan, Public Member

STAFF:

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

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

Lesia Mackanyn, Director, Registration

Zimra Yetnikoff, Director, Investigations & Hearings

Stephanie Morton, Director, Corporate Services

Caitlin O'Kelly, Assistant to the Registrar, Recorder

2023.02.00 CALL TO ORDER

The President called the meeting to order at 9:00AM. The meeting was held virtually by Zoom and livestreamed on YouTube. The President began the meeting with a land acknowledgement statement in recognition and respect for Indigenous peoples.

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2023.02.01 APPROVAL OF THE AGENDA AND MINUTES

.01A APPROVAL OF AGENDA

It was MOVED by Paula Conforti
That the Agenda for the Council Meeting be approved as presented. 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. 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 2022.04 DECEMBER 15, 2023

It was MOVED by Paul Stopciati
That the Minutes of Council Meeting 2022.04 December 15, 2023, be approved as presented. CARRIED

.01D MINUTES FROM THE COUNCIL MEETING 2023.01 JANUARY 20, 2023

It was MOVED by Ian Nicholson
That the Minutes of IN CAMERA Council Meeting 2023.01 January 20, 2023, 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 December 16, 2022, Council Meeting Evaluation results.

2023.02.02 CONSENT AGENDA

The Consent Agenda was received.

2023.02.03 POLICY ISSUES

.03A COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

The Deputy Registrar provided the Council with the draft *College Performance Measurement Framework (CPMF) Report* for 2022. The *CPMF*, developed by the Ministry of Health, sets out performance standards for Ontario's 26 health regulatory Colleges. The *Framework*, set out in a standard format, is to be completed by March 31, 2023. The Council reviewed the completed draft *CPMF* and endorsed it for submission to the Ministry and posting on the College website.

It was MOVED by Scott Warnock

92 That the Council approve the *College Performance Measurement Framework Report* for the
 93 2022 year for submission to the Ministry of Health and posting on the College website.

94 CARRIED

95
 96 **Action Item Office of the Registrar**

97 Submit the *College Performance Measurement Framework Report* to the Ministry of Health and
 98 post on the College website.

99
 100 **.03B POLICY II-4(II): DISCIPLINE COMMITTEE: RULES OF PROCEDURE**

101 The Director, Investigations & Hearings provided a Briefing Note to the Council with
 102 recommendations for an amendment to *Policy II-4(ii): Discipline Committee: Rules of Procedure*.
 103 This amendment would allow for additional flexibility in appointing Pre-hearing conference Chairs
 104 that will assist in ensuring that no single Pre-hearing Chair shoulders an unfair burden and Pre-
 105 hearings can proceed without delay.

106
 107 **It was MOVED by Marjory Phillips**

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

109 CARRIED

110
 111 **Action Item Office of the Registrar**

112 Update *Policy II-4(ii): Discipline Committee: Rules of Procedure* in the *Colleges Policy and*
 113 *Procedures Manual*.

114
 115 **.03C REGISTRATION REGULATION CONSULTATION - UPDATE**

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

126
 127 **2023.02.04 BUSINESS ISSUES**

128
 129 **.04A PRESIDENT'S REPORT**

130 The Council reviewed the President's Report for the third quarter.

131
 132 **.04B REGISTRAR & EXECUTIVE DIRECTOR'S REPORT**

133 The Council reviewed the Registrar's Report for the third quarter.

134
 135 **.04C REGISTRATION COMMITTEE QUARTERLY REPORT**

136 The Council reviewed the report for the third quarter.

138 **.04D INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE QUARTERLY REPORT**

139 The Council reviewed the report for the third quarter.

140

141 **.04E NOTICE: EXECUTIVE COMMITTEE ELECTION/COUNCIL APPOINTMENTS**

142 The Registrar provided the Council with copies of *By-law 4: Election of Members of Executive*
 143 *Committee* and *By-law 5: Selection of Committee Chairs and Committee Members* and advised
 144 Council of the process for seeking election to the Executive Committee. Council was also informed
 145 that a Call for Interest for Committee appointments will be sent to the general membership and
 146 that Council members also will be asked to identify their Committee preferences.

147

148 **.04F PROPOSED BUDGET 2023-2024**

149 The Registrar provided the Council with the proposed budget for the fiscal year June 1, 2023 to
 150 May 31, 2024. It was reported that the budget had already been reviewed by the Finance and
 151 Audit Committee at its meeting on January 30, 2023, and by the Executive Committee on February
 152 24, 2023. Both Committees recommended its adoption. The proposed budget anticipates a deficit
 153 in the amount of \$543,176.

154

155 **It was MOVED by Paula Conforti**156 **That the Budget for 2023-2024 be approved as presented.****CARRIED**

157

158 **.04G CLOSURE OF FAIR REGISTRATION PRACTICES RESERVE FUND**

159

160 **It was MOVED by Scott Warnock**

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

CARRIED

163

164 **2023.02.05 STRATEGIC ISSUES**

165

166 **.05A STRATEGIC DIRECTION IMPLEMENTATION UPDATE**

167 The Registrar provided the Council with the updated *Strategic Direction Implementation Table*.
 168 This table is used to chart the work undertaken and accomplished in fulfilling the College's
 169 Strategic Direction. Items added since the Council Meeting of December 16, 2023, were shown in
 170 **Bold**.

171

172 **2023.02.06 OTHER BUSINESS**

173

174 **.06A NEXT COUNCIL MEETINGS:**

175

176 **It was MOVED by Paul Stopciati**177 **That September 22, 2023, be set as the September Council meeting date.****CARRIED**

178

179 **2023.02.08 ADJOURNMENT**

180

181 There being no further business,

182

183 **It was MOVED by David Kurzman**

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

185

186 The Council Meeting was adjourned at 10:38AM.

187

188

189

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

191

192

193

194 _____
Ian Nicholson, Ph.D., C.Psych., Vice-President

195

196 **Minutes approved at the Council Meeting on June 16, 2023.**

DRAFT

COUNCIL MEETING

2023.03

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

MAY 9, 2023

PRESENT:

Wanda Towers, Ph.D., C.Psych., President
Paula Conforti, Dip.C.S., C.Psych.Assoc.
David Kurzman, Ph.D., C.Psych.
Archie Kwan, Ph.D., C.Psych.
Conrad Leung, M.ADS, BCBA (non-voting)
Melanie Morrow, M.A., C.Psych.Assoc. (non-voting)
Cenobar Parker, Public Member
Fred Schmidt, Ph.D., C.Psych.
Kendra Thomson, Ph.D., BCBA-D (non-voting)
Scott Warnock, Public Member
Adrienne Perry, Ph.D., C.Psych.
Esther Vlessing, Public Member
Marilyn Keyes, Ph.D., C.Psych.

REGRETS:

Nadia Mocan, Public Member
Ian Nicholson, Ph.D., C.Psych.
Marjory Phillips, Ph.D., C.Psych., Vice-President
Paul Stopciati, Public Member
Pascale Gonthier Public Member
Ilia Maor, Public Member

STAFF:

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

2023.03.00 CALL TO ORDER

The President called the meeting to order at 9:00AM. The meeting was held virtually by Zoom and livestreamed on YouTube. The President began the meeting with a land acknowledgement statement in recognition and respect for Indigenous peoples.

46 **2023.03.01 APPROVAL OF THE AGENDA AND MINUTES**

47

48 **.01A APPROVAL OF AGENDA**

49

50 **It was MOVED by Scott Warnock**

51 **That the Agenda for the Council Meeting be approved as presented.**

CARRIED

52

53 **.01B DECLARATIONS OF CONFLICTS OF INTEREST**

54 The President asked if any members of Council wished to declare a conflict of interest pertaining
55 to the items on the Agenda. The President reminded Council members that the potential for
56 conflicts should be kept in mind throughout the meeting and declarations made at any time, if
57 appropriate.

58

59 **2023.03.02 POLICY ISSUES**

60

61 **.03A REGULATION TO CREATE A TEMPORARY CLASS OF REGISTRATION**

62 The Council is asked to approve a regulation amendment to O.Reg. 74/15 Registration, under the
63 *Psychology Act, 1991*, for consideration by the Ministry of Health. *Bill 106, Pandemic and*
64 *Emergency Preparedness Act, 2022*, amends the Health Professions Procedural Code of the
65 *Regulated Health Professions Act, 1991* to require College Councils to establish regulations for an
66 “Emergency Class” of registration. The Executive Committee (acting on behalf of Council) at its
67 meeting on February 24th approved circulation of the proposed amendments to stakeholders for
68 the required 60-day consultation period.

69

70 The Registrar introduced this topic with a presentation discussing the results of the consultation.
71 In addition, Council was provided with a Briefing Note and draft amendments to the College’s
72 Registration Regulation.

73

74 **It was MOVED by Fred Schmidt**

75 **That Council approve submitting to the Ministry of Health the proposed amendments to O.Reg.**
76 **74/15 Registration, under the *Psychology Act, 1991* that will create a “Temporary Emergency**
77 **Class of Certificate of Registration”.**

78

CARRIED

79

Professional Members in favour:7

80

Public Members in favour:3

81

Professional Members opposed:0

82

Public Members opposed:0

83

84 **Action Item Office of the Registrar**

85 To submit the amended regulations to the Ministry of Health.

86

87 **2023.03.03 ADJOURNMENT**

88

89 There being no further business,

90

91 **It was MOVED by Marilyn Keyes**

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

93

94 The Council Meeting was adjourned at 9:40AM.

95

96

97

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

99

100

101

102 _____
Ian Nicholson, Ph.D., C.Psych., Vice-President

103

104 **Minutes approved at the Council Meeting on June 16, 2023.**

DRAFT

ACTION LIST

2023.04.01D

COUNCIL MEETING 2023.02 MARCH 24, 2023 AND 2023.03 MAY 9, 2023

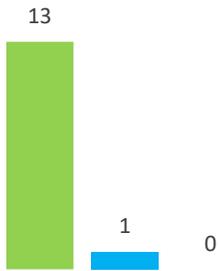
Item:	Responsibility:	Action:	Status:
2019.03.03C	College	To pursue amendments to O.Reg. 74/15 - Registration under the <i>Psychology Act, 1991</i> to discontinue Master's level registration and at that time, grant the title Psychologist to all existing Psychological Associates.	In Process
2020.04.03A	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.	On Agenda
2023.02.03A	Office of the Registrar	Submit the <i>2022 College Performance Measurement Framework Report</i> to the Ministry of Health and post on the College website.	Completed. Report is available here .
2023.02.03A	Office of the Registrar	Update <i>Policy II-4(ii): Discipline Committee: Rules of Procedure</i> in the <i>Colleges Policy and Procedures Manual</i> .	Completed.
2023.03.03A	Office of the Registrar	Submit to the Ministry of Health the proposed amendments to O.Reg. 74/15 Registration, under the <i>Psychology Act, 1991</i> that will create a "Temporary Emergency Class of Certificate of Registration".	Completed.

COUNCIL MEETING EVALUATION SUMMARY

COUNCIL MEETING MARCH 24, 2023

14/18 COUNCIL MEMBERS PRESENT COMPLETED EVALUATIONS

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



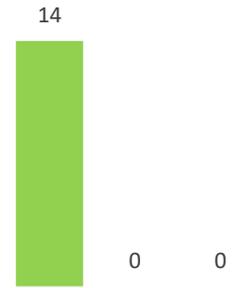
Q1: The Council meeting materials were received in a timely manner.



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.



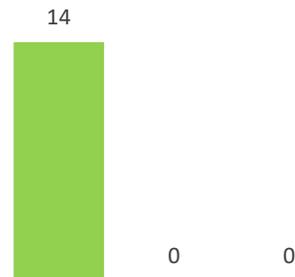
Q6: Council avoided getting into operational, administrative and/or management areas of responsibility.



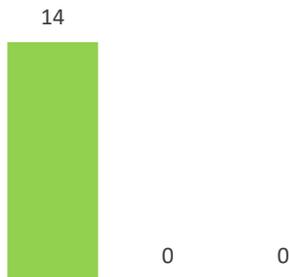
Q7: There was opportunity for me to be actively engaged in all discussions and I felt comfortable participating in the Council discussions.



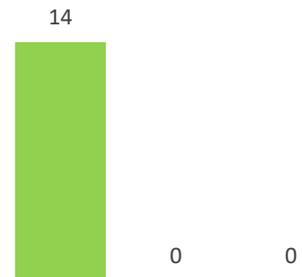
Q8: I was satisfied with the way in which other members of Council contributed to discussions and debate. There was a positive climate of trust and respect. Disagreements were handled openly, honestly, and directly.



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	<ul style="list-style-type: none"> • Perfect Timing
Q2	<ul style="list-style-type: none"> • Well done
Q3	No comments
Q4	No comments
Q5	<ul style="list-style-type: none"> • It was a very short meeting
Q6	No comments
Q7	<ul style="list-style-type: none"> • Comfort with discussions may have been less due to other factors today.
Q8	<ul style="list-style-type: none"> • Few disagreements occur and today there were none.
Q9	<ul style="list-style-type: none"> • CPMF items added to action list generally today for future discussion. Council received some next steps to participate in feedback for consultation, orientation modules and council evaluation outside of the meeting.
Q10	No comments
Q11	<ul style="list-style-type: none"> • Appreciated how Wanda handled moving to a change in format to meet the needs of the members. • As always, so appreciated your professional and warm approach to leading this meeting, Wanda. Thank you.
Additional Comments	<ul style="list-style-type: none"> • I appreciate the sensitive consideration of the public streaming concerns. • Great work and presentations by our new Registrar Tony DeBono • Very thorough briefing package allowed more efficient decision making. Welcome Dr. DeBono. Thoughtful and informative answers demonstrating much knowledge of topics discussed today. • The new Registrar was impressively up to speed on even complex, long standing issues! • Very much appreciated having the option to turn off my camera given the situation. I did not need to but I felt supported by CPO should I have chosen to do so. Thank you.

REPORT TO COUNCIL

2023.04.02A(1)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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

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

MEETINGS

The Executive Committee met on May 15, 2023.

ITEMS TO COUNCIL FOR DECISION

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

- The ACPRO Telepsychology Memorandum of Understanding;
- CFTA and Communication of a Diagnosis;
- ABA Knowledge Examination Blueprint;
- ABA Transitional Guidelines for Registration; and
- Proposed Amendments to *By-law 18: Fees* for Consultation

ACTIONS

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 continuity of care, these provisions permitted out-of-province practitioners to continue to provide service to their clients when they were located in Ontario due to COVID-19. The Executive Committee determined that these provisions were no longer required as the World Health Organization declared the COVID-19 pandemic to be over in May 2023.

The Executive Committee reappointed Dr. Marjory Phillips to the Council of the College of Psychologists of Ontario as an academic member for a two-year term, or until such time as a new Academic Member is appointed to Council (as per her request).

The Executive Committee approved the establishment of a Standards of Professional Conduct Working Group and requested that College staff canvas a list of potential members for appointment to the Working Group. This Candidates list will be presented to the Executive Committee for consideration and approval following the June Council meeting. Additionally, College staff would initiate the membership consultation process to obtain useful feedback for the Working Group about what to consider for future Standards development.

The Executive Committee determined to postpone discussion of the New Strategic Direction Plan 2023-2028 until the Council meeting in June 2023, when Council as a whole would have the opportunity to review and discuss the proposed Plan.

SUBMITTED BY

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

REPORT TO COUNCIL

2023.04.02A(2)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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 (as of Feb 9, 2023)
 Michael Grand, Council Member
 Anthony Hopley, College Member
 Sandra Jackson, College Member
 Carolyn Kolers, Public Member (to March 23, 2023)

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

There was one referral to the Discipline Committee in the fourth quarter:

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

A referral was made to the Discipline Committee on March 16, 2023. This matter is currently at the Pre-Hearing Conference stage.

PRE-HEARINGS

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

A referral was made to the Discipline Committee on October 27, 2022. A pre-hearing conference was held on May 8, 2023 and will be continued on July 7, 2023.

HEARINGS

Hearings were held for the following matters in the fourth quarter:

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

The Hearing took place on April 25, 2023. The Discipline panel's Decision with respect to this matter has not yet been released. The reprimand has not yet been administered and is not yet scheduled.

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

The Hearing regarding this matter took place on April 24, 2023. The decision was released on May 16, 2023.

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

The Hearing for this matter took place on May 5, 2023. The Discipline panel's Decision with respect to this matter has yet not been released.

ONGOING MATTERS

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

A Pre-Hearing Conference for six matters was held on April 11, 2023. The parties jointly sought an adjournment of the pre-hearing process and will continue the process as soon as possible.

SUBMITTED BY

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

REPORT TO COUNCIL

2023.04.02A(3)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 2023

QUALITY ASSURANCE COMMITTEE

COMMITTEE MEMBERS

Michael Minden, College Member, Chair
 Iliia Maor, Public Member, Vice-Chair
 Paula Conforti, Council Member
 Sabrina Hassan, College Member
 Bruno Losier, College Member
 David Howard, College Member

David Kurzman, Council Member
 Carolyn Kolers, Public Member
 Nadia Mocan, Public Member
 Pascale Gonthier, Public Member

STAFF

Barry Gang, Deputy Registrar & Director, Professional Affairs

COMMITTEE ACTIVITY

The full Committee met once during the fourth quarter on, May 3, 2023.

In addition to the meeting of the full Committee, panels of the Committee met on March 13, April 5, and May 10, 2023, during which a total of 31 member-specific matters were considered.

At the full Committee meeting, the Committee considered whether modifications to the Quality Assurance program should be implemented and discussed the various components of the program from the perspective of Right Touch Regulation.

Issues discussed included:

- identifying and assisting those members requiring greater assistance in maintaining the Standards of the profession
 - tailoring the QA program to needs of different practice areas and settings
 - strengthening the connection between self assessment and continuing professional development
 - facilitating greater reflection by members, as opposed to satisfying quantitative requirements
 - facilitating greater member-peer interaction/ decreasing member isolation
 - facilitating member self-assessment on an ongoing basis, as opposed to once every two years
- This work will continue into the 2023-24 fiscal year.

The Committee also formalized criteria for the next stratified random selection of Peer Assisted Review members, which is anticipated to occur in the 2023-2024 fiscal year. The Committee decided that the stratified selection will include members who are authorized to practice Rehabilitation Psychology, as well as those with more than 2 complaints resulting in remedial action or requiring a significant action by the College within the past 5 years.

MEMBER MATTERS**SELF ASSESSMENT GUIDE (SAG)****Overview**

SAG Reviews Arising from Failure to Declare Completion 2022	11
SAG Reviews Carried Over from Previous Cycles	2
Total SAG Reviews Planned	13

Progress	Q1	Q2	Q3	Q4	YTD
Reviews Completed	0	2	1	1	4
Reviews Not Completed – Referred for Alternate College Processes (ICRC (1), S.81 Assessment (1))	0	0	2	0	2
Reviews Not Required – Exceptional Circumstances (Resignation (2), Death (1))	0	3	0	0	3
Total SAG Reviews Completed:					9
Process Deferred Due to Significant Illness	0	1	1	2	4
Total SAG Reviews Outstanding:					4

A panel of the Committee reviewed one case related to a member's completion of the College's self-assessment requirements. Following clarification from the member concerning planned continuing education activities and whether they were practicing in accordance with their authorized area of practice, the panel was satisfied that the member's self-assessment requirements had been met.

The four outstanding cases will be carried into the next fiscal year for further consideration by the Committee, as final dispositions could not be made due to the members' extenuating circumstances.

PEER ASSISTED REVIEW (PAR)

	Q1	Q2	Q3	Q4	YTD
Completed Peer Assisted Reviews	3	6	13	11	33
Peer Assisted Reviews Cancelled Due to Resignation	0	0	0	1	1
Deferrals Granted due to Exceptional Circumstances	1	0	1	0	2

There are 25 ongoing Peer Assisted Reviews which will be carried over to the next fiscal year.

The Committee completed reviews of reports related to eleven Peer Assisted Reviews conducted in the fourth quarter. In seven cases, panels of the Committee did not identify any concerns related to the members' practice.

In one case, the review was cancelled due to the member's resignation from the College.

Remedial feedback in the remaining four matters included:

- the requirement to designate a successor Health Information Custodian AND
- the need to revise their informed consent process to include information related to the disclosure of mandatory reporting obligations and the limits of confidentiality
- the need to implement a secure system for the purpose of communicating private client information

- the requirement to obtain sufficient familiarity with professional standards related to record keeping
- the need to adhere to Standards related to record keeping, professional objectivity, record keeping, and the use of technology in the provision of psychological services

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM

Overview

Members Selected for Random CPD Audit	46
Members to be Audited Due to Lack of Declaration of Completion	4
S.81 Assessment Due to Unsatisfactory Audit (Carried Over 2019-2021)	1
Total Audits Planned for 2022-2023	51

Progress

	Q1	Q2	Q3	Q4	YTD
Audits Completed – Met Program Requirements	0	11	14	14	39
Audits Completed – Remedial Feedback	0	3	5	1	9
Audit Completed- Referral to Assessor under s.81	0	0	0	1	1
Audits Not Completed – Referred for Alternate College Processes (1 ICRC, 1 S.81 Assessment)	0	0	2	0	2
Total Audits Completed:					51

Remedial feedback:

- the requirement to adhere to the limitations for providing services to individual clients when including family members to support interventions

3 cases related to the completion of the Continuing Professional Development program requirements opened during the 2022-2023 term will be carried into the next fiscal year for further consideration by the Committee, as final dispositions could not be made due to extenuating circumstances.

SUBMITTED BY

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

REPORT TO COUNCIL

2023.04.02A(4)

FOURTH QUARTER, MARCH 1, 2022 – MAY 31, 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 met once during the quarter, on April 17, 2023.

The Committee reviewed information it had requested about the training received by investigations staff concerning trauma-informed practice. Committee members were satisfied with the nature and scope of the training provided. The Committee also reviewed a letter which is sent by the College Investigations staff to complainants and provided feedback to the Investigations and Hearings team.

The Committee completed a *“Checklist for Funding Applications* to assist Committee members with the review of eligibility for funding for therapy for those who allege sexual abuse by members or their supervisees.

The Committee also reviewed a new *“Member Guide to the Requirements to make a Mandatory Sexual Abuse Report”*, to assist College members in determining when mandatory reports of sexual abuse by regulated health professionals are required. The document is currently being finalized for posting on the College website and distribution to members of the College.

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

2023.04.02A(5)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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 fourth quarter.

REPORT TO COUNCIL

2023.04.02A(6)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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

Tony DeBono, 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 May 10, 2023. The Committee reviewed the Variance Report and the Unaudited Financial Statements to February 28, 2023, the end of the third quarter. In considering the *Statement of Revenue & Expenses*, the FAC reviewed the *Variance Report* which explained items that deviated from the budget by the level of materiality set by Council; items which exceeded the budget by \$5,000 or were underspent by \$10,000. The Committee was satisfied with the information presented and voted to receive these reports.

The memorandum confirming the remittances of Taxes to Canada Revenue Agency and the Ontario Employer Health Tax for the period December 1, 2023, to February 28, 2023 was received.

The Committee also reviewed the proposed amendments to *By-law 18: Fees* for consultation. A briefing report regarding this proposed amendment is provided to Council separately for consideration.

ATTACHMENTS

1. Statement of Revenue and Expenses to February 28, 2023
2. Balance Sheet to February 28, 2023 (unaudited)

SUBMITTED BY

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

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO
STATEMENT OF REVENUE & EXPENSES

June 2022 - February 2023

	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	2,891,425.09	2,979,119.35	87,694.26	78%	75%	2%	3,877,625.00
COST OF SALES	242,642.00	192,308.50	177,623.47	-14,685.03	73%	79%	-6%	245,675.00
GROSS MARGIN	3,600,008.00	2,699,116.59	2,801,495.88	102,379.29	78%	75%	3%	3,631,950.00
EXPENDITURES								
Governance	85,550.00	62,912.44	88,918.00	26,005.56	104%	74%	30%	112,550.00
Registration	105,000.00	78,750.09	35,829.65	-42,920.44	34%	75%	-41%	65,000.00
Client Relations, Communications & Education	21,000.00	15,750.09	27,228.75	11,478.66	130%	75%	55%	28,534.00
Quality assurance	43,600.00	32,700.06	29,534.20	-3,165.86	68%	75%	-7%	38,500.00
Investigations and resolutions	138,700.00	104,024.97	144,530.74	40,505.77	104%	75%	29%	191,200.00
Hearings	390,900.00	293,175.00	377,093.48	83,918.48	96%	75%	21%	586,800.00
Liaison (Professional Organizations)	31,800.00	22,674.97	18,435.12	-4,239.85	58%	71%	-13%	25,920.00
Administration	3,158,885.46	2,332,914.23	2,561,519.16	228,604.93	81%	74%	7%	3,336,175.46
Total Expenditures	3,975,435.46	2,942,901.85	3,283,089.10	340,187.25	83%	74%	9%	4,384,679.46
EXCESS OF REVENUE OVER EXPENDITURES	-375,427.46	-243,785.26	-481,593.22	-237,807.96	128%	75%	53%	-752,729.46

The College of Psychologists of Ontario
Balance Sheet Comparison
As of February 28, 2023

	Total		
	As of Feb. 28, 2023	As of Feb. 28, 2022 (PY)	Change
Assets			
Current Assets			
Cash and Cash Equivalent			
10000 Petty Cash	200.00	200.00	0.00
10100 Bank	437,714.22	230,226.35	207,487.87
10199 Telpay Clearing	81.25	0.00	81.25
10250 Cash Equivalents	0.00	813,300.77	-813,300.77
12001 Undeposited Funds	0.00	0.00	0.00
Total Cash and Cash Equivalent	\$ 437,995.47	\$ 1,043,727.12	-\$ 605,731.65
Accounts Receivable (A/R)			
10400 Accounts Receivable - Control	18,774.50	16,158.27	2,616.23
Total Accounts Receivable (A/R)	\$ 18,774.50	\$ 16,158.27	\$ 2,616.23
10300 Short Term Investments	4,724,051.46	4,325,977.16	398,074.30
10410 Accounts Receivable - Other	0.00	0.00	0.00
10550 Interest Receivable	0.00	546.19	-546.19
10600 Prepaid Expenses	52,277.66	106,340.38	-54,062.72
10800 Government Funding-ABA	-103,416.90	-27,658.47	-75,758.43
Total Current Assets	\$ 5,129,682.19	\$ 5,465,090.65	-\$ 335,408.46
Non-current Assets			
Property, plant and equipment			
12000 Furniture & Equipment			0.00
12010 Furniture & Equipment - Cost	177,107.75	169,788.46	7,319.29
13000 Accum Amort Furniture & Equip	-93,924.66	-66,624.96	-27,299.70
Total 12000 Furniture & Equipment	\$ 83,183.09	\$ 103,163.50	-\$ 19,980.41
12100 Computer Equipment			0.00
12110 Computer Equipment - Cost	147,919.26	143,342.76	4,576.50
13100 Accum Amort Computer Equipment	-142,874.34	-139,880.12	-2,994.22
Total 12100 Computer Equipment	\$ 5,044.92	\$ 3,462.64	\$ 1,582.28
12200 Leasehold Improvements			0.00
12210 Leasehold Improvements - Cost	1,331,174.87	1,331,174.87	0.00
13200 Accum Amort Leaseholds	-437,508.27	-336,338.47	-101,169.80
Total 12200 Leasehold Improvements	\$ 893,666.60	\$ 994,836.40	-\$ 101,169.80
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	\$ 981,894.61	\$ 1,101,462.54	-\$ 119,567.93
10302 Long Term Investment	0.00	40,262.40	-40,262.40
Total Non Current Assets	\$ 981,894.61	\$ 1,141,724.94	-\$ 159,830.33
Total Assets	\$ 6,111,576.80	\$ 6,606,815.59	-\$ 495,238.79

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 Feb. 28, 2023	As of Feb. 28, 2022 (PY)	Change
Liabilities and Equity			
Liabilities			
Current Liabilities			
Accounts Payable (A/P)			
21000 Accounts Payable - Control	196,743.94	123,136.81	73,607.13
Total Accounts Payable (A/P)	\$ 196,743.94	\$ 123,136.81	\$ 73,607.13
21100 Accounts Payable - Other	251,759.02	242,281.32	9,477.70
22000 Employee Tax Deductions Payable	42,589.92	31,764.25	10,825.67
22100 Payroll Clearing	0.00	0.00	0.00
23000 Prepaid Fees	880,086.54	870,436.00	9,650.54
24000 Peer Mentorship - Clearing	0.00	0.00	0.00
25500 GST/HST Payable	0.00	0.00	0.00
Direct Deposit Payable	0.00	0.00	0.00
Payroll Liabilities			0.00
Life Insurance Premium	0.00	0.00	0.00
LTD	0.00	0.00	0.00
RRSP	0.00	0.00	0.00
Vacation Pay	0.00	0.00	0.00
Total Payroll Liabilities	\$ 0.00	\$ 0.00	\$ 0.00
Total Current Liabilities	\$ 1,371,179.42	\$ 1,267,618.38	\$ 103,561.04
Non-current Liabilities			
27000 Deferred Leasehold Inducement	224,911.98	250,373.71	-25,461.73
Total Non-current Liabilities	\$ 224,911.98	\$ 250,373.71	-\$ 25,461.73
Total Liabilities	\$ 1,596,091.40	\$ 1,517,992.09	\$ 78,099.31
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	-481,593.22	-282,720.87	-198,872.35
Total Equity	\$ 4,515,485.40	\$ 5,088,823.50	-\$ 573,338.10
Total Liabilities and Equity	\$ 6,111,576.80	\$ 6,606,815.59	-\$ 495,238.79

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

2023.04.02A(7)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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:

- April 17, 2023
- May 31, 2023

FOR INFORMATION

The Working Group discussed the following:

- Working on the Action list and reviewing ongoing goals for the EDI working group
- Working with the various College committees to assist with incorporating EDI in their initiatives including working closely with the JEEC to embed EDI in specific JEE exam items and working with the registration committee with their initiatives related to the oral exams
- Continuing to update the College EDI webpage and provide updates from the College as well as offer EDI resources for members
- Working on updating Terms of reference/Role of the Working Group

SUBMITTED BY

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

REPORT TO COUNCIL

2023.04.02A(8)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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

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

Paula Garshowitz, OD, Consultant-ABA Regulation

Lesia Mackanyn, Director, Registration

Shannon Elliot, ABA Coordinator

MEETINGS

The ABA Working Group met five times since the March Council meeting; March 22, April 5, April 19, May 3, and May 31.

FOR INFORMATION

On January 18, 2023, the College submitted the proposed amendments to O. Reg. 74/15, Registration, O. Reg. 801/93 Professional Misconduct, and O. Reg. 209/94 General (Quality Assurance and Advertising) to the Ministry of Health. As the College awaits Government approval of these proposals, staff have continued to work with the Ministry to answer any questions they have.

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

- A working group of ABA professionals was struck to review the existing Job Task Analysis for the profession and to adapt it to the Canadian/Ontario context for the purpose of developing a Competency Profile and Blueprint for the ABA examination. The ABA Examination Working Group met three times in March 2023. The ABA Working Group and the Jurisprudence and Ethics Examination Committee were then asked to review the Competency Profile and Blueprint, and each agreed that the development process appeared to have followed best practices. On May 15th, 2023, the Executive Committee reviewed the Competency Profile and Blueprint and recommended them for Council approval (On agenda). In May 2023, the ABA Examination Working Group met three times to review the item bank received from the Behavior Analyst Certification Board (BACB) and map them on to the College's Competency Profile and Blueprint. The next step for the examination development process is for the ABA Examination Working Group to write new items. It is expected that they will complete this task in June-July 2023.

- On March 30th, the ABA Working Group wrote to ONTABA to request copies of the basic content files for their Jurisprudence and Ethics Module to be used as the basis for the College's Jurisprudence Module. On May 10th, ONTABA agreed to assist the College. College staff are working with the application system developers to select a Learning Management System for hosting the Jurisprudence Module.
- The ABA Working Group discussed the planned sunseting of the Association for Behavior Analysis International's (ABAI) Verified Course Sequence (VCS) system. The ABAI is the leading accreditation body for graduate programs in ABA, and it also operates the VCS system which verifies a set of courses as meeting specific coursework requirements, content hours, and faculty standards in ABA. The proposed regulation requires applicants to have completed either an accredited graduate program *or* a graduate program and a VCS. Currently, none of the Canadian graduate programs are accredited by the ABAI, and no other body operates a similar course verification system. The ABA Working Group identified that there will be gap in time between the closure of the VCS system and Canadian programs achieving accreditation. On March 30th, the ABA Working Group notified the ABAI that ABA is to be regulated in Ontario, and how the closure of the VCS system will affect applicants who do not have an accredited graduate program.
- College staff and members of the ABA Working Group met with ONTABA to discuss the possibility of an Ontario accreditation and/or course verification system. ONTABA advised that developing a course verification system may be feasible, and they are in the process of discussing the initial logistics.
- The ABA Working Group discussed supervised practice principles and made recommendations for future policies/guidelines.

Transitional Route Guidelines

These guidelines are intended for individuals who are currently Board Certified Behavior Analysts (BCBA or BCBA-D) with the BACB (Route #1), and for individuals currently working as Behaviour Analysts but who are not certified by the BACB (Route #2). Concerns raised during the public consultation in Fall 2022 were addressed by the ABA Working Group this quarter. The Registration Committee reviewed these guidelines at their plenary meeting in March, and their comments/recommendations were addressed. The Executive Committee reviewed these guidelines at their meeting in May and recommended them for Council approval (on agenda).

RECOMMENDATIONS TO EXECUTIVE/COUNCIL

- Council approval of the development process for the ABA Examination's Competency Profile and Blueprint.
- Council approval of the Transitional Route Guidelines.

SUBMITTED BY

Shannon Elliott
ABA Coordinator

REPORT TO COUNCIL

2023.04.02A(9)

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 2023

JURISPRUDENCE AND ETHICS EXAMINATION COMMITTEE (JEEC)

COMMITTEE MEMBERS

Mary Ann Mountain (Chair), College Member
 Paula Conforti, Council Member
 Audrey Cooley, College Member
 Donna Ferguson, College Member
 Tae Hart, College Member

Gilles Hébert, College Member
 Meghan McMurtry, College Member
 Julie Paré, College Member
 Susan Vander Morris, College Member
 Scott Warnock, Public Member

The JEEC met virtually on May 5 2023.

Jurisprudence and Ethics Examination (JEE) – March 2023

The final report on the September 2022 examination was received and approved.

The March 2023 exam was written by 152 candidates with a 71% pass rate. This pass rate is within the range of pass rates since the change was approved by Council to use the scores of Ontario-trained first-time test takers as the reference group beginning with the March 2020 exam (previously the scores of all candidates were used as the reference group).

The candidate comments continue to note technical issues (specifically, delays in accessing the exam). Some candidates also responded that the wording of some items is needlessly complex or that items do not reflect situations that would happen in real practice. The Committee is reviewing the entire item bank (see below) for complexity of wording and to ensure that items are appropriate for entry-level practitioners.

International Candidates

The Committee reviewed and approved a draft survey to be sent out to candidates trained outside of North America who wrote the JEE within the past five years. These candidates typically do not score as well as North American trained candidates on the JEE. Note that this is consistent with other licensure examinations, in that candidates educated in countries other than those in which they are taking the exam do not perform as well as locally educated candidates. The survey was developed in the interest of determining that the JEEC is providing the support that it can to these candidates. Results will be available for the fall meeting of the JEEC.

Complete Item-bank Review

The working group comprised of current and past committee members has completed its review of the entire item bank.

The review considered the concerns raised by candidates about needless complexity of the items and made a number of changes to items in the interest of clarity. The review also considered EDI issues and made a number of wording changes with a focus on reducing any gender identifying information. These changes were made only when the use of gender-neutral terms did not result in needless complexity (for example: the use of “member” to refer to multiple different people). The review resulted in the removal of several items; these items tended to be “cloned” items that were not sufficiently different from the original item.

The working group also developed a lexicon of terminology to be used in the development of new items. Given the number of items removed, the committee recommended that the Registrar convene an item-writing workshop early in 2024. The working group and the committee developed a list of emerging areas of practice and current issues arising in practice for the item-writing group to focus on when developing new items.

The English items will be reviewed for French translation if needed. It was noted that French is a gender-based language and that the French translation will follow the principle developed for English items; that is, where a gender is identified for reasons of clarity, the items will reflect a balance of male/female.

The working group also considered the need to develop more items that reflect the need for members to cope with difficult situations, in order to ensure that there is more than one such item on each exam.

ABA Competency Document

At the request of the Registrar, the JEEC reviewed the competency blueprint and profile that will be used to develop the examination for ABA members. The Committee found the document to be thorough and had no suggestions to offer.

Item-bank Review

Items are reviewed on a three-year cycle. Members of the Committee reviewed 48 items in total on November 21, 2022 (some items are reviewed under more than one category). It was noted that the new items used on the examination performed well overall.

Membership

Three members of the JEEC, Drs. Tae Hart, Gilles Hebert and Mary Ann Mountain will be finishing their terms as of May 31 2023. The Committee thanks them for their contributions to the quality and integrity of the JEE over their terms of service. The Registrar announced that two new members will be joining the committee and that Ms. Audrey Cooley will be taking over as chair.

SUBMITTED BY

Mary Ann Mountain, Ph.D., C.Psych. ABPP(CN), Chair

REPORT TO COUNCIL

2023.04.02B

STAFF PRESENTATIONS

Tony DeBono, Registrar and Executive Director

- April 10, 2023: York University Clinical/Clinical-Developmental Program: Registrar's site visit
- May 16, 2023: University of Waterloo: Registrar's site visit (virtual)
- May 26, 2023: OPA Presentation: Business of Psychology Series: Ethical and Professional Considerations
- May 30, 2023: Hamilton Health Sciences CPA Accredited Residency Programs (Child Clinical and Neuropsychology) Site Visit
- June 6, 2023: Western University ABA program site visit (in-person)
- June 7, 2023: St. Joseph's Healthcare Hamilton CPA Accredited Residency Program Site Visit (virtual)
- June 8, 2023: Brock University ABA program site visit (in-person)
- June 15, 2023: Barbara Wand Seminar, Ethical Principles of Supervision

Barry Gang, Deputy Registrar and Director of Professional Affairs

- April 20, 2023: Issues in Professional Practice; Centre for Addictions and Mental Health
- March 29 & April 19, 2023: Issues in Professional Practice; Baycrest Centre
- June 6, 2023: Western University ABA program site visit (in-person)
- June 8, 2023: Brock University ABA program site visit (in-person)
- June 15, 2023: Barbara Wand Seminar, Available Supervision Resources & Answers to Popular Practice Queries

Lesia Mackanyn, Director, Registration

- June 15, 2023: Barbara Wand Seminar, Common Challenges in Supervising for the Purpose of Registration

Zimra Yetnikoff, Director, Investigations & Hearings

- June 15, 2023: Barbara Wand Seminar, What Supervisors Learn from ICRC / Discipline Decisions

BRIEFING NOTE

2023.04.03A

JUNE 2023 COUNCIL MEETING

APPROVAL OF PAN-CANADIAN TELEPSYCHOLOGY MOU

STRATEGIC DIRECTION REFLECTION

Responding to changing needs in new and emerging practice areas; and, Collaborating in shaping the regulatory environment.

MOTION FOR CONSIDERATION

That the Pan-Canadian Telepsychology Memorandum of Understanding (MOU) be approved.

PUBLIC INTEREST RATIONALE

The ability to serve clients and their families via virtual care (hereafter, described as telepsychology) has increased exponentially since the start of the COVID-19 pandemic through a number of secured videoconferencing software packages. Telepsychology practice continues to be in high demand from the public due to its efficiency and flexibility in serving clients at their convenience regardless of their location in the province. The Association of Canadian Psychology Regulatory Organizations (ACPRO) has developed an MOU to allow for duly registered psychological practitioners within their home Canadian jurisdiction to provide telepsychology services to residents of any Canadian jurisdiction, expanding access and ensuring continuity of psychological care across the country.

BACKGROUND

The membership of ACPRO met on Friday March 10, 2023, to review a draft MOU regarding interjurisdictional telepsychology within Canada. This MOU will permit duly registered psychological practitioners from any Canadian jurisdiction to serve residents of any Canadian jurisdiction through telepsychology from within their home province/territory. The College of Psychologists of Ontario received legal consultation on May 2, 2023, indicating:

We have only minor proposed revisions to the draft MOU, which has clearly been the subject of careful consideration. We also identify several policy-level issues which might be discussed further and/or clarified within ACPRO, and in turn internally at the College, if considered appropriate to do so. In terms of implementation of the MOU in Ontario, our view is that it is achievable within the applicable statutory framework.

NEXT STEPS

Upon approval, the College will inform ACPRO of their intent to sign onto the MOU pending legal consultation regarding its operationalization within the College's regulatory framework.

ATTACHMENT

1. ACPRO Telepsychology MOU – Working Draft

CONTACT FOR QUESTIONS

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

DRAFT-28 March, 2023

Association of Canadian Psychology Regulatory Organizations Memorandum of Understanding Regarding Interjurisdictional Telepsychology

Definition: Telepsychology, or the virtual practice of psychology, is the provision of psychological services using telecommunications technologies.

Home Jurisdiction: Jurisdiction in which a practitioner is registered and primarily practices.

Whereas:

- The undersigned agree that access to appropriately regulated telepsychology services, including across jurisdictional boundaries, is in the public interest.
- Three jurisdictions (Quebec, Nova Scotia, New Brunswick) have determined that telepsychology services provided to their residents by psychologists outside their jurisdictions can be appropriately regulated by the psychologists' home jurisdictions, which would be responsible for receiving and acting upon complaints.
- Eight jurisdictions (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Newfoundland and Labrador, Northwest Territories) have determined that they must regulate provision of telepsychology services received by their residents from psychologists outside their jurisdiction, when the residents are located in their own jurisdiction, and that appropriate regulation requires some form of registration in the jurisdiction of the client.
- In each case, jurisdictions are making good faith efforts to interpret what is required and what is possible according to current legislation, regulations, and legal advice.

And whereas the eight jurisdictions requiring some form of registration by those providing services to their residents when the residents are located in their jurisdictions, agree that:

- There are circumstances in which an expedited and low-cost process for a limited or temporary form of registration to provide interjurisdictional telepsychology services are appropriate, and other circumstances in which full registration ins the jurisdiction of the client is appropriate;
- Both the public and providers of telepsychology services would benefit from clarity about the requirements for telepsychology practice into each jurisdiction;
- These eight jurisdictions establish a registration certificate for Limited Telepsychology Practice (which will carry a different name across jurisdictions according to the applicable legislation, regulations, and by-laws) to be issued to registrants who:

- are registered for independent practice, and remain so, in their home jurisdiction;
 - ~~have had their registration~~ are currently registered in good standing, with no disciplinary restrictions or conditions on practice, and this is confirmed by their home regulatory body using the common form appearing in Appendix A and which may be revised from time to time;
 - submit a brief common application form, appearing in Appendix B and which may be revised from time to time, including the psychologist's name, contact information, home jurisdiction and registration number, degree upon which registration is based, confirmation of which eligible category of Limited Telepsychology Practice applies, attestation that they carry professional liability insurance, attestation that they will restrict their Limited Telepsychology Practice to work with those populations and such activities as they are permitted to carry out in their home jurisdiction, attestation that they are in compliance with any continuing education and quality assurance requirements of their home jurisdiction, and attestation that they will abide by the Association of Canadian Psychology Regulatory Organization's (ACPRO's) Model Telepsychology Standards in place at the time of application, by the standards and jurisprudence of the jurisdiction into which telepsychology services will be provided, and by the restrictions of their certificates of registration.
 - pay the applicable, fee, which may vary across jurisdictions and over time.
- Categories of practice eligible for Limited Telepsychology Practice include:
 - continuity of care for a client who has moved to a different jurisdiction;
 - continuity of care for a client who initially received service in person at an out-of-jurisdiction public setting (e.g., regional referral hospital) and is receiving follow-up services at home.
 - Such other practice as individual jurisdictions deem eligible, as identified in the common application form (Appendix B).
 - The duration of a Limited Telepsychology Practice certificate is determined by each jurisdiction, and may be temporary or time-limited.
 - Telepsychology practice not falling into one of the approved categories above requires a regular (Canada Free Trade Agreement) application for full registration and payment of applicable application and registration fees.
 - Complaints regarding the telepsychology practice received by either the client's jurisdiction or the psychologist's home jurisdiction will be shared with the other jurisdiction. Both jurisdictions retain a right to investigate the complaint, and to further take action under their governing legislation, but will consult with each other about how to proceed, including the possibilities of proceeding collaboratively, sequentially, and independently.
 - This Memorandum of Agreement will be reviewed by the Association of Canadian Psychology Regulatory Organizations every two years, but can be revised upon agreement of the signatories in advance of scheduled review.

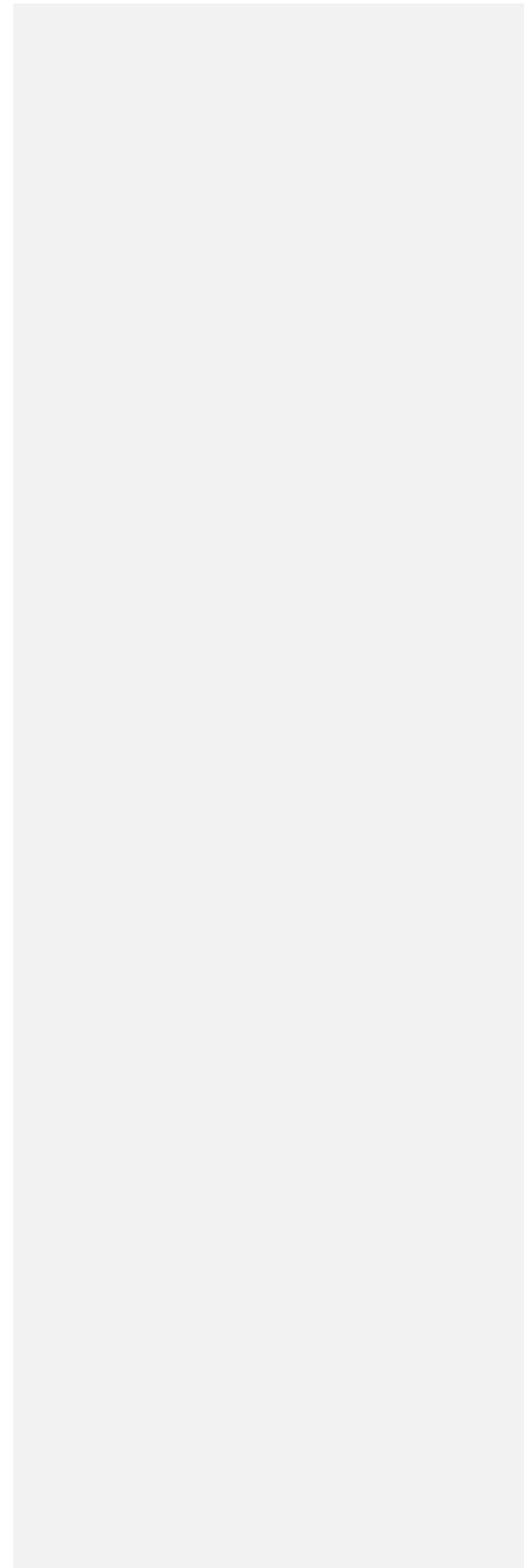
- A jurisdiction can withdraw from the MOU with two weeks' notice, while honoring un-expired Limited Telepsychology Practice certificates for those in good standing.
- This Memorandum of Understanding will be posted on the websites of ACPRO and of each member jurisdiction.

Title of signatory for College/Board X

Date signed

Title of signatory for College Board Y

Date signed



Appendix A

Common Form for Verification of Good Standing in Home Jurisdiction

Applicants will submit the following Verification of Good Standing form to their home jurisdiction, accompanied by the following authorization: "I authorize my home jurisdiction to provide all information on the Limited Telepsychology Practice Verification of Good Standing in Home Jurisdiction form to the jurisdiction(s) to which I am applying for Limited Telepsychology Practice, including regarding any unresolved complaints or investigations about which I have been notified."

LIMITED TELEPSYCHOLOGY PRACTICE VERIFICATION OF GOOD STANDING IN HOME JURISDICTION

To be completed by an authorized official of the Regulatory Body and returned directly to the College/Board of the jurisdiction for which Limited Telepsychology Practice authorization is requested.

1. Full Name of Applicant: _____
[name as it appears on official register/license]
2. License/Registration/Certification # _____ Jurisdiction _____
3. Current Registration Status _____ 4. Expiration Date. _____
5. Title of Registrant/Licensee/Certificant (e.g. psychologist/psychological associate) _____
6. Date of initial registration _____.
7. Has registration been continuous since date of initial registration? Yes No
 (If no, please attach additional information)
8. Highest degree in psychology on which the applicant's registration in your jurisdiction is based: _____
9. Does the applicant have:
- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. any current or previous restrictions, terms or limitations on their practice | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. any unresolved complaints/investigations about which they have been notified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. any complaints/investigations referred to discipline hearing or alternate resolution | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. any sanctions or censures | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. revocation or suspension of registration/licensure | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. voluntarily relinquished registration/licensure to prevent commencement or completion of an investigation, review or other proceeding | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please provide details on reverse and attach copies of any relevant documentation for "yes" answer to item 9 above.

10. For jurisdictions with reserved acts or actions, has this applicant been granted access to any reserved acts (e.g. diagnosis)?
 Yes No N/A

a) If yes, please specify:

b) If applicant has been denied such access, please provide details:

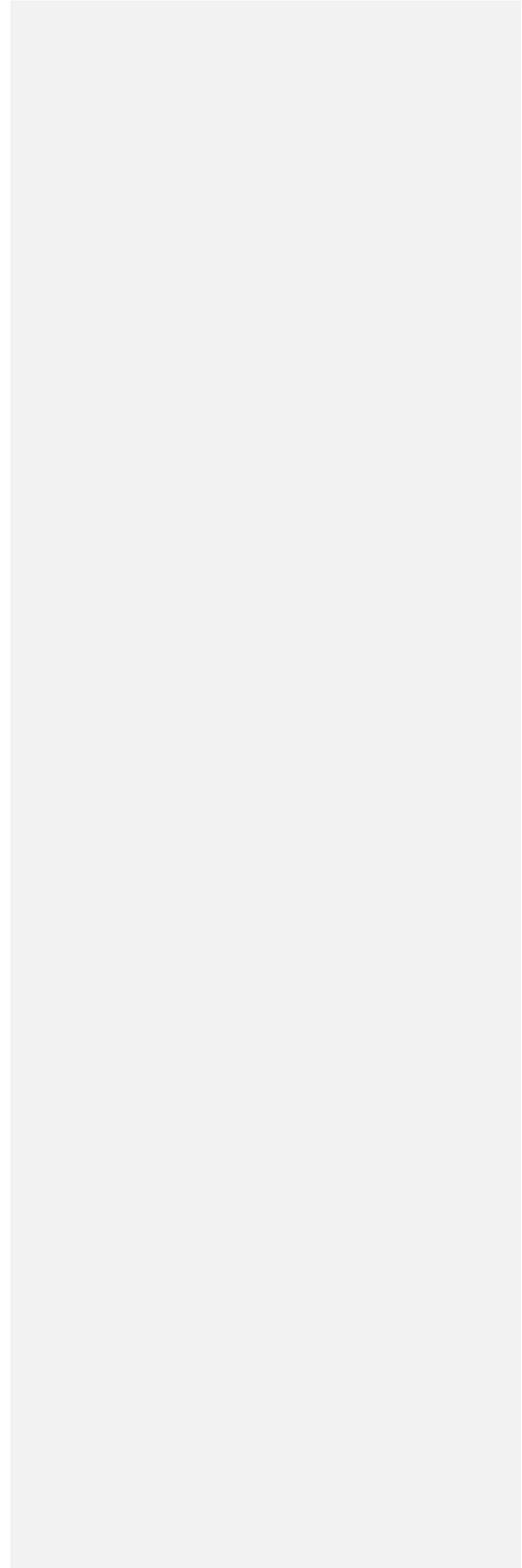
Signature of Official

Date

Name and Title

Regulatory Body

Telephone #



Appendix B

Application for Limited Telepsychology Practice into _____

Commented [PS1]: We all use this format, but individualized to our jurisdiction. The applicant links to the specific form of the jurisdiction into which they want to practice.

Name:
Email address:
Postal address:
Telephone number(s):

Home jurisdiction (where applicant is registered, resides, and primarily practices):
_____ (drop down box)

Home jurisdiction registration number:

Degree upon which home jurisdiction registration is based:

I request Limited Telepsychology Practice authorization into (name of jurisdiction).

I request Limited Telepsychology Practice authorization for the following category of practice:

- o continuity of care for a client who has moved to a different jurisdiction
- o continuity of care for a client who initially received service in person at an out-of-jurisdiction public setting (e.g., regional referral hospital) and is receiving follow-up services at home
- o Services, new or ongoing, from a regional public service setting, e.g., regional referral hospital, Critical Stress Injury Clinic
- o New or ongoing family services where some family members live in a different jurisdiction
- o College and university students receiving new and ongoing services from their educational institution that would have been freely available to them were they on campus
- o New or ongoing services to a College/Board registrant or to a psychology graduate student (for whom access to local services may be problematic given permeability of local professional boundaries)
- o Services to a single new client (in none of the above categories) in a year

Commented [PS2]: Each jurisdiction would have a drop-down box of the first two items and any or none of the following items. Categories that are not applicable to the jurisdiction would not be options in the drop down box.

More specifically, the nature of the work I intend to do within this category is:

Commented [PS3]: Box to insert narrative.

In (name of jurisdiction), the duration of a Limited Telepsychology Practice authorization is _____.

Commented [PS4]: Specific to jurisdiction

I acknowledge that more extensive telepsychology practice into the jurisdiction than permitted by Limited Telepsychology Practice authorization would require full registration in the jurisdiction.

I acknowledge that my authorization for Limited Telepsychology Practice is in effect only when I am located within my home jurisdiction.

I attest that I carry professional liability insurance.

I attest that I will restrict my Limited Telepsychology practice to work with those populations and such activities as I am permitted to carry out in my home jurisdiction.

I attest that I am in compliance with any continuing education and quality assurance requirements of my home jurisdiction.

I attest that I will abide by the Association of Canadian Psychology Regulatory Organization's (ACPRO's) Model Telepsychology Standards, by the standards and jurisprudence of the jurisdiction into which telepsychology services will be provided, and by the restrictions of my certificate of registration.

I acknowledge that both my home jurisdiction and the jurisdiction into which I am practicing telepsychology may share regulatory information and will share information relevant to complaints arising from my Limited Telepsychology Practice and will determine between them how to proceed with any collaborative, joint, simultaneous, or sequential independent investigations.

Signature

Date

Statement of fee(s), of form submission instructions, and of fee submission instructions.

Commented [PS5]: Unique to each jurisdiction

BRIEFING NOTE

2023.04.03B

JUNE 2023 COUNCIL MEETING

PROPOSED METHOD OF EVALUATION OF THE CONTROLLED ACT OF DIAGNOSIS FOR CANDIDATES FOR AUTONOMOUS PRACTICE VIA CANADIAN LABOUR MOBILITY PROVISION

STRATEGIC DIRECTION REFLECTION

Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of qualifications for individuals seeking registration; Collaborating in shaping the regulatory environment; Acting in a responsibly transparent manner; Advancing the Council's governance practice

MOTION

That the Registration Committee to proceed with a pilot implementation of this proposed method of evaluating CFTA candidates for autonomous practice implementing the controlled act of diagnosis.

PUBLIC INTEREST RATIONALE

In Ontario, the communication of a psychological diagnosis is a controlled act restricted to qualified members of the College of Psychologists of Ontario. Evaluation of skills and competencies required to formulate and communicate a psychological diagnosis is necessary to ensure public safety and protection.

BACKGROUND

Candidates who are currently fully registered to practice as a psychologist or psychological associate in another Canadian province or territory may apply for a certificate authorizing autonomous practice as a psychologist or psychological associate in Ontario in accordance with the Labour Mobility provisions of the Canadian Free Trade Agreement (CFTA, 2009).

Labour Mobility provisions of the CFTA (Chapter 7) state that certified workers must be recognized as qualified to work by a regulatory body in another province or territory which regulates that occupation, without having to go through significant additional training, work experience, examination or assessment, unless an exception has been posted. This exception may include evaluation of skills and competencies needed for practices designated as 'controlled acts'. The Regulated Health Professions Act (1991) defines a controlled act as *an activity that can cause harm if it is performed by an unqualified person*.

In Ontario, the communication of a psychological diagnosis is a controlled act restricted to qualified members of the College of Psychologists of Ontario. Evaluation of skills and competencies required to formulate and communicate a psychological diagnosis is necessary to ensure public safety and protection.

The purpose of the proposed, specific oral examination is to evaluate each Labour Mobility candidate's readiness to engage in the controlled act of communicating a psychological diagnosis.

The oral examiners will use a template process to craft and deliver a diagnostic vignette that is tailored to the candidate's areas of declared competency. Examiners will utilize a scoring rubric to ensure fairness, transparency, and consistency in the determination of whether the candidate's responses reflect competency in the controlled act of communicating a diagnosis. A training manual has been developed for examiners, which will be supplemented by training sessions for implementing this specialized oral exam.

BUDGETARY IMPLICATIONS

Candidates seeking registration for autonomous practice as psychologists or psychological associates in Ontario who are entering through the Canadian Labour Mobility provision will need to pay an oral examination fee. Historically, costs for registration examinations have exceeded revenues obtained from applicants. Thus, this may incur a loss for the College budget.

NEXT STEPS

Upon approval:

Registration Committee will implement any recommended changes and will bring the revisions to Council for approval.

ATTACHMENTS

1. Training Manual for Oral Examiners Assessing the Controlled Act of Diagnosis for CFTA Candidates
2. Steps for Creating a Diagnostic Orals Exam Vignette
3. CPO Controlled Act of Diagnosis Rubric
4. Diagnostic Interview Rating Sheet (CFTA Candidate version)

CONTACT FOR QUESTIONS

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Registrar & Executive Director

DRAFT Training Manual for Oral Examiners
Assessing the Controlled Act of Diagnosis for Candidates Pursuing Autonomous Practice via
Canadian Labour Mobility

Contents

Section 1: Public Interest Rationale for Oral Exams for Canadian Labour Mobility Candidates	2
Section 2: Candidate’s Readiness for Oral Examination of Diagnostic Competence	2
Section 3: Candidate’s Declaration of Competence	2
Section 4: Composition of the Oral Exam Panel	3
a) Role of the Chair	3
b) Role of Examiners	4
c) Role of Public Observer	4
Section 5. Initiating the Oral Exam	4
a) Explaining the Process and Possible Outcomes	4
b) Understanding the Candidate’s Current Work Context	5
Section 6. Assessing Competence for the Controlled Act of Diagnosis	5
a) Determining “Entry” Level.....	5
b) Developing and Administering a Diagnostic Vignette	5
C) Implementation of the Diagnostic Rubric	7
Section 7: Determining Need for a Continued Exam	9
Appendices:.....	10
Diagnosis Rubric.....	10
Team Summary Rating Sheet.....	14

Section 1: Public Interest Rationale for Oral Exams for Canadian Labour Mobility Candidates

Candidates who are currently fully registered to practice as a psychologist or psychological associate in another Canadian province or territory may apply for a certificate authorizing autonomous practice as a psychologist or psychological associate in Ontario in accordance with the Labour Mobility provisions of the Canadian Free Trade Agreement (CFTA, 2009).

Labour Mobility provisions of the CFTA (Chapter 7) state that certified workers have to be recognized as qualified to work by a regulatory body in another province or territory which regulates that occupation, without having to go through significant additional training, work experience, examination or assessment, unless an exception has been posted. This exception may include evaluation of skills and competencies needed for practices designated as ‘controlled acts’. The Regulated Health Professions Act (1991) defines a controlled act as *an activity that can cause harm if it is performed by an unqualified person*.

In Ontario, the communication of a psychological diagnosis is a controlled act restricted to qualified members of the College of Psychologists of Ontario. Evaluation of skills and competencies required to formulate and communicate a psychological diagnosis is necessary to ensure public safety and well-being.

The purpose of this specific oral examination is to evaluate each Labour Mobility candidate’s readiness to engage in the controlled act of communicating a psychological diagnosis.

Section 2: Candidate’s Readiness for Oral Examination of Diagnostic Competence

Candidates must be fully registered for autonomous practice as a psychologist or psychological associate in another Canadian province or territory prior to requesting autonomous practice in Ontario. Consistent with the CFTA, Labour Mobility candidates are not required to undergo a comprehensive evaluation of their readiness for most aspects of psychology practice in Ontario. Candidates through Labour Mobility are not required to undergo a period of supervised practice. To be invited to attend this examination, a candidate must have successfully completed the College’s Jurisprudence and Ethics Examination.

Section 3: Candidate’s Declaration of Competence

This oral examination focuses on the candidate’s competence to engage in the controlled act of diagnosis for the area(s) of practice and client group(s) stated on the candidate’s signed Declaration of Competence submitted prior to the start of the oral examination. The Declaration identifies and indicates to the College the area(s) of practice and client group(s) in which the applicant believes they are competent to provide psychological services during their period of authorized supervised practice, and eventually as an autonomous practice member.

The College's oral examiners use the Declaration as one of the determinants of the questions to be asked in the candidate's Oral Examination.

Prior to beginning the exam, CPO staff will share their screen and the examining chair will ask the candidate to confirm their declared areas of competence for the controlled act of diagnosis. Of note, candidates who are declaring several client groups and/or several areas of practice may require clinical judgment on the part of the examiners when determining the appropriate diagnostic vignette.

Section 4: Composition of the Oral Exam Panel

a) Role of the Chair

The exam chair has the responsibility of chairing the exam.

Prior to the exam, chair responsibilities include:

- Leading the examiners in a pre-exam review of the candidate's application
- Working collaboratively with the exam panel to craft a diagnostic vignette
- Determining possible questions

During the exam, chair responsibilities include:

- Introducing the candidate, examiners and public observer (if present)
- Ensuring there are no conflict of interest issues
- Reviewing the Declaration of Competence with the candidate to ensure a clear understanding of the intended areas of practice and client groups
- Managing time and the flow of questions to ensure that the candidate has provided sufficient information to ensure the evaluation of the controlled act of diagnosis
- Admitting the candidate into the waiting room so that examiners can discuss the candidate's performance and arrive at conclusions.
- Leading the examiners in a review of the diagnostic rubric and decisions about competence for the controlled act of diagnosis
- Working collaboratively with the examiners to document the exam feedback and decision, taking care to ensure clear and specific rationales are provided for any areas determined to be 'below expectations', leading to a continuation.

When providing candidate feedback, chair responsibilities include:

- Admitting the candidate back into the meeting
- Informing the candidate of the outcome of the exam (either a pass or a continued exam)
- Ensuring that comments given verbally to the candidate are also documented on the exam rating form
- Ensuring that the final rating form is provided to the Registration staff, upon conclusion of the exam

b) Role of Examiners

Prior to the exam, examiner responsibilities include:

- Reviewing the candidate's application documents (as provided to the panel by Registration staff)
- Ensuring they have copies of the required examination documents, including the diagnostic rubric, guidelines for creating a diagnostic vignette, and candidate rating form
- Meeting with the exam panel to develop the diagnostic vignette and to plan for the examination

During the exam, examiner responsibilities include:

- Participating in the administration of questions, as coordinated by the exam chair
- Recording notes as needed to participate in the discussion of the candidate's readiness for diagnostic practice
- Completing an independent evaluation of the candidate's readiness for the controlled act of diagnosis, using the diagnostic rubric as a guide
- Sharing observations and participating in the joint panel decision making about outcomes

c) Role of Public Observer

Public members of Council are assigned to examination panels for the purpose of quality assurance. Public observers monitor the consistency and quality of the examinations, comparing examiner process across panels. They do not participate directly in oral examinations and are not expected to communicate directly with the candidate. Public members provide feedback to the Registration staff, which contributes to continuous quality improvement monitoring for the examination practice.

Section 5. Initiating the Oral Exam

a) Explaining the Process and Possible Outcomes

The exam chair has the responsibility of reminding the client of the exam process and possible outcomes. Specifically, there are two possible outcomes: (1) a pass and recommendation to Registration for a certificate for autonomous practice; or (2) a continued examination. A continuing exam may be required when the candidate has not sufficiently demonstrated entry level competence in formulating and communicating a diagnosis, and further exploration of the concerns with another set of examiners is warranted. A continuing exam is subsequently scheduled by the Registration staff.

b) Understanding the Candidate's Current Work Context

The exam chair or designated examiner invites the candidate to tell the panel about the nature of their current psychological services. This includes a brief summary of the work setting (i.e., private practice, hospital, school board, etc), types of clients seen (i.e., common presenting issues, ages, etc.), and nature of the work provided (i.e., assessment, intervention, etc.). The purpose of this invitation is to establish an interpersonally warm and welcoming tone for the examination, to recognize that the Labour Mobility candidate has been registered for autonomous practice in another jurisdiction, and to provide additional context for the examiners when determining competency for the controlled act of diagnosis in Ontario.

Section 6. Assessing Competence for the Controlled Act of Diagnosis

a) Determining "Entry" Level

Candidates should meet expected standards for an 'entry level' readiness for autonomous practice to ensure public protection in the provision of psychological services. Examiners are encouraged to use clinical judgment aided by the behavioral anchors provided in the diagnostic rubric to determine 'entry level'.

b) Developing and Administering a Diagnostic Vignette

General Instructions:

- a) Considering areas of declaration

The vignette should be tailored to the individual candidate's areas of declared competency. If the candidate has more than one population and more than one area, the suggestion is to develop a scenario that reflects a common diagnostic presentation that the candidate may encounter in a primary client population (e.g., Adult Clinical). Alternately, areas of declaration that can be logically combined (e.g., child clinical and school, adult health and rehab) may be integrated into one diagnostic vignette.

- a) Considering "entry level"

The diagnostic rubric outlines four components (Foundational Diagnostic Knowledge; Collecting Data; Integrating Data; and Communicating a Diagnosis). Criteria for operationally defining "entry level" competence are included under the "meets expectations" column. The vignettes should not reflect highly complex or rare diagnostic presentations.

Steps for Creating a Vignette

1. Create the client by specifying:
 - Age
 - Relevant features of the client's identity (i.e., gender, culture, race, neurodiversity, etc.)
 - Education or work setting (i.e., grade in school, relevant contextual information such as profession or nature of work, status as retired, etc.)

2. State the client's primary reason for referral: (Information that is typically communicated by the client at the point of initial contact, seeking service)
 - Include two to four primary symptoms or functional issues, stated in language that would be consistent with client report (e.g., memory problems, difficulties sleeping, having trouble concentrating, feeling irritable with others, etc.). The symptoms should be common enough to reflect several possible diagnoses (see attached list of suggested symptoms / complaints)
 - Include contextual information which might suggest at least three possible diagnoses (e.g., avoidance of crowds could be SAD, agoraphobia, or GAD).

3. Ask the candidate for possible diagnoses (Diagnostic Foundational Knowledge)
 - The candidate should demonstrate foundational diagnostic knowledge by listing at least three possible diagnoses.
 - If the candidate provides fewer than 3 diagnoses, the examining team may provide a prompt, re-reading the original instructions to "brainstorm" options and to consider as many diagnoses which may fit the presenting symptoms as possible.

4. Provide a description of the symptoms described at a first interview with the client
 - Include symptoms and contextual information that narrow the list from the referral question yet are still consistent with at least two to three possible diagnoses
 - Include information that may help the candidate to rule out any diagnoses (e.g., highly sociable and flexible in thinking may help to rule out ASD)
 - Provide details about the symptoms including frequency, duration, intensity. The information should reflect the client's life situation and context of symptoms that will help the candidate to arrive at a couple of diagnostic possibilities (e.g. how the memory problems are impairing the client at home and work; the timeline for mood symptoms in order to consider Persistent Depressive Disorder, etc.)

5. Ask the candidate what information they would need to consider a diagnosis. (Collecting Diagnostic Information)
 - Listen for a systematic approach to collecting relevant data.
 - For interview data: listen for requests to understand timelines for onset and course of symptoms; frequency; intensity; degree to which symptoms are functionally impairing
 - Ask the candidate whether they typically use any psychometric measures in their assessment. (Note: it is not a requirement to use measures; however, the approach to assessment should match the presenting issues. For example, psychometric measures would be appropriate for a possible ADHD or LD diagnosis but may not be needed for a diagnosis of major depressive disorder).
 - Does the candidate mention collecting collateral information? (Again, consider the context. E.g., collateral information from school for a child is helpful to understand ADHD symptoms across settings)

- Does the candidate mention any behavioral observations of the client?
6. Provide additional information about the client diagnostic presentation that reflects integration of any proposed assessment information suggested by the candidate. (Integrating Data into a Diagnostic Formulation)
- Provide enough detail to lead the candidate to a clear single diagnosis. Should be a key piece of information that is entry level.
 - Ask the candidate to think aloud and listen for the candidate's ability to arrive at a diagnosis that logically fits the presenting issues and diagnostic information
 - If the candidate describes asking specific interview questions about timeline, course, duration, intensity of symptoms, provide specific and brief information directly pertinent to the diagnostic criteria for the diagnosis the examiners have in mind. The additional information should help to rule in a particular diagnosis and/or rule out other diagnoses and should reflect functional impairment commensurate with a diagnosis (e.g., symptoms of low energy, loss of appetite, loss of interest, sleep difficulties, periods of crying have been particularly intense over the past month and have impeded the client from getting out of bed, from getting to work, etc).
 - If the candidate describes administering particular psychometric measures or semi-structured interview tools, provide specific and brief information about the 'results' of those assessment measures that would logically rule in a particular diagnosis.
 - Be prepared to entertain a new diagnosis than the profile the examiners had in mind if the candidate's line of thinking to date is logical, reasonable and consistent with the information presented at each stage of the diagnostic vignette.
7. Ask the candidate to decide on a diagnosis (or absence of diagnosis). Invite the panel to speak to the panel as if they are the client, thus demonstrating how the candidate would communicate the diagnosis. (Note: examiners are not expected to engage in a spirited role play. Rather the intent is to hear how the candidate would speak to the client).
- Listen for the candidate to demonstrate interpersonal sensitivity
 - Candidate should explain the diagnosis, tailoring language to the client (culture, age, language, understanding) and linking the diagnostic criteria to the client's symptoms and experiences
 - Candidate should provide a prognosis or anticipated course of symptoms, giving a message of hope for symptom improvement (examiners may prompt to ask about this if not offered spontaneously)
 - Candidate should reference a plan for treatment or logical recommendations (examiners may prompt to ask about this if not offered spontaneously)

C) Implementation of the Diagnostic Rubric

The diagnostic rubric is intended to provide the examiners with operational definitions of the key criteria needed to assess competency in diagnosis. Again, clinical judgment is paramount. The rubric is intended to foster consistency across examiners and across panels in determining 'entry level'.

The diagnostic rubric reflects four components required to implement the controlled act of diagnosis. These include:

- (1) demonstrating a foundational knowledge of an established diagnostic system;
- (2) identifying a systematic approach to collecting relevant diagnostic information;
- (3) integrating the diagnostic information into a diagnostic formulation, ruling in or out diagnoses to arrive at a diagnosis or diagnoses supported by the data;
- (4) communicating a diagnosis with interpersonal sensitivity

Providing the candidate with a diagnostic vignette tailored to at least one of the declared areas of interest, examiners are asked to evaluate the candidate's answers in accordance with the behavioral indicators listed in the "Meets Expectations" column of the diagnostic rubric.

Steps:

Prior to the examination:

1. As a group of examiners on the panel, follow the steps above to develop a diagnostic vignette.

During the examination:

2. Present the diagnostic information to the candidate in segments, in accordance with the steps for implementing the diagnostic vignette.
 - a. Use clinical judgment to check off the relevant behavioral indicators in each section
 - b. Ask the candidate to select a final diagnosis and to communicate the diagnosis to the panel as if the panel was the client.

After the examination:

3. For each section, consider the number of indicators checked off.
 - a. If the candidate's responses reflect either meets or exceeds expectations, check the "meets expectations" box for that section
 - b. If the candidate's responses reflect either a critical item in Below Expectations or more than one item endorsed in the Below Expectations, check the "red flag" box for that section
4. Taking into consideration all four sections (Foundational Knowledge, Collecting Data, Integrating Data, and Communicating a Diagnosis):
 - a. Candidate meets entry level for the controlled act of diagnosis if all sections are checked as 'meets expectations'
 - b. If the candidate presents with more than one red flag checkbox, recommend Continuing Exam
 - c. If the candidate presents with one red flag checkbox, use clinical judgment to consider the context and possible reason for the red flag. For example, if the candidate outlines a reasonable plan for collecting data, arrives at a diagnosis that is consistent with the vignette, and describes a sensitive and clear method of communicating a diagnosis yet does not demonstrate a comprehensive

foundational knowledge of diagnosis, the panel may determine that a pass is still in order.

Section 7: Determining Need for a Continued Exam

After completing the diagnostic rubric tool, each examiner is asked to use the candidate rating form to consider whether the candidate meets 'entry level' for the controlled act of diagnosis for their specified client group(s) and area(s) of practice. The diagnostic rubric is intended as an aide to ensure a more standardized and objective approach; however, clinical judgment is also required.

The exam chair invites examiners to share their exam rating of the candidate. It is the chair's responsibility to arrive at a consensus decision for a 'pass' or a 'continued exam'.

Appendices:

Diagnosis Rubric

CPO Controlled Act of Diagnosis Rubric

*Instructions for Rubric:

- Examiners are to determine whether the candidate “Meets Expectations” for the controlled act of diagnosis. Considerations for “Below” or “Exceeds” are presented to aide examiners in determining criteria for “Meets Expectations”.
- Examiners are encouraged to use clinical judgment to check off the behavior indicators demonstrated by the candidate.
- For each section, consider the number of indicators checked off.
 - If the candidate’s responses reflect either meets or exceeds expectations, check the “meets expectations” box for that section
 - If the candidate’s responses reflect either a critical item in Below Expectations or more than one item endorsed in the Below Expectations, check the “red flag” box for that section
- Taking into consideration all four sections (Foundational Knowledge, Collecting Data, Integrating Data, and Communicating a Diagnosis):
 - Candidate meets entry level for the controlled act of diagnosis if all sections are checked as ‘meets expectations’
 - If the candidate presents with more than one red flag checkbox, recommend Continuing Exam
 - If the candidate presents with one red flag checkbox, use clinical judgment to consider the context and possible reason for the red flag. For example, if the candidate outlines a reasonable plan for collecting data, arrives at a diagnosis that is consistent with the vignette, and describes a sensitive and clear method of communicating a diagnosis yet does not demonstrate a comprehensive foundational knowledge of diagnosis, the panel may determine that a pass is still in order.

	Below Expectations Needs considerable prompting and cueing to generate ideas	Meets Expectations May require minimal prompting (may reflect anxiety but knows the material and the process)	Exceeds Expectations Automatic and fluent without need of prompting
Foundational Diagnostic Knowledge	<input type="checkbox"/> Does not appear to rely on a formal diagnostic system <input type="checkbox"/> CI: Missing knowledge of specific diagnostic criteria	<input type="checkbox"/> Refers to an established diagnostic system (e.g. DSM, ICD) <input type="checkbox"/> Demonstrates knowledge of diagnostic criteria (e.g. refers to specific criteria)	<input type="checkbox"/> Outlines diagnostic criteria with ease and fluency, demonstrating a comprehensive

	Below Expectations Needs considerable prompting and cueing to generate ideas	Meets Expectations May require minimal prompting (may reflect anxiety but knows the material and the process)	Exceeds Expectations Automatic and fluent without need of prompting
	(provides vague symptom descriptions) <input type="checkbox"/> Relies on 'common sense' or lay person knowledge of diagnoses; does not use diagnostic terminology	relevant for particular diagnoses), even if candidate describes categories as outside scope of practice (ie. Knows enough to recognize, differentially diagnose, refer on, etc).	depth of knowledge
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed If either box checked, red flag	<input type="checkbox"/> Candidate's responses meet expectations	
Collecting Relevant Diagnostic Information / Data from the Client	<input type="checkbox"/> Is vague or does not describe a systemic approach to collecting relevant data <input type="checkbox"/> CI: Describes measures or data collection that is inappropriate to the situation <input type="checkbox"/> CI: References measures or tools but cannot explain how they are used or indicates inappropriate use <input type="checkbox"/> Does not take into consideration background / culture / age and other contextual factors <input type="checkbox"/> Suggests measures only to consider one diagnosis (not considering differential	<input type="checkbox"/> Describes a systematic approach to collecting relevant data (e.g., interview, questionnaires or measures) <input type="checkbox"/> Cites specific measures or specific data sources (e.g., names specific questionnaires or semi-structured interviews; cites importance of multi-informant data sources) <input type="checkbox"/> Identifies need for critical information relevant to possible diagnoses (e.g., timelines for MDD vs PDD, worry spirals for GAD) <input type="checkbox"/> Describes how measures and data may aid in differential diagnosis <input type="checkbox"/> References appropriate measures with sufficient detail, even if they acknowledge they do not	<input type="checkbox"/> Demonstrates a systematic approach while referencing relevant contextual factors (e.g., cites names of measures; considers cultural sensitivity / validity) <input type="checkbox"/> Specifies the data that might confirm or disconfirm specific diagnoses (differential diagnosis)

	Below Expectations Needs considerable prompting and cueing to generate ideas	Meets Expectations May require minimal prompting (may reflect anxiety but knows the material and the process)	Exceeds Expectations Automatic and fluent without need of prompting
	diagnoses; forecloses too early – trying to confirm a particular diagnosis with specific facts/data)	use these tools on a regular basis.	
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed <ul style="list-style-type: none"> • If either box checked, red flag 	<input type="checkbox"/> Candidate's responses meet expectations	
Integrating Data into a Diagnostic Formulation	<input type="checkbox"/> Considers too few diagnostic possibilities <input type="checkbox"/> Does not link rule in / rule out of diagnoses to the data <input type="checkbox"/> Does not present a coherent diagnostic formulation (i.e. uses lay term such as "depression" or "anxiety" without any reference to symptoms or rationale) <input type="checkbox"/> CI: Lands on a diagnosis that is not a logical conclusion based on diagnostic information	<input type="checkbox"/> Presents a comprehensive consideration of all diagnoses which may fit the clinical presentation <input type="checkbox"/> Demonstrates critical thinking ("diagnostic mindset") when considering diagnostic possibilities (i.e., provides a rationale for ruling in / ruling out; lays out a 'decision tree' for differential diagnoses) <input type="checkbox"/> Links the critical thinking to the available data (i.e., Able to explain how the data fits particular diagnoses and how it may rule out other diagnoses) <input type="checkbox"/> Arrives at a diagnosis that logically fits the presenting issues/ diagnostic information	<input type="checkbox"/> Considers breadth of diagnostic possibilities <input type="checkbox"/> Demonstrates ease and fluency in considering rule in/ rule outs, with reference to diagnostic criteria, diagnoses <input type="checkbox"/> Demonstrates an understanding of the principle of parsimony – looking at diagnostic criteria that may fit more than one diagnosis and considering 'best fit' given all of the data.
Examiner Decision: Red Flag leads to	<input type="checkbox"/> Critical Item Endorsed	<input type="checkbox"/> Candidate's responses meet expectations	

	Below Expectations Needs considerable prompting and cueing to generate ideas	Meets Expectations May require minimal prompting (may reflect anxiety but knows the material and the process)	Exceeds Expectations Automatic and fluent without need of prompting
continuing exam	<input type="checkbox"/> More than one item endorsed <ul style="list-style-type: none"> • If either box checked, red flag 		
	Below Expectations Needs considerable prompting and cueing to generate ideas	Meets Expectations May require minimal prompting (may reflect anxiety but knows the material and the process)	Exceeds Expectations Automatic and fluent without need of prompting
Communication of a Diagnosis	<input type="checkbox"/> CI: Interpersonally is blunt or insensitive when communicating the diagnosis <input type="checkbox"/> Does not explain the disorder to the client at the appropriate level of communication for the client (e.g., tailored to the client's needs) <input type="checkbox"/> Does not explain the prognosis <input type="checkbox"/> Does not present a proposed treatment plan that matches the diagnosis	<input type="checkbox"/> Translates knowledge of diagnosis to the client with interpersonal sensitivity, awareness of cultural / diversity relevance, and tailored to the client's age, language, understanding, etc. <input type="checkbox"/> Demonstrates interpersonal sensitivity when communicating the diagnosis <input type="checkbox"/> Uses accessible (non-jargon) language that fits the client's needs to explain the diagnosis <input type="checkbox"/> References prognosis <input type="checkbox"/> Links the diagnosis to evidence-based treatment or logical recommendations	<input type="checkbox"/> Communicates diagnosis with client-centred sensitivity, concise use of language, and incorporates all relevant information in plain / accessible manner
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed <ul style="list-style-type: none"> • If either box checked, red flag 	<input type="checkbox"/> Candidate's responses meet expectations	

Team Summary Rating Sheet

Draft Steps for Creating a Diagnostic Orals Exam Vignette

General Instructions:

- a) Considering areas of declaration

The vignette should be tailored to the individual candidate's areas of declared competency. If the candidate has more than one population and more than one area, the suggestion is to develop a scenario that reflects a common diagnostic presentation that the candidate may encounter in a primary client population (e.g., Adult Clinical). Alternately, areas of declaration that can be logically combined (e.g. child clinical and school, adult health and rehab) may be integrated into one diagnostic vignette.

- a) Considering "entry level"

The diagnostic rubric outlines four components (Foundational Diagnostic Knowledge; Collecting Data; Integrating Data; and Communicating a Diagnosis). Criteria for operationally defining "entry level" competence are included under the "meets expectations" column. The vignettes should not reflect highly complex or rare diagnostic presentations.

Steps for Creating a Vignette

1. Create the client by specifying:
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 - Relevant features of the client's identity (i.e., gender, culture, race, neurodiversity, etc.)
 - Education or work setting (i.e., grade in school, relevant contextual information such as profession or nature of work, status as retired, etc.)
2. State the client's primary reason for referral: (Information that is typically communicated by the client at the point of initial contact, seeking service)
 - Include two to four primary symptoms or functional issues, stated in language that would be consistent with client report (e.g., memory problems, difficulties sleeping, having trouble concentrating, feeling irritable with others, etc.). The symptoms should be common enough to reflect several possible diagnoses (see attached list of suggested symptoms / complaints)
 - Include contextual information which might suggest at least three possible diagnoses (e.g., avoidance of crowds could be SAD, agoraphobia, or GAD).
3. Ask the candidate for possible diagnoses (Diagnostic Foundational Knowledge)
 - The candidate should demonstrate foundational diagnostic knowledge by listing at least three possible diagnoses.
 - If the candidate provides fewer than 3 diagnoses, the examining team may provide a prompt, re-reading the original instructions to "brainstorm" options and to consider as many diagnoses which may fit the presenting symptoms as possible.
4. Provide a description of the symptoms described at a first interview with the client
 - Include symptoms and contextual information that narrow the list from the referral question yet are still consistent with at least two to three possible diagnoses
 - Include information that may help the candidate to rule out any diagnoses (e.g., highly sociable and flexible in thinking may help to rule out ASD)

- Provide details about the symptoms including frequency, duration, intensity. The information should reflect the client's life situation and context of symptoms that will help the candidate to arrive at a couple of diagnostic possibilities (e.g. how the memory problems are impairing the client at home and work; the timeline for mood symptoms in order to consider Persistent Depressive Disorder, etc.)
5. Ask the candidate what information they would need to consider a diagnosis. (Collecting Diagnostic Information)
- Listen for a systematic approach to collecting relevant data.
 - For interview data: listen for requests to understand timelines for onset and course of symptoms; frequency; intensity; degree to which symptoms are functionally impairing
 - Ask the candidate whether they use psychometric measures (Not required but if they do mention use of tests, ask for names and ensure that the tests are appropriate for the context)
 - Does the candidate mention collecting collateral information? (Again, consider the context. E.g., collateral information from school for a child is helpful to understand ADHD symptoms across settings)
 - Does the candidate mention any behavioral observations of the client?
6. Provide additional information about the client diagnostic presentation that reflects integration of any proposed assessment information suggested by the candidate. (Integrating Data into a Diagnostic Formulation)
- Provide enough detail to lead the candidate to a clear single diagnosis. Should be a key piece of information that is entry level.
 - Ask the candidate to think aloud and listen for the candidate's ability to arrive at a diagnosis that logically fits the presenting issues and diagnostic information
 - If the candidate describes asking specific interview questions about timeline, course, duration, intensity of symptoms, provide specific and brief information directly pertinent to the diagnostic criteria for the diagnosis the examiners have in mind. The additional information should help to rule in a particular diagnosis and/or rule out other diagnoses and should reflect functional impairment commensurate with a diagnosis (e.g., symptoms of low energy, loss of appetite, loss of interest, sleep difficulties, periods of crying have been particularly intense over the past month and have impeded the client from getting out of bed, from getting to work, etc).
 - If the candidate describes administering particular psychometric measures or semi-structured interview tools, provide specific and brief information about the 'results' of those assessment measures that would logically rule in a particular diagnosis.
 - Be prepared to entertain a new diagnosis than the profile the examiners had in mind if the candidate's line of thinking to date is logical, reasonable and consistent with the information presented at each stage of the diagnostic vignette.
7. Ask the candidate to decide on a diagnosis (or absence of diagnosis). Ask the candidate to verbally communicate the diagnosis to the panel as if the interviewers collectively are the client. This may demonstrate the candidate's interpersonal sensitivity, choice of language, and skill in communicating the diagnosis.
- Listen for the candidate to demonstrate interpersonal sensitivity

- Candidate should explain the diagnosis, tailoring language to the client (culture, age, language, understanding) and linking the diagnostic criteria to the client's symptoms and experiences
- Candidate should provide a prognosis or anticipated course of symptoms, giving a message of hope for symptom improvement (examiners may prompt to ask about this if not offered spontaneously)
- Candidate should reference a plan for treatment or logical recommendations (examiners may prompt to ask about this if not offered spontaneously)

CPO CONTROLLED ACT OF DIAGNOSIS DRAFT RUBRIC

*Instructions for Rubric:

- Examiners are to determine whether the candidate “Meets Expectations” for the controlled act of diagnosis. Considerations for “Below” or “Exceeds” are presented to aide examiners in determining criteria for “Meets Expectations”.
- Examiners are encouraged to use clinical judgment to check off the behavior indicators demonstrated by the candidate.
- For each section, consider the number of indicators checked off.
 - If the candidate’s responses reflect either meets or exceeds expectations, check the “meets expectations” box for that section
 - If the candidate’s responses reflect either a critical item in Below Expectations or more than one item endorsed in the Below Expectations, check the “red flag” box for that section
- Taking into consideration all four sections (Foundational Knowledge, Collecting Data, Integrating Data, and Communicating a Diagnosis):
 - Candidate meets entry level for the controlled act of diagnosis if all sections are checked as ‘meets expectations’
 - If the candidate presents with more than one red flag checkbox, recommend Continuing Exam
 - If the candidate presents with one red flag checkbox, use clinical judgment to consider the context and possible reason for the red flag. For example, if the candidate outlines a reasonable plan for collecting data, arrives at a diagnosis that is consistent with the vignette, and describes a sensitive and clear method of communicating a diagnosis yet does not demonstrate a comprehensive foundational knowledge of diagnosis, the panel may determine that a pass is still in order.

	Below Expectations Needs considerable prompting and cueing to generate ideas	Meets Expectations May require minimal prompting (may reflect anxiety but knows the material and the process)	Exceeds Expectations Automatic and fluent without need of prompting
Foundational Diagnostic Knowledge	<input type="checkbox"/> Does not appear to rely on a formal diagnostic system <input type="checkbox"/> CI: Missing knowledge of specific diagnostic criteria (provides vague symptom descriptions) <input type="checkbox"/> Relies on 'common sense' or lay person knowledge of diagnoses; does not use diagnostic terminology	<input type="checkbox"/> Refers to an established diagnostic system (e.g. DSM, ICD) <input type="checkbox"/> Demonstrates knowledge of diagnostic criteria (e.g. refers to specific criteria relevant for particular diagnoses), even if candidate describes categories as outside scope of practice (ie. Knows enough to recognize, differentially diagnose, refer on, etc).	<input type="checkbox"/> Outlines diagnostic criteria with ease and fluency, demonstrating a comprehensive depth of knowledge
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed If either box checked, red flag	<input type="checkbox"/> Candidate's responses meet expectations	
Collecting Relevant Diagnostic Information / Data from the Client	<input type="checkbox"/> Is vague or does not describe a systemic approach to collecting relevant data <input type="checkbox"/> CI: Describes measures or data collection that is inappropriate to the situation <input type="checkbox"/> CI: References measures or tools but cannot explain how they are used or indicates inappropriate use <input type="checkbox"/> Does not take into consideration background / culture / age and other contextual factors <input type="checkbox"/> Suggests measures only to consider one diagnosis (not considering differential diagnoses; forecloses too early – trying to confirm a particular diagnosis with specific facts/data)	<input type="checkbox"/> Describes a systematic approach to collecting relevant data (e.g., interview, questionnaires or measures) <input type="checkbox"/> Cites specific measures or specific data sources (e.g., names specific questionnaires or semi-structured interviews; cites importance of multi-informant data sources) <input type="checkbox"/> Identifies need for critical information relevant to possible diagnoses (e.g., timelines for MDD vs PDD, worry spirals for GAD) <input type="checkbox"/> Describes how measures and data may aide in differential diagnosis <input type="checkbox"/> References appropriate measures with sufficient detail, even if they acknowledge they do not use these tools on a regular basis.	<input type="checkbox"/> Demonstrates a systematic approach while referencing relevant contextual factors (e.g., cites names of measures; considers cultural sensitivity / validity) <input type="checkbox"/> Specifies the data that might confirm or disconfirm specific diagnoses (differential diagnosis)
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed • If either box checked, red flag	<input type="checkbox"/> Candidate's responses meet expectations	
Integrating Data into a Diagnostic Formulation	<input type="checkbox"/> Considers too few diagnostic possibilities <input type="checkbox"/> Does not link rule in / rule out of diagnoses to the data <input type="checkbox"/> Does not present a coherent diagnostic formulation (i.e. uses lay term such as "depression" or "anxiety" without any reference to symptoms or rationale) <input type="checkbox"/> CI: Lands on a diagnosis that is not a logical conclusion based on diagnostic information	<input type="checkbox"/> Presents a comprehensive consideration of all diagnoses which may fit the clinical presentation <input type="checkbox"/> Demonstrates critical thinking ("diagnostic mindset") when considering diagnostic possibilities (i.e., provides a rationale for ruling in / ruling out; lays out a 'decision tree' for differential diagnoses) <input type="checkbox"/> Links the critical thinking to the available data (i.e., Able to explain how the data fits particular diagnoses and how it may rule out other diagnoses) <input type="checkbox"/> Arrives at a diagnosis that logically fits the presenting issues/ diagnostic information	<input type="checkbox"/> Considers breadth of diagnostic possibilities <input type="checkbox"/> Demonstrates ease and fluency in considering rule in/ rule outs, with reference to diagnostic criteria, diagnoses <input type="checkbox"/> Demonstrates an understanding of the principle of parsimony – looking at diagnostic criteria that may fit more than one diagnosis and considering 'best fit' given all of the data.
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed • If either box checked, red flag	<input type="checkbox"/> Candidate's responses meet expectations	
Communication of a Diagnosis	<input type="checkbox"/> CI: Interpersonally is blunt or insensitive when communicating the diagnosis <input type="checkbox"/> Does not explain the disorder to the client at the appropriate level of communication for the client (e.g., tailored to the client's needs) <input type="checkbox"/> Does not explain the prognosis <input type="checkbox"/> Does not present a proposed treatment plan that matches the diagnosis	<input type="checkbox"/> Translates knowledge of diagnosis to the client with interpersonal sensitivity, awareness of cultural / diversity relevance, and tailored to the client's age, language, understanding, etc. <input type="checkbox"/> Demonstrates interpersonal sensitivity when communicating the diagnosis <input type="checkbox"/> Uses accessible (non-jargon) language that fits the client's needs to explain the diagnosis <input type="checkbox"/> References prognosis <input type="checkbox"/> Links the diagnosis to evidence-based treatment or logical recommendations	<input type="checkbox"/> Communicates diagnosis with client-centred sensitivity, concise use of language, and incorporates all relevant information in plain / accessible manner
Examiner Decision: Red Flag leads to continuing exam	<input type="checkbox"/> Critical Item Endorsed <input type="checkbox"/> More than one item endorsed • If either box checked, red flag	<input type="checkbox"/> Candidate's responses meet expectations	

Candidate's Name _____

Date: _____

Time: _____

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO

**Oral Examination
Diagnostic Interview Rating Sheet**

Examining Team's SUMMARY Rating Based on Candidate's Performance

In all cases, please elaborate upon your ratings with written reasons on the back of this form.

Dimensions of candidate's professional performance	Areas of Practice/Client Groups	Much below level expected for autonomous practice 1	Somewhat below level expected for autonomous practice 2	Meets or exceeds level expected for autonomous practice 3
A. Demonstrated competence in diagnosis				

B. We recommend a PASS [in all practice area(s) and client groups as declared].

OR

C. We recommend that this examination be continued (place detailed reasons on the back of this sheet). Refer candidate to the Director of Registration.

Examining Team:

Chair : _____
Print Name Signature

Member: _____
Print Name Signature

Member: _____
Print Name Signature

B. Recommend PASS

Reasons:

A). demonstrated competence in diagnosis:

C. Recommend THAT THIS EXAMINATION BE CONTINUED

Detailed Reasons for the following:

A) the rating of competence in diagnosis:

BRIEFING NOTE

2023.04.03C

JUNE 2023 COUNCIL MEETING

APPLIED BEHAVIOUR ANALYSIS EXAMINATION OF KNOWLEDGE OR COMPETENCE - COMPETENCY PROFILE AND BLUEPRINT

STRATEGIC DIRECTION REFLECTION

Enforcing standards fairly and effectively through: Developing, establishing and maintaining standards of qualifications for individuals seeking registration

MOTION FOR CONSIDERATION

That the competency profile and blueprint for the Applied Behaviour Analysis (ABA) Examination of Knowledge or Competence be approved.

Moved By TBD

PUBLIC INTEREST RATIONALE

The draft Registration Regulation of the yet to be proclaimed [Psychology and Applied Behaviour Analysis Act, 2021](#) requires the College to develop an examination of knowledge or competence related to the regulation of Behaviour Analysts. To ensure that the examination reflects the College's public interest mandate and to mitigate risk of harm to the public, the College engaged active professionals of Applied Behaviour Analysis in the development of the examination.

BACKGROUND

The College of Psychologists of Ontario has been working towards welcoming Behaviour Analysts into what will be the new College of Psychologists and Behaviour Analysts of Ontario to be established under the yet to be proclaimed *Psychology and Applied Behaviour Analysis Act, 2021*. The Act creates the new health profession of Applied Behaviour Analysis with its own distinct scope of practice.

In December 2020, the College struck the ABA Working Group, which is made up of College Council members, Behaviour Analysts and ABA educators. Since December 2021, the ABA Working Group has continued to meet twice per month to develop the appropriate registration requirements for new Behaviour Analyst graduates entering the practice for the first time, and for experienced Behaviour Analysts. The goal is to ensure that all registered Behaviour Analysts will have the necessary qualifications and competencies to deliver safe, effective, and quality care to the Ontario public. Out of these discussions, the draft Registration Regulation emerged. There are three routes to registration:

1. Transition Route #1: Active Board Certified Behavior Analysts with the Behavior Analyst Certification Board (BACB) (expressed as BCBA, or BCBA-D for those with doctoral level certification) who are in good standing will qualify for a Certificate of Registration for a Behaviour Analyst Authorizing Autonomous Practice once they successfully complete a Jurisprudence Module. The BACB is the foremost ABA certification board (non-regulator) in North America.
2. Transitional Route #2: Non-BCBA/BCBA-D Behaviour Analysts who have been working competently within the Scope of Practice of ABA and can demonstrate current practice of at least 1500 hours within the past 4 years will qualify for a Certificate of Registration for a Behaviour Analyst Authorizing

Autonomous Practice once they have successfully completed a Jurisprudence Module, and an examination of knowledge or competence.

3. Entry Level Route: Those who do not qualify under Transitional Route #1 must apply for and complete 1500 hours of supervised practice in Ontario, a Jurisprudence Module, and an examination of knowledge or competence in order to be issued a Certificate of Registration for a Behaviour Analyst Authorizing Autonomous Practice.

The draft Registration Regulation requires the examination of knowledge or competence to be approved by the College's Council. In March 2023, the ABA Working Group reviewed and approved a separate working group of ABA professionals tasked with participating as Subject Matter Experts (SMEs) in the development of the ABA examination. The first stage was to develop the examination's competency profile and blueprint in collaboration with Meazure Learning, an established examination development organization. The competency profile is based on the BACB's BCBA Test Content Outline (6th ed.), which has been adapted to reflect practice of the profession in Ontario. The content of the College's examination will adhere to this new competency profile, which represents knowledge, skills and attitudes identified as being important for Behaviour Analysts at entry-level and throughout their career. The examination's blueprint provides information to candidates about the weighting of each domain on the examination.

Over three meetings, a senior psychometrician from Meazure Learning guided the SMEs through the process of completing a job task analysis (based on the BACB's job task list) which resulted in the competency profile. The group then determined the weighting of each competency domain on the blueprint.

In the interest of transparency and public protection, the ABA Working Group and the Jurisprudence and Ethics Examination Committee reviewed the completed competency profile and blueprint at their respective meetings on May 3, 2023 and May 5, 2023. The overall feedback was that the competency profile and blueprint appeared have been developed in accordance with best practices.

RISK

If the competency profile and blueprint are not recommended to be approved by Council then this would cause significant delays in the development of the examination. Namely, the item bank review and item writing could not begin. Further, important information about the examination could not be communicated to the prospective Behaviour Analysts who will be required to complete it.

BUDGETARY IMPLICATIONS

The budget for the examination development included the competency profile and blueprint. However, if the competency profile and blueprint are not recommended to be approved by Council then the subsequent delays to the examination development process would almost certainly increase the overall costs to the College.

NEXT STEPS

Upon approval:

- Meazure Learning to facilitate a new working group of College-approved Subject Matter Experts tasked with reviewing the item bank received from the BACB along with writing new items as needed. These items will then be assigned to the competency profile and blueprint.
- Meazure Learning to translate the competency profile and blueprint to French.

ATTACHMENTS

1. Proposed Registration Regulation

2. Competency profile and blueprint for the ABA Examination of Knowledge or Competence

CONTACT FOR QUESTIONS

Shannon Elliott
ABA Coordinator

Excerpt of Psychology and Applied Behaviour Analysis Act, 2021

**ONTARIO REGULATION 74/15
REGISTRATION**

CERTIFICATES OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING AUTONOMOUS PRACTICE

- 27. Certificates of Registration for a behaviour analyst authorizing autonomous practice
- 28. Labour mobility
- 29. Terms, conditions and limitations
- 30. Transitional

CERTIFICATES OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING SUPERVISED PRACTICE

- 31. Certificates of Registration for a behaviour analyst authorizing supervised practice.
- 32. Labour mobility
- 33. Terms, conditions and limitations
- 34. Expiry

CERTIFICATE OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING AUTONOMOUS PRACTICE

27. (1) Subject to subsections (2) to (5), to qualify for a certificate of registration for a behaviour analyst authorizing autonomous practice, an applicant must comply with the following non-exemptible registration requirements:

1. The applicant must have obtained:
 - i. a post-graduate degree, at a minimum master's level, from a Canadian institution that is legally authorized to grant the degree and have successfully completed coursework in behaviour analysis recognized by a body approved by Council for that purpose, or
 - ii. a post-graduate degree, at a minimum master's level, that is considered by a panel of the Registration Committee to be equivalent to a degree described in subparagraph i., and have successfully completed coursework in behaviour analysis recognized by a body approved by Council for that purpose, or
 - iii. a post-graduate degree, at a minimum master's level, from a program in behaviour analysis accredited by a body, and at an accreditation level, approved by Council for that purpose; or
 - iv. Education and training in behaviour analysis outside of Canada that is considered by a panel of the Registration Committee to be substantially similar to the requirements described in subparagraph i.
2. The applicant must have completed a minimum of 1,500 hours of post-graduate supervised practice in applied behaviour analysis approved by the Registrar or a panel of the Registration Committee and performed while being a member holding a certificate of registration for a behaviour analyst authorizing supervised practice and while under the supervision of a member who meets the requirements in subsection 31. (3).
3. The applicant must have passed the examination of knowledge or competence set or approved by the Council or by a body that is approved by the Council for that purpose.
4. The applicant must have demonstrated successful completion of an assessment of Jurisprudence and Ethics knowledge in a manner or form approved by Council.
5. The applicant must have completed all further professional training or experience that, in the opinion of a panel of the Registration Committee, is required to ensure the competence of the applicant for autonomous practice as a behaviour analyst.

(2) An applicant who has obtained a degree from a program described in subparagraph 1 iv of subsection (1) shall not be considered to have met the requirements of paragraph 1 of subsection (1) unless the applicant has successfully completed such further assessment, training or supervised experience, if any, which in the opinion of a panel of the Registration Committee is required to ensure that the applicant has competencies equivalent to those of an applicant who has obtained a post-graduate

College of Psychologists of Ontario

degree, at a minimum master's level, and completed required coursework in behaviour analysis as described in subparagraph 1 i of subsection (1).

(3) An applicant who, at the time of application, is registered, licensed, or certified to practise applied behaviour analysis outside of Ontario, and where the applicant who made the application has been practising as a behaviour analyst at any point during the 24 months prior to submitting their application, is not required to meet the requirements in paragraphs 1, 2, 3 and 5 of subsection (1) if the following requirements are met:

1. i. The applicant must be registered as a behaviour analyst in good standing in a jurisdiction that is considered by a panel of the Registration Committee to have registration requirements equivalent to those of the College for the issuance of a certificate of registration for a behaviour analyst authorizing autonomous practice; or
 - ii. The applicant must be certified by a body that is approved by Council for that purpose with a certification type and status approved by Council and is in good standing with that body as of the date of the application.
2. i. It is a non-exemptible registration requirement that an applicant referred to in subsection (3) 1.i. provide one or more certificates, letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst in every jurisdiction where the applicant holds an out-of-province certificate; or
 - ii. It is a non-exemptible registration requirement that an applicant referred to in subsection (3) 1.ii. provide one or more certificates, letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst with the certification body approved by Council for that purpose.
3. The applicant must have attended an interview conducted by a panel of interviewers appointed by the Registrar and been assessed by that panel as being competent to practise the profession.
4. Where the applicant is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of applied behaviour analysis to the extent that would be permitted by a certificate of registration for a behaviour analyst authorizing autonomous practice at any time during the 24-month period preceding their application, the applicant must meet any further requirement to undertake, obtain or undergo any additional training, experience, examinations or assessments that, in the opinion of a panel of the Registration Committee, is required to ensure the competence of the applicant for autonomous practice as a behaviour analyst.

(4) Where an applicant is a member in good standing holding an Academic certificate of registration, the Registrar shall issue that member a certificate of registration for a behaviour analyst authorizing autonomous practice if the member,

- (a) was, at the time of being issued their Academic certificate of registration, a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice;
- (b) applies in writing to the Registrar for a certificate of registration for a behaviour analyst authorizing autonomous practice not less than 60 days before the applicant proposes to start practising as a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice; and
- (c) has satisfied the conditions, if any, imposed by a panel of the Registration Committee which in the opinion of the panel are required to ensure current competence in the practice of applied behaviour analysis.

(5) Where an applicant is a member in good standing holding an Inactive certificate of registration, the Registrar shall issue that member a certificate of registration for a behaviour analyst authorizing autonomous practice if the member,

- (a) was, at the time of being issued their Inactive certificate of registration, a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice;
- (b) applies in writing to the Registrar for a certificate of registration for a behaviour analyst authorizing autonomous practice not less than 60 days before the applicant proposes to start practising as a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice; and
- (c) has satisfied the conditions, if any, imposed by a panel of the Registration Committee which in the opinion of the panel are required to ensure current competence in the practice of applied behaviour analysis.

(6) Where an applicant is a member in good standing holding a Retired certificate of registration, the Registrar shall issue that member a certificate of registration for a behaviour analyst authorizing autonomous practice if the member,

- (a) was, at the time of being issued their Retired certificate of registration, a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice;
- (b) applies in writing to the Registrar for a certificate of registration for a behaviour analyst authorizing autonomous practice no more than 24 months after the member was issued a Retired certificate of registration and not less than 60 days before the applicant proposes to start practising as a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice; and

College of Psychologists of Ontario

- (c) has satisfied the conditions, if any, imposed by a panel of the Registration Committee which in the opinion of the panel are required to ensure current competence in the practice of applied behaviour analysis

Labour mobility

28. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration for a behaviour analyst authorizing autonomous practice, the applicant is deemed to have met the requirements set out in paragraphs 1, 2, 3, and 5 of subsection 27 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of applied behaviour analysis to the extent that would be permitted by a certificate of registration for a behaviour analyst authorizing autonomous practice at any time in the two years immediately before the date of the applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Terms, conditions and limitations

29. It is a term, condition and limitation of every certificate of registration for a behaviour analyst authorizing autonomous practice that the member shall practise the profession only within the areas of applied behaviour analysis in which the member has knowledge, skill and judgement.

Transitional

30. The following apply for the first 24 months after the day this Regulation comes into force,

(1) Paragraphs 1, 2, and 3 of subsection 27 (1) do not apply in respect of an application for a certificate of registration for a behaviour analyst authorizing autonomous practice where the applicant was certified by a body that is approved by Council for that purpose with a certification type and status approved by Council by the date this Regulation comes into force and is in good standing with that body, or

(2) Paragraphs 1 and 2 of subsection 27 (1) do not apply in respect of an application for certificate of registration for a behaviour analyst authorizing autonomous practice where the applicant who made the application had been practising as a behaviour analyst at any point within or during the three (3) years prior to this Regulation coming into force and meets the following additional non-exemptible requirements:

1. The applicant must have engaged in practice in Canada within the scope of practice of applied behaviour analysis for at least 1500 hours during the four-year period that immediately preceded the date that the applicant submitted their application; and
2. The applicant must provide evidence satisfactory to the Registrar or the Registration Committee of competence to practise as a behaviour analyst responsible for independent clinical decision-making.

CERTIFICATES OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING SUPERVISED PRACTICE

31. (1) To qualify for a certificate of registration for a behaviour analyst authorizing supervised practice, an applicant must comply with the following non-exemptible registration requirements:

1. The applicant meets the requirements set out in subsection 27 (1) 1.
2. The applicant must provide to the College a signed undertaking from a supervisor in which the supervisor undertakes to train the proposed member and supervise and evaluate the proposed member's practice and to provide reports in the form and manner as specified by the Registrar or a panel of the Registration Committee.

(2) An applicant who has obtained a degree from a program described in subparagraph 1 iv of subsection 27. (1) shall not be considered to have met the requirements of paragraph 1 of subsection (1) unless the applicant has successfully completed such further assessment, training or supervised experience, if any, which in the opinion of a panel of the Registration Committee is required to ensure that the applicant has competencies equivalent to those of an applicant who has obtained a degree from a program described in subparagraph 1 i of subsection 27. (1).

College of Psychologists of Ontario

(3) A signed undertaking shall not be considered as satisfying the requirement in paragraph 2 of subsection (1) unless the proposed supervisor who signed the undertaking met all of the following requirements:

1. They must be a member holding either a certificate of registration for a behaviour analyst authorizing autonomous practice or for the first 24 months after this Regulation comes into force, provides evidence, satisfactory to the Registration Committee that they meet the requirements for a certificate of registration authorizing autonomous practice.
2. Their certificate of registration must not be subject to any term, condition or limitation that was imposed as a result of a disciplinary proceeding or a fitness to practise proceeding.
3. They must not be the subject of any ongoing disciplinary proceeding or fitness to practise proceeding.
4. They must meet any other requirements established by the College to ensure competence in supervision.

Labour mobility

32. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration for a behaviour analyst authorizing supervised practice, the applicant is deemed to have met the requirements set out in paragraph 1 of subsection 31 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of applied behaviour analysis to the extent that would be permitted by a certificate of registration for a behaviour analyst authorizing supervised practice at any time in the two years immediately before the date of the applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Terms, conditions and limitations

33. It is a term, condition and limitation of every certificate of registration for a behaviour analyst authorizing supervised practice that the member shall practise the profession only under the supervision of a supervisor who is approved for that purpose by the Registrar or a panel of the Registration Committee.

Expiry

34. A certificate of registration for a behaviour analyst authorizing supervised practice expires on the date set out on the certificate, which date shall be no earlier than 12 months after the date the certificate of registration was issued and no more than 24 months after the date the certificate of registration was issued.



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

Entry-to-Practice Competencies for Behaviour Analysts in Ontario (1st ed.) & Examination Blueprint

The College of Psychologists of Ontario developed the entry-to-practice Competency Profile and Examination Blueprint for Behaviour Analysts in Ontario. The content of the College's entry-to-practice examination for Behaviour Analysts adheres to this competency profile, which represents knowledge, skills and attitudes identified as being important for Behaviour Analysts at entry-level and throughout their career. The Examination Blueprint provides information to candidates about the weighting of each domain on the examination.

The Entry-to-Practice Competency Profile for Behaviour Analysts in Ontario is based on the Behavior Analyst Certification Board's (BACB) Board Certified Behavior Analyst (BCBA) Test Content Outline (6th ed.), which has been adapted to reflect practice of the profession in Ontario.

Presented below is examination blueprint and entry-to-practice competency profile.

Examination Blueprint

The entry-to-practice competencies are categorized into 10 domains. Presented in the table are domain weights that the College's entry-to-practice examination will adhere to.

Domain	% of Exam
1. Behaviourism and Philosophical Foundations	5%
2. Concepts and Principles	14%
3. Measurement, Data Display and Interpretation	11%
4. Experimental Design	7%
5. Ethical and Professional Issues	10%
6. Equity, Diversity & Inclusion (EDI)	6%
7. Behaviour Assessment	13%
8. Behaviour-Change Procedures	14%
9. Selecting and Implementing Interventions	10%
10. Personnel Supervision and Management	10%
Total Questions	100%

Entry-to-Practice Competency Profile:

The Competency Profile includes 112 competencies organized into 10 domains as follows.

Domain 1: Behaviourism and Philosophical Foundations (5%)

- 1.1. Identify the goals of behaviour analysis as a science (i.e., description, prediction, control).
- 1.2. Identify the philosophical assumptions underlying the science of behaviour analysis (e.g., selectionism, determinism, empiricism, parsimony, pragmatism).
- 1.3. Identify core elements of radical behaviourism.
- 1.4. Distinguish among behaviourism, the experimental analysis of behaviour, applied behaviour analysis, and professional practice guided by the science of behaviour analysis.
- 1.5. Identify dimensions of applied behaviour analysis.

Domain 2: Concepts and Principles (14%)

- 2.1. Distinguish among behaviour, response, and response class.
- 2.2. Distinguish between stimulus and stimulus class.
- 2.3. Distinguish between respondent and operant conditioning.
- 2.4. Distinguish between positive and negative reinforcement contingencies.
- 2.5. Distinguish between positive and negative punishment contingencies.
- 2.6. Distinguish between automatic and socially mediated contingencies.
- 2.7. Distinguish among unconditioned, conditioned, and generalized reinforcers.
- 2.8. Distinguish among unconditioned, conditioned, and generalized punishers.
- 2.9. Distinguish among simple schedules of reinforcement.
- 2.10. Distinguish among concurrent, multiple, mixed, and chained schedules of reinforcement.
- 2.11. Distinguish between operant and respondent extinction as operations and processes.
- 2.12. Identify examples of stimulus control.
- 2.13. Identify examples of stimulus discrimination.
- 2.14. Distinguish between stimulus and response generalization.
- 2.15. Identify examples of response maintenance.
- 2.16. Identify examples of motivating operations.
- 2.17. Distinguish between motivating operations and stimulus control.
- 2.18. Distinguish between rule-governed and contingency-shaped behaviour.
- 2.19. Distinguish among verbal operants.
- 2.20. Identify the role of multiple control in verbal behaviour.
- 2.21. Identify examples of processes that promote emergent relations and generative performance.
- 2.22. Identify ways behavioural momentum can be used to understand response persistence.
- 2.23. Identify ways the matching law can be used to interpret response allocation.
- 2.24. Distinguish between imitation and observational learning.

Domain 3: Measurement, Data Display and Interpretation (11%)

- 3.1. Create operational definitions of behaviour.
- 3.2. Distinguish among direct, indirect and product measures of behaviour.
- 3.3. Measure frequency of behaviour.
- 3.4. Measure temporal dimensions of behaviour (e.g., duration, latency, interresponse time).
- 3.5. Distinguish between continuous and discontinuous measurement procedures.
- 3.6. Design and apply discontinuous measurement procedures (e.g., interval recording, time sampling).
- 3.7. Measure efficiency (e.g., trials to criterion, cost-benefit analysis, training duration).
- 3.8. Evaluate the validity and reliability of measurement procedures.
- 3.9. Select a measurement procedure to obtain representative data that accounts for the critical dimension of the behaviour and environmental constraints.
- 3.10. Graph data to demonstrate relevant quantitative relations (e.g., equal-interval graphs, bar graphs, cumulative records).
- 3.11. Interpret graphed data to effectively communicate findings to relevant parties.
- 3.12. Select a measurement procedure to obtain representative procedural integrity data that accounts for relevant dimensions and environmental constraints (e.g., accuracy, dosage).

Domain 4: Experimental Design (7%)

- 4.1. Distinguish between dependent and independent variables.
- 4.2. Distinguish between internal and external validity.
- 4.3. Identify threats to internal validity (e.g., history, maturation).
- 4.4. Identify social validity measures.
- 4.5. Identify the defining features of single-case experimental designs (e.g., individuals serve as their own controls, repeated measures, prediction, verification, replication).
- 4.6. Identify the relative strengths of single-case experimental designs and group designs.
- 4.7. Evaluate data from single-case experimental designs and group designs.
- 4.8. Distinguish among reversal, multiple-baseline, multielement, and changing-criterion designs.
- 4.9. Identify rationales for conducting comparative, component, and parametric analyses.
- 4.10. Apply single-case experimental designs.

Domain 5: Ethical and Professional Issues (10%)

- 5.1. Identify the client within different systems of stakeholders.
- 5.2. Apply core ethical principles of client-centered care (e.g., benefit others; treat others with compassion, dignity, and respect; behave with integrity).
- 5.3. Identify indicators of assent and dissent.
- 5.4. Identify the risks to others, the profession and oneself, as a result of engaging in unethical behaviour.
- 5.5. Engage in professional development activities to maintain competence (e.g., read literature, seek consultation, establish mentors).
- 5.6. Comply with requirements for collecting, using, protecting, and disclosing confidential information.
- 5.7. Comply with requirements for making public statements about professional activities (e.g., social media activity; misrepresentation of professional credentials, and service outcomes).
- 5.8. Identify the conditions under which services should be discontinued (e.g., discharge or transition).
- 5.9. Apply reasonable steps in transitioning clients or services (e.g., written plan or report, collaboration with or referral to service provider).
- 5.10. Mitigate risks associated with multiple relationships.
- 5.11. Apply interpersonal skills necessary to establish and maintain professional relationships (e.g., accepting feedback, listening actively, seeking input).
- 5.12. Apply relevant legal, regulatory, and practice requirements to the delivery of behaviour-analytic services (e.g., jurisprudence, funding, assent, consent).

6. Equity, Diversity and Inclusion (6%)

- 6.1. Identify and minimize personal biases that might interfere with professional activity through self-reflection.
- 6.2. Identify and minimize limitations and biases in data and information systems.
- 6.3. Recognize the unique historical and cultural experiences of Indigenous clients and take responsibility to learn about Indigenous clients' needs.
- 6.4. Identify biases within social structures that marginalize people and communities (i.e., those protected under the Ontario Human Rights Code).
- 6.5. Engage in cultural humility in professional learning, service delivery and relationships.
- 6.6. Promote anti-oppressive and culturally safe practices.
- 6.7. Promote equity, diversity and inclusion in the workplace environment.

Domain 7: Behaviour Assessment (13%)

- 7.1. Identify relevant sources of information in records (e.g., educational, medical, historical) at the outset of the case.
- 7.2. Integrate relevant cultural and contextual variables in the assessment process.
- 7.3. Assess relevant skill, strengths and areas of need of the client.
- 7.4. Conduct preference assessments.
- 7.5. Conduct descriptive assessments.
- 7.6. Conduct functional analyses.
- 7.7. Interpret assessment data to determine the need for behaviour-analytic services and/or referral to others.
- 7.8. Interpret assessment data to identify and prioritize socially significant, client-informed, and culturally responsive behaviour-change procedures and goals.

Domain 8: Behaviour-Change Procedures (14%)

- 8.1. Design and evaluate positive and negative reinforcement procedures.
- 8.2. Design and evaluate differential reinforcement procedures with and without extinction (e.g., DRA, DRO, DRL, DRH).
- 8.3. Design and evaluate time-based reinforcement schedules (e.g., fixed-time).
- 8.4. Identify procedures to establish and use conditioned reinforcers (e.g., token economies).
- 8.5. Incorporate motivating operations and discriminative stimuli into behaviour-change procedures.
- 8.6. Design and evaluate procedures to produce simple and conditional discriminations.
- 8.7. Select and evaluate stimulus and response prompting procedures (e.g., errorless, most-to-least, least-to-most).
- 8.8. Design and implement procedures to fade stimulus and response prompts (e.g., prompt delay, stimulus fading).
- 8.9. Design and evaluate instructions as antecedent stimuli and rules as three term contingencies.
- 8.10. Shape dimensions of behaviour.
- 8.11. Apply appropriate chaining procedures.
- 8.12. Design and evaluate trial-based and free-operant procedures.
- 8.13. Design and evaluate individual and group contingencies.
- 8.14. Design and evaluate procedures to promote stimulus and response generalization.
- 8.15. Design and evaluate procedures to maintain desired behaviour change following intervention (e.g., schedule thinning, transferring to naturally occurring reinforcers).
- 8.16. Design and evaluate positive and negative punishment (e.g., time-out, response cost, overcorrection).
- 8.17. Evaluate emotional and elicited effects of behaviour-change procedures.
- 8.18. Design and evaluate procedures to promote emergent relations and generative performance.

Domain 9: Selecting and Implementing Interventions (10%)

- 9.1. Develop intervention goals in observable and measurable terms.
- 9.2. Identify and recommend interventions based on functional assessment results, scientific evidence, client preferences, and contextual fit (e.g., expertise required for implementation, cultural variables, environmental resources).
- 9.3. Select socially valid behaviour to be established or increased when a target behaviour is to be decreased.
- 9.4. Attempt to mitigate possible unwanted effects when using reinforcement, extinction, and punishment procedures.
- 9.5. Attempt to mitigate possible relapse of the target behaviour.
- 9.6. Make data-based decisions about procedural integrity.
- 9.7. Make data-based decisions about the effectiveness of the intervention and the need for modification.
- 9.8. Collaborate with others to support and enhance client services.

Domain 10: Personnel Supervision and Management (10%)

10.1. Identify the benefits of using behaviour-analytic supervision practices (e.g., improved client outcomes, improved staff performance and retention).

10.2. Apply strategies for establishing effective supervisory relationships (e.g., executing supervisor-supervisee contracts, establishing clear expectations, giving and accepting feedback).

10.3. Select supervision goals based on an assessment of the supervisor and supervisee's skills & goals, cultural variables, client needs and the environment.

10.4. Apply a function-based approach to assess and improve supervisee behaviour (e.g., performance diagnostics).

10.5. Apply empirically validated and culturally responsive performance management practices.

10.6. Make data-based decisions about the efficacy of supervisory practices.

10.7. Identify the conditions under which supervision should be discontinued.

10.8. Apply reasonable steps in transitioning or discontinuing supervision (e.g., referral to another professional, documentation).

BRIEFING NOTE

2023.04.03D

JUNE 2023 COUNCIL MEETING

TRANSITIONAL ROUTE GUIDELINES FOR BEHAVIOUR ANALYSTS

STRATEGIC DIRECTION REFLECTION

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,*
- *Communicating clearly and effectively with stakeholders, particularly applicants, members and the public.*

MOTION FOR CONSIDERATION

That the Transitional Route Guidelines for Behaviour Analysts be approved.

Moved By TBD

PUBLIC INTEREST RATIONALE

The College must balance the need to confirm that an experienced Behaviour Analyst has the necessary knowledge, skills, and judgement for safe and effective practice with the need to avoid unnecessary service disruptions to clients and other stakeholders. The registration requirements for such applicants are outlined in the draft Registration Regulation of the yet to be proclaimed [Psychology and Applied Behaviour Analysis Act, 2021](#). It is necessary to develop and circulate guidelines that expand upon the Registration Regulation so that the College has a uniform criteria for confirming whether an applicant is eligible for registration, and to provide applicants with information about the specific registration requirements, application process, and other registration procedures.

BACKGROUND

The College of Psychologists of Ontario has been working towards welcoming Behaviour Analysts into what will be the new College of Psychologists and Behaviour Analysts of Ontario to be established under the yet to be proclaimed *Psychology and Applied Behaviour Analysis Act, 2021*. The Act creates the new health profession of Applied Behaviour Analysis with its own distinct scope of practice.

In December 2020, the College struck the ABA Working Group, which is made up of College Council members, Behaviour Analysts and ABA educators. Since December 2021, the ABA Working Group has continued to meet twice per month to develop the appropriate registration requirements for new Behaviour Analyst graduates entering the practice for the first time, and for experienced Behaviour Analysts. The goal is to ensure that all registered Behaviour Analysts will have the necessary qualifications and competencies to deliver safe, effective, and quality care to the Ontario public. Out of these discussions, the draft Registration Regulation emerged. There are three routes to registration:

1. Transition Route #1: Active Board Certified Behavior Analysts with the Behavior Analyst Certification Board (BACB) (expressed as BCBA, or BCBA-D for those with doctoral level certification) who are in good standing will qualify for a Certificate of Registration for a Behaviour Analyst Authorizing Autonomous Practice once they successfully complete a Jurisprudence Module. The BACB is the foremost ABA certification board (non-regulator) in North America.

2. Transitional Route #2: Non-BCBA/BCBA-D Behaviour Analysts who have been working competently within the Scope of Practice of ABA and can demonstrate current practice of at least 1500 hours within the past 4 years will qualify for a Certificate of Registration for a Behaviour Analyst Authorizing Autonomous Practice once they have successfully completed a Jurisprudence Module, and an examination of knowledge or competence.
3. Entry Level Route: Those who do not qualify under Transitional Route #1 must apply for and complete 1500 hours of supervised practice in Ontario, a Jurisprudence Module, and an examination of knowledge or competence in order to be issued a Certificate of Registration for a Behaviour Analyst Authorizing Autonomous Practice.

To avoid a service delivery disruption, the College intends on pre-registering Behaviour Analysts prior to proclamation of the Act. Further, the Transitional Routes #1 and #2 will close after the Act has been in force for 2 years. Therefore, it is important that the College circulates the Transitional Route Guidelines to prospective Behaviour Analysts and other stakeholders so that they have a clear understanding of which route they may qualify under, and whether there is anything additional they need to complete prior to proclamation of the Act or the closure of the Transitional Routes (e.g. BACB certification, additional education or practice currency).

The Registration Committee reviewed the Transitional Guidelines at their Plenary meeting in March.

RISK

If the Transitional Route Guidelines are not recommended for approval by the Council, then there will be significant delays in communicating the registration requirements to prospective Behaviour Analysts. As these are time-limited routes to registration, it will be paramount that Behaviour Analysts are aware of the College's requirements prior to proclamation of the Act so that they can either acquire certification from the BACB or update their formal education and/or practice currency. Further, this may impact the delivery of ABA services to the public by reducing access to registered Behaviour Analysts.

BUDGETARY IMPLICATIONS

The development of the Transitional Route Guidelines forms part of the ABA Working Group's budget. However, if amendments are required then this would increase the costs of completing the ABA regulation process via additional ABA Working Group meetings and staff support.

NEXT STEPS

Upon approval:

- The Transitional Route Guidelines will then be made public via the College's website.

ATTACHMENTS

1. Proposed Registration Regulation
2. Proposed Transitional Route Guidelines
3. Proposed Practice Currency: Acceptable Activities Checklist (For Transitional Route #2)

CONTACT FOR QUESTIONS

Shannon Elliott, ABA Coordinator

Excerpt of Psychology and Applied Behaviour Analysis Act, 2021

**ONTARIO REGULATION 74/15
REGISTRATION**

CERTIFICATES OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING AUTONOMOUS PRACTICE

- 27. Certificates of Registration for a behaviour analyst authorizing autonomous practice
- 28. Labour mobility
- 29. Terms, conditions and limitations
- 30. Transitional

CERTIFICATES OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING SUPERVISED PRACTICE

- 31. Certificates of Registration for a behaviour analyst authorizing supervised practice.
- 32. Labour mobility
- 33. Terms, conditions and limitations
- 34. Expiry

CERTIFICATE OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING AUTONOMOUS PRACTICE

27. (1) Subject to subsections (2) to (5), to qualify for a certificate of registration for a behaviour analyst authorizing autonomous practice, an applicant must comply with the following non-exemptible registration requirements:

1. The applicant must have obtained:
 - i. a post-graduate degree, at a minimum master's level, from a Canadian institution that is legally authorized to grant the degree and have successfully completed coursework in behaviour analysis recognized by a body approved by Council for that purpose, or
 - ii. a post-graduate degree, at a minimum master's level, that is considered by a panel of the Registration Committee to be equivalent to a degree described in subparagraph i., and have successfully completed coursework in behaviour analysis recognized by a body approved by Council for that purpose, or
 - iii. a post-graduate degree, at a minimum master's level, from a program in behaviour analysis accredited by a body, and at an accreditation level, approved by Council for that purpose; or
 - iv. Education and training in behaviour analysis outside of Canada that is considered by a panel of the Registration Committee to be substantially similar to the requirements described in subparagraph i.
2. The applicant must have completed a minimum of 1,500 hours of post-graduate supervised practice in applied behaviour analysis approved by the Registrar or a panel of the Registration Committee and performed while being a member holding a certificate of registration for a behaviour analyst authorizing supervised practice and while under the supervision of a member who meets the requirements in subsection 31. (3).
3. The applicant must have passed the examination of knowledge or competence set or approved by the Council or by a body that is approved by the Council for that purpose.
4. The applicant must have demonstrated successful completion of an assessment of Jurisprudence and Ethics knowledge in a manner or form approved by Council.
5. The applicant must have completed all further professional training or experience that, in the opinion of a panel of the Registration Committee, is required to ensure the competence of the applicant for autonomous practice as a behaviour analyst.

(2) An applicant who has obtained a degree from a program described in subparagraph 1 iv of subsection (1) shall not be considered to have met the requirements of paragraph 1 of subsection (1) unless the applicant has successfully completed such further assessment, training or supervised experience, if any, which in the opinion of a panel of the Registration Committee is required to ensure that the applicant has competencies equivalent to those of an applicant who has obtained a post-graduate

College of Psychologists of Ontario

degree, at a minimum master's level, and completed required coursework in behaviour analysis as described in subparagraph 1 i of subsection (1).

(3) An applicant who, at the time of application, is registered, licensed, or certified to practise applied behaviour analysis outside of Ontario, and where the applicant who made the application has been practising as a behaviour analyst at any point during the 24 months prior to submitting their application, is not required to meet the requirements in paragraphs 1, 2, 3 and 5 of subsection (1) if the following requirements are met:

1.
 - i. The applicant must be registered as a behaviour analyst in good standing in a jurisdiction that is considered by a panel of the Registration Committee to have registration requirements equivalent to those of the College for the issuance of a certificate of registration for a behaviour analyst authorizing autonomous practice; or
 - ii. The applicant must be certified by a body that is approved by Council for that purpose with a certification type and status approved by Council and is in good standing with that body as of the date of the application.
 2.
 - i. It is a non-exemptible registration requirement that an applicant referred to in subsection (3) 1.i. provide one or more certificates, letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst in every jurisdiction where the applicant holds an out-of-province certificate; or
 - ii. It is a non-exemptible registration requirement that an applicant referred to in subsection (3) 1.ii. provide one or more certificates, letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst with the certification body approved by Council for that purpose.
 3. The applicant must have attended an interview conducted by a panel of interviewers appointed by the Registrar and been assessed by that panel as being competent to practise the profession.
 4. Where the applicant is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of applied behaviour analysis to the extent that would be permitted by a certificate of registration for a behaviour analyst authorizing autonomous practice at any time during the 24-month period preceding their application, the applicant must meet any further requirement to undertake, obtain or undergo any additional training, experience, examinations or assessments that, in the opinion of a panel of the Registration Committee, is required to ensure the competence of the applicant for autonomous practice as a behaviour analyst.
- (4) Where an applicant is a member in good standing holding an Academic certificate of registration, the Registrar shall issue that member a certificate of registration for a behaviour analyst authorizing autonomous practice if the member,
- (a) was, at the time of being issued their Academic certificate of registration, a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice;
 - (b) applies in writing to the Registrar for a certificate of registration for a behaviour analyst authorizing autonomous practice not less than 60 days before the applicant proposes to start practising as a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice; and
 - (c) has satisfied the conditions, if any, imposed by a panel of the Registration Committee which in the opinion of the panel are required to ensure current competence in the practice of applied behaviour analysis.
- (5) Where an applicant is a member in good standing holding an Inactive certificate of registration, the Registrar shall issue that member a certificate of registration for a behaviour analyst authorizing autonomous practice if the member,
- (a) was, at the time of being issued their Inactive certificate of registration, a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice;
 - (b) applies in writing to the Registrar for a certificate of registration for a behaviour analyst authorizing autonomous practice not less than 60 days before the applicant proposes to start practising as a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice; and
 - (c) has satisfied the conditions, if any, imposed by a panel of the Registration Committee which in the opinion of the panel are required to ensure current competence in the practice of applied behaviour analysis.
- (6) Where an applicant is a member in good standing holding a Retired certificate of registration, the Registrar shall issue that member a certificate of registration for a behaviour analyst authorizing autonomous practice if the member,
- (a) was, at the time of being issued their Retired certificate of registration, a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice;
 - (b) applies in writing to the Registrar for a certificate of registration for a behaviour analyst authorizing autonomous practice no more than 24 months after the member was issued a Retired certificate of registration and not less than 60 days before the applicant proposes to start practising as a member holding a certificate of registration for a behaviour analyst authorizing autonomous practice; and

College of Psychologists of Ontario

- (c) has satisfied the conditions, if any, imposed by a panel of the Registration Committee which in the opinion of the panel are required to ensure current competence in the practice of applied behaviour analysis

Labour mobility

28. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration for a behaviour analyst authorizing autonomous practice, the applicant is deemed to have met the requirements set out in paragraphs 1, 2, 3, and 5 of subsection 27 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of applied behaviour analysis to the extent that would be permitted by a certificate of registration for a behaviour analyst authorizing autonomous practice at any time in the two years immediately before the date of the applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Terms, conditions and limitations

29. It is a term, condition and limitation of every certificate of registration for a behaviour analyst authorizing autonomous practice that the member shall practise the profession only within the areas of applied behaviour analysis in which the member has knowledge, skill and judgement.

Transitional

30. The following apply for the first 24 months after the day this Regulation comes into force,

(1) Paragraphs 1, 2, and 3 of subsection 27 (1) do not apply in respect of an application for a certificate of registration for a behaviour analyst authorizing autonomous practice where the applicant was certified by a body that is approved by Council for that purpose with a certification type and status approved by Council by the date this Regulation comes into force and is in good standing with that body, or

(2) Paragraphs 1 and 2 of subsection 27 (1) do not apply in respect of an application for certificate of registration for a behaviour analyst authorizing autonomous practice where the applicant who made the application had been practising as a behaviour analyst at any point within or during the three (3) years prior to this Regulation coming into force and meets the following additional non-exemptible requirements:

1. The applicant must have engaged in practice in Canada within the scope of practice of applied behaviour analysis for at least 1500 hours during the four-year period that immediately preceded the date that the applicant submitted their application; and
2. The applicant must provide evidence satisfactory to the Registrar or the Registration Committee of competence to practise as a behaviour analyst responsible for independent clinical decision-making.

CERTIFICATES OF REGISTRATION FOR A BEHAVIOUR ANALYST AUTHORIZING SUPERVISED PRACTICE

31. (1) To qualify for a certificate of registration for a behaviour analyst authorizing supervised practice, an applicant must comply with the following non-exemptible registration requirements:

1. The applicant meets the requirements set out in subsection 27 (1) 1.
2. The applicant must provide to the College a signed undertaking from a supervisor in which the supervisor undertakes to train the proposed member and supervise and evaluate the proposed member's practice and to provide reports in the form and manner as specified by the Registrar or a panel of the Registration Committee.

(2) An applicant who has obtained a degree from a program described in subparagraph 1 iv of subsection 27. (1) shall not be considered to have met the requirements of paragraph 1 of subsection (1) unless the applicant has successfully completed such further assessment, training or supervised experience, if any, which in the opinion of a panel of the Registration Committee is required to ensure that the applicant has competencies equivalent to those of an applicant who has obtained a degree from a program described in subparagraph 1 i of subsection 27. (1).

College of Psychologists of Ontario

(3) A signed undertaking shall not be considered as satisfying the requirement in paragraph 2 of subsection (1) unless the proposed supervisor who signed the undertaking met all of the following requirements:

1. They must be a member holding either a certificate of registration for a behaviour analyst authorizing autonomous practice or for the first 24 months after this Regulation comes into force, provides evidence, satisfactory to the Registration Committee that they meet the requirements for a certificate of registration authorizing autonomous practice.
2. Their certificate of registration must not be subject to any term, condition or limitation that was imposed as a result of a disciplinary proceeding or a fitness to practise proceeding.
3. They must not be the subject of any ongoing disciplinary proceeding or fitness to practise proceeding.
4. They must meet any other requirements established by the College to ensure competence in supervision.

Labour mobility

32. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration for a behaviour analyst authorizing supervised practice, the applicant is deemed to have met the requirements set out in paragraph 1 of subsection 31 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a behaviour analyst in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of applied behaviour analysis to the extent that would be permitted by a certificate of registration for a behaviour analyst authorizing supervised practice at any time in the two years immediately before the date of the applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Terms, conditions and limitations

33. It is a term, condition and limitation of every certificate of registration for a behaviour analyst authorizing supervised practice that the member shall practise the profession only under the supervision of a supervisor who is approved for that purpose by the Registrar or a panel of the Registration Committee.

Expiry

34. A certificate of registration for a behaviour analyst authorizing supervised practice expires on the date set out on the certificate, which date shall be no earlier than 12 months after the date the certificate of registration was issued and no more than 24 months after the date the certificate of registration was issued.

GUIDE TO APPLYING FOR REGISTRATION AS A BEHAVIOUR ANALYST USING TRANSITIONAL ROUTES

Transitional Route #1

Applicants applying under Transitional Route #1 must provide evidence of active BCBA or BCBA-D certification in good standing with the [Behavior Analyst Certification Board](#) (BACB).

Note: Applicants who are unable to provide evidence of active BCBA or BCBA-D certification in good standing with BACB, may apply using Transitional Route #2 (see below), or may apply using the entry-level registration route.

Transitional Route #2

Applicants applying under Transitional Route #2 (i.e., experienced Behaviour Analysts who have not earned BCBA or BCBA-D certification) must provide evidence, satisfactory to the College, that they:

- (i) practised as a Behaviour Analyst at any point within or during the three (3) years prior to the Regulation coming into force and that they engaged in practice in Canada within the scope of practice of Applied Behaviour Analysis for at least 1500 hours during the four-year period that immediately preceded the date that the applicant submitted their application , and
- (ii) are competent to practise as a Behaviour Analyst responsible for independent clinical decision-making.

Note: Applicants who are unable to provide evidence of required minimum experience and competence to practice cannot proceed in the registration process using this transitional route and may apply using the entry-level registration route.

Verification of Practice of the Profession and Competence to Practise

Section A: Mandatory- Evidence of Current Practice as a Behaviour Analyst

- a. Evidence of Current Practice as a Behaviour Analyst:** Applicants must provide evidence that they were practising ABA within the statutory scope of practice of the profession at **any time** within the three years prior to proclamation of the *Psychology and Applied Behaviour Analysis Act, 2021* (which is the date the Regulation comes into force)
AND
- b. Evidence of 1500 practice currency hours in Canada prior to applying for registration:** Applicants must also prove that they practised in Canada within the statutory scope of practice of the profession a minimum of 1500 hours **within the four years prior to submitting their application.**

Section B: Mandatory- Evidence of Competence to Practice

Guide to Applying for Registration as a Behaviour Analyst Using Transitional Routes

- a. **Evidence of Practice Experience** -Applicants will provide evidence of experience practising the profession competently. Information provided in Section A will be considered here, in addition to experience above and beyond experience evidenced in Section A.
- b. **Education in Behaviour Analysis:** Applicants will provide evidence of formal education in behaviour analysis. Applicants practising the profession for more than 10 years, but have not had formal education in the profession, may provide evidence of competent practise to the Registrar or the Registration Committee by the satisfactory completion of a peer assessment or by completing a short period of supervised practice.

Section C: Additional Evidence Verifying Competence to Practise as a Behaviour Analyst

Applicants who cannot provide the minimum evidence in Section B, may provide additional evidence of experience and competence as a Behaviour Analyst. Behaviour Analysts practise in various settings and may engage in other activities within the profession, which may also be recognized by the College. Categories of activities within the profession, outlined in Section C, below, provide opportunities for experienced Behaviour Analysts to provide evidence of their additional prior learning and experience.

Examination of Knowledge or Competence:

Applicants who provide satisfactory evidence of current practice of the profession (Section A) and competence to practice within the statutory scope of practice of the profession (Section B), and, where applicable, Section C, may proceed in the registration process. All individuals applying under Transitional Route #2, must pass the College's examination of knowledge or competence, to provide further evidence that they are competent to practice the profession safely.

REMAINING REGISTRATION REQUIREMENTS FOR ALL TRANSITIONAL ROUTE APPLICANTS

All applicants must also meet the remaining registration requirements, including:

- Completion of the Jurisprudence and Ethics module,
- Provide evidence of language fluency in English or French,
- Provide evidence of good standing in any jurisdiction or other profession in which they are or were previously regulated,
- Provide evidence of good character, including criminal record check,
- Provide evidence of eligibility to work in Canada,
- Complete any further training required by the Registration Committee, if any; and
- Payment of applicable fees.

PROVIDING ACCEPTABLE DOCUMENTATION TO THE COLLEGE FOR TRANSITIONAL REGISTRATION

TRANSITIONAL ROUTE #1

An applicant must provide evidence of active BCBA or BCBA-D type certification in good standing with the Behavior Analyst Certification Board (BACB). This information must be forwarded directly to the College from BACB and cannot be provided by the applicant.

TRANSITIONAL ROUTE #2

EVIDENCE OF CURRENT EXPERIENCE PRACTISING THE PROFESSION OF APPLIED BEHAVIOUR ANALYSIS

SECTION A: MANDATORY

- An applicant must provide evidence of current practice in Applied Behaviour Analysis within the three years prior to proclamation AND evidence of a minimum of 1500 hours of practise in Canada within the four (4) years prior to applying for registration with the College.
- Acceptable supporting documentation is described for each category. However, the Registration Committee has the right to request further information to verify practice experience and competence.

SECTION A: Current Experience in ABA	Acceptable Supporting Documentation
<p>1. Practising as a Behaviour Analyst: (i) within the 3 years prior to Proclamation (give date) AND (ii) a minimum of 1500 hours in Canada within the 4 years prior to applying to the College. The practice must be clearly within the scope of practice of the profession while providing services directly to clients and/or while supervising others in the provision of services, which involve clinical decision-making responsibility for the services provided.</p> <p>The College has developed a guideline for applicants describing activities that are deemed acceptable as practice currency hours and</p>	<p>1. A chronological CV which includes the applicant’s history practising within the scope of practice of the profession, with start and finish dates for each listed position. AND 2. An attestation from an employer, former employer, supervisor, or colleague in the ABA community, who has observed the applicant in their practice, attesting to the applicant’s experience and competence to practice within the scope of practice of the profession, including clinical decision-making. Additional attestations from insurance or government program provider, referral source, etc., may attest to the applicant’s experience in practice.</p>

Guide to Applying for Registration as a Behaviour Analyst Using Transitional Routes

as well as those activities that will not be counted towards this requirement. The document is found here or on the College website.	
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EVIDENCE OF COMPETENCE TO PRACTISE AS A BEHAVIOUR ANALYST- SCORING SYSTEM

A minimum of 50 points must be achieved in this section for an applicant to challenge the College’s examination of knowledge or competence. An applicant who does not achieve a minimum of 50 points cannot proceed in the registration process using this transitional route.

- Before proceeding to Section B, an applicant must provide acceptable evidence of current practice in the profession as described in Section A.
- In Section B, applicants will provide evidence of further practice experience (if any) and education.
 - Applicants, practising the profession for fewer than 10 years, must provide evidence of education related to behaviour analysis or in a related field.
 - Applicants who have practised the profession for more than 10 years, and who have no formal education in behaviour analysis or a related field, may provide evidence of competence approved by a panel of the Registration Committee, (e.g., peer assessment, or period of supervised practice).
 - Applicants who do not achieve a minimum of 50 points in Section B, may accumulate additional points in Section C.
- Acceptable supporting documentation is described for each category. However, the Registration Committee has the right to request further information to verify practice experience and competence.
- Applicants who are unable to provide evidence of the required minimum experience and competence to practice cannot proceed in the registration process using this transitional route but may apply using the entry-level registration route.

ASSIGNMENT OF POINTS

Minimum number of points required to be eligible to write the College’s examination of knowledge or competence is 50

Points are assigned based on an applicant’s evidence of practice competence, including education (with supporting documentation). Practice currency (Section A) and a minimum points threshold must be met in Section B, and if applicable, Section C, to demonstrate evidence of competence to practise within the statutory scope of practice of ABA. An applicant must reach the minimum number of points to be considered as meeting these requirements to be able to challenge the College’s examination of knowledge or competence.

Guide to Applying for Registration as a Behaviour Analyst Using Transitional Routes

IF THE MINIMUM THRESHOLD OF 50 POINTS IS NOT REACHED: An applicant who does not meet the minimum points threshold, cannot proceed in the application process using this transitional registration route. Additional training or experience may be necessary to meet the minimum number of points. An applicant may re-apply during the transitional period, following completion of additional training or work experience, or may apply, at any time, using the usual entry-level registration route.

SECTION B: Current Experience and Education in ABA	Acceptable Supporting Documentation	Maximum and Minimum Points	Points Range												
<p>1. Experience must be clearly within the scope of practice of the profession while providing services directly to clients and/or while supervising others in the provision of services, which involve clinical decision-making responsibility for the services provided. The College has developed a guideline for applicants describing activities that are deemed acceptable as practice experience as well as activities that will not be counted as practice experience. The document is found here or on the College website. (Link to Acceptable Activities document)</p>	<p>1. A chronological CV which includes the applicant's history practising within the scope of practice of the profession, with start and finish dates for each listed position.</p> <p>2. An attestation from an employer, former employer, supervisor, or colleague in the ABA community, who has observed the applicant in their practice, attesting to the applicant's experience and competence to practice within the scope of practice of the profession, including clinical decision-making. Additional attestations from insurance or government program provider, referral source, etc., may attest to the applicant's experience in practice.</p>	<p>Maximum: 30 Points for evidence of 5 years or more of full-time (or part-time equivalent) experience working within the scope of practice of Applied Behaviour Analysis. May also include providing clinical supervision to others where the applicant is responsible for clinical decision- making.</p> <p>Minimum: 10 Points</p>	<p>Less than 3 years' full-time (or part-time equivalent) experience:</p> <table border="0"> <tr> <td>12-17 months</td> <td>10 points</td> </tr> <tr> <td>18-23 months</td> <td>12 points</td> </tr> <tr> <td>24-29 months</td> <td>15 points</td> </tr> <tr> <td>30-35 months</td> <td>20 points</td> </tr> <tr> <td>36-59 months</td> <td>25 points</td> </tr> <tr> <td>60 or more</td> <td>30 points</td> </tr> </table>	12-17 months	10 points	18-23 months	12 points	24-29 months	15 points	30-35 months	20 points	36-59 months	25 points	60 or more	30 points
12-17 months	10 points														
18-23 months	12 points														
24-29 months	15 points														
30-35 months	20 points														
36-59 months	25 points														
60 or more	30 points														
<p>2. Completion of a degree, at a minimum master's level, in behaviour analysis or in a related field,</p>	<p>Transcripts sent directly from academic institution.</p>	<p>Maximum: 20 points for completion of post-graduate degree at a minimum master's level and completion of</p>	<p>Post-graduate degree, at a minimum master's level, in a related field, including psychology. 10 points</p>												

Guide to Applying for Registration as a Behaviour Analyst Using Transitional Routes

<p>OR Completion of some, but not all recognized graduate-level coursework in behaviour analysis.</p>		<p>recognized coursework in Behaviour Analysis or graduation from a post-graduate program in behaviour analysis, at a minimum master’s level, that is accredited by ABAI.</p> <p>Minimum: 5 points (*unless #3 applies)</p>	<p>AND/OR For partial completion of recognized coursework in behaviour analysis, points will be assigned to a maximum of 20 based on the number of course hours Less than 180 hours 5 points 180 hours or more 10 points</p> <p>OR A post-graduate program in behaviour analysis, at a minimum master’s level, that is accredited by ABAI.</p> <p style="text-align: right;">20 points</p>
<p>3.* For applicants with more than 10 years experience, but who have had no formal education in Behaviour Analysis.</p>	<ul style="list-style-type: none"> • Undergo a peer assessment; or • Short period of supervised practice 	<p>20 points- for completion of peer assessment or supervised practice to the satisfaction of the Registrar or Registration Committee.</p>	<p>0 points for unsuccessful completion or 20 points for successful completion. No partial points awarded.</p>

Guide to Applying for Registration as a Behaviour Analyst Using Transitional Routes

SECTION C: OPTIONAL Additional Evidence Verifying Competence to Practise as a Behaviour Analyst

An applicant, who provides acceptable evidence of minimum required experience of less than 3 years full-time (or part-time equivalent) and competence to practice, but has fewer than 50 points, may accumulate additional points in Section B.

SECTION C: Additional Evidence of Practice Categories	Acceptable Supporting Documentation	Maximum Points	Points Range
1. Experience providing ABA services while under supervision. May include practicum or placement hours completed while fulfilling the requirements of recognized coursework in Behaviour Analysis.	Attestation of clinical supervisor documenting dates of supervision and the nature of tasks completed while under supervision. (A form may be developed for this). Optional: -CV of clinical supervisor -Copies of forms completed during supervised practice, if available.	20 points for 1500 or more hours of supervised practice with evidence	1-499 hours 5 points 500-999 hours 10 points 1000- 1499 hours 15 points 1500 or more hours 20 points
2. Teaching in Applied Behaviour Analysis at an accredited institution	<ul style="list-style-type: none"> • Course Syllabus/Outline • Calendar or website screenshot 	10 points for 3 or more distinct semester-length courses in behaviour analysis	1 course- 4 points 2 courses- 7 points 3 or more courses- 10 points
3. Research in applied behaviour analysis affiliated with an accredited institution	<ul style="list-style-type: none"> • Peer reviewed behaviour analytic publication (s) related to clinical skills • Accepted research or grant proposal 	10 points for authorship of multiple peer reviewed behaviour analytic publication(s) or of grant or research proposal	1 publication/proposal 4 points 2 publications/proposals 7 points 3 or more publications/proposals 10 points
4. Other education related to maintaining the standard of practice of applied behaviour analysis, including continuing professional development/education	<ul style="list-style-type: none"> • Copies of certificates as evidence of participation in activities • Education must be formal and include an assessment 	5 points for 30 hours completed within the past 3 years.	1-9 hours- 2 points 10-19 hours- 3 points 20-29 hours- 4 points 30 or more hours- 5 points

Guide to Applying for Registration as a Behaviour Analyst Using Transitional Routes

completed within the past 3 years	component to ensure understanding of concepts.		
5. Registration with another health or other regulated profession in Ontario.	Certificate of standing from each applicable regulatory authority inside of Ontario	5 points	0 or 5 points
6. Service to the profession by participating on the Board or a committee of a recognized ABA association	Attestation of an officer of the organization or screen shot of the association website showing applicant's name and position	5 points	0 or 5 points
TOTAL SCORE FROM SECTION A			
TOTAL POINTS FROM SECTION B			
TOTAL POINTS		MUST HAVE 50 or MORE POINTS TO PROCEED IN THE PROCESS	

EVIDENCE OF CURRENT PRACTICE OF THE PROFESSION

ACCEPTABLE ACTIVITIES

Applicants must also prove that they practised competently within the statutory scope of practice of the profession a minimum of 1500 hours within the four years before submitting their application.

Scope of Practice: “The practice of applied behaviour analysis is the assessment of covert and overt behaviour and its functions through direct observation and measurement and the design, implementation, delivery and evaluation of interventions derived from the principles of behaviour in order to produce meaningful improvements.” (Section 3. (2) [Psychology and Applied Behaviour Analysis Act, 2021.](#))

The following activities may be counted toward the determination of these practice currency hours. These activities require the use of skills necessary to demonstrate competence in behaviour analysis including those necessary to interact effectively with clients, supervisors, families, and others.

Assessment and Intervention Processes:

Assessments:

- Assess behaviour and its functions using formal or informal observations and measurement and interpretation of results (e.g., stimulus preference assessment, functional assessment, experimental functional analysis, staff performance assessment).
- Determine client goals based on factors such as client preferences, supporting environments, risks, constraints, and social validity.
- Selection of appropriate interventions based on assessment results, supporting environments, risks, constraints, social validity, clinical experience, and supported by currently accepted scientific evidence.

Interventions:

- Design, implement, and systematically monitor skill-acquisition and behaviour reduction programs.
- Delivery of ABA interventions directly to individuals who present with a range of skills, levels of functioning, and ages. Plan for and identify unwanted effects of the recommended interventions.
- Implement a full range of scientifically validated, behaviour analytic procedures (i.e., reinforcement, extinction, incidental teaching, and use of naturalistic teaching methods).
- Utilize ABA procedures through direct, caregiver mediated and/or group intervention formats.
- Train staff and/or caregivers as they deliver new or revised behavioural services.
- Research and implement scientifically validated effective procedures, relevant to the needs of the client for promoting generalization of behaviour change.
- Conduct mediator (e.g., caregivers, direct support professionals) training using ABA procedures.
- Work collaboratively with professionals from other disciplines.
- Demonstrate adherence to professional ethical expectations. These would include, where applicable, billing, and administrative (office management) practices.

Assessments/Interventions:

- Design appropriate data collection and analysis to make data-based decisions to help monitor or modify intervention procedures.
- Discuss assessment results, goals, service options and progress with clients/mediators/caregivers.
- Evaluate and monitor effectiveness of interventions.

Supervisory Activities

- Delegate to your supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely. A supervisor cannot delegate any task that they themselves are not competent to perform.
- Assign team members to implement behaviour plans and/or train caregivers to implement behaviour plans.
- Observe interventions and assessments carried out by staff and/or caregivers and monitor intervention fidelity.
- Supervisor has sufficient direct contact with the client and/or their caregivers to ensure adequate service delivery.
- Confirm that supervisees maintain competence to perform the tasks assigned to them, considering numerous factors, including skills, education, and experience.
- Demonstrate an understanding of the limits of their competency and the importance of referring clients to other professionals when necessary.
- Oversee and provide clinical feedback for clinicians/Behaviour Analysts who carry their own caseload/support their own clients.
- Provide ongoing direction and guidance to staff to ensure services are being delivered correctly and effectively.
- Review behaviour plans and assessment outcomes.
- Review data and measure client progress.
- Maintain detailed notes of progress, key decisions, and next steps.

Activities That Cannot be Counted Towards Practice Currency Hours: Only behaviour-analytic activities may be counted toward practice currency hours. Non-behaviour-analytic activities, while valuable, will not be counted.

Examples of activities that will not count toward practice currency hours include:

- Attending meetings with little or no behaviour-analytic content.
- Providing interventions that are not based in behaviour analysis.
- Performing administration related to non-behavioural activities.
- Non-behaviour-analytic trainings related to service delivery (e.g., crisis management, CPR, billing systems).
- Completing non-behavioural assessments (e.g., diagnostic assessments, intellectual assessments).
- Attending professional conferences, workshops, or university courses.
- Didactic-course assignments (e.g., completing homework assignments, readings).
- Providing consultation where the consultant holds no responsibility for individual client care.

REPORT TO COUNCIL

2023.04.04A

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 2023

PRESIDENT'S REPORT

COUNCIL MEMBER CHANGES

It is my pleasure to welcome three new members of Council to our June 2023 meeting.

Jacob Kaiserman Psy.D., C.Psych. is the new professional member of Council from **District 4 (East)**. Dr. Kaiserman is a Clinical Psychologist working in private practice with declared areas of competence working with adults, adolescents, children and couples. He also works as a supervisor for Ph.D. students at the University of Ottawa's Centre for Psychological Services and Research (CPSR) and teaches "Ethics and Professional Practice" in the University of Ottawa's Clinical Psychology Ph.D. program.

Glenn Webster, M. Ed., C. Psych. Assoc., is our new **District 7 (Psychological Associates)** professional member of Council. Mr. Webster has declared areas of competence working with children, adolescents and families in the area of School Psychology. He has worked for many years at the Toronto Catholic District School Board and in private practice. We are welcoming Mr. Webster back to Council as he returns to the role of the District 7 Psychological Associate member; a position that he held for 12 years in the past.

Peter Bieling, Ph.D., C.Psych. is joining us as our new **District 8 (Academic)** member of Council. Dr. Bieling has declared areas of competence as a Clinical and Health Psychologist working with adults. He is a Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and Associate Member of the CPA-Accredited McMaster Psychology Research and Clinical Training Program. Academically, Dr. Bieling's work is concentrated in the area of emerging treatments for mood disorders and quality of mental health services delivery in hospital settings. He has been awarded research funding through SSHRC, OMHF, CHSRF, and NIMH and has authored numerous articles and three books. He has taught psychological intervention, research methods, and quality improvement nationally. He is also a Clinical Consultant for the Ontario Structured Psychotherapy Program of OH West, and former Vice-President for Mental Health and Addiction at St. Joseph's Healthcare Hamilton.

On behalf of Council, I also want to thank three hardworking members who have now finished their terms and let them know how much their work at the College has been appreciated.

Marilyn Keyes, Ph.D., C.Psych. was the professional member on Council from **District 4 (East)** for 6 years (2017-2023). In that timespan, Dr. Keyes worked diligently as a member and then Chair of the Discipline Committee. She also contributed to the work of the Quality Assurance Committee for 4 years and the ICRC for 3 years. Dr. Keyes's calm and thoughtful contributions to College work were always appreciated, and we wish her success as she focuses on her professional private practice, and other College initiatives in future.

Ms. Paula Klim-Conforti, Dip.C.S., C. Psych. Assoc., RP, PhD (Med Sci) was a professional member of Council (**District 7, Psychological Associates**) for 3 years (2020-2023). Ms. Klim-Conforti contributed to many College committees during her tenure, including 3 years on the Executive, Registration and Discipline Committees; 2 years on the JEEC; and 1 year on the Quality Assurance Committee. As a group, we benefited from Ms. Klim-Conforti's willingness to ask questions and her desire to promote different ways of conceptualizing issues for discussion. We send our best wishes for her future endeavors professionally and personally.

Marjory Phillips, Ph.D., C.Psych. has been a **District 8 (Academic)** Member of Council for 4 years (2019-2023). Dr. Phillips participated as a College member of Committees prior to joining Council in 2019. In the past 4 years, she was Co-Chair of the Registration Committee and a member of the Discipline Committee. Dr. Phillips was on the Executive Committee within the role of Vice President of the College for the past 2 years. She provided exemplary leadership on multiple College projects, such as the publication of a new Supervision Manual for Registration and the development of an oral exam process to assess CFTA applicants for registration. Her contributions on the Search Committee in 2022 were integral to the successful recruitment of our Registrar and Executive Director, Dr. Tony DeBono. We benefited from Dr. Phillip's engagement in the work of the College and wish her all the best in future as she focuses on her academic role at the University of Waterloo and some continued College work as well.

ASSOCIATION OF STATE & PROVINCIAL PSYCHOLOGY BOARDS (ASPPB) 37TH MIDYEAR MEETING

I had the opportunity to attend the ASPPB midyear meeting in April 2023 that focused on Hot Topics in Psychology Regulation. These topics included the provision of psychological services that are in some manner integrated with telecommunications, ethical implications in telepsychology, and regulatory implications when licensing Master's level practitioners.

The ways that tele-supervision, tele-assessment, tele-therapy and the growing tele-therapy businesses are impacting regulation of the profession was a primary focus. The keynote speaker, Dr. Jonathan Perle, Ph.D., ABPP, (West Virginia University, Rockefeller Neuroscience Institute) focused on what research demonstrates about the importance of psychology professionals having competence in the service areas they provide, and also in the means they use to provide it. He identified that often, psychologists began using telepsychology service delivery during the pandemic without the accompanying training to ensure competency in the provision of safe and ethical service delivery via these methods. For regulators, this has implications for telepsychology standards focused on competency, confidentiality, informed consent, service delivery and interruptions, along with social justice in this means of service delivery. The latter is due to initial findings that video telepsychology practice may not be the means of achieving more equal access to psychological services as was initially theorized. As telepsychology research accumulates, it will assist psychology professionals with the necessary goal of assessing who would or would not be an appropriate client to see virtually based on evidence. Ultimately, it is the regulators' goal to ensure that members are competently practicing via telehealth means in a manner that recognizes its benefits and risks, and is in the public interest.

Council will note that our June Agenda includes issues related to interjurisdictional telepsychology and the initial steps being taken to review and update our Standards of Professional Practice to reflect the evolving areas and means of service delivery that our members engage in.

SUBMITTED BY

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

REPORT TO COUNCIL

2023.04.04B

JUNE 2023 COUNCIL MEETING

REGISTRAR & EXECUTIVE DIRECTOR'S REPORT

COMMITTEE APPOINTMENTS

On May 25, 2023, the Committee Appointments Working Group met to undertake the first review of applications submitted by members of Council and the profession who expressed interest in participating on the College Committees for the 2023-2024. The Working Group reviewed the 54 responses received and prepared a recommended slate of appointments for the Executive Committee to consider at the meeting which will immediately follow the June Council meeting.

In reviewing the statements of interest, the Working Group considered variables such as areas of practice, populations served, length of membership, etc. The Working Group also considered equity, diversion and inclusion as members were asked, "Is there anything that you would bring to the Committee that would contribute to our goal of increasing Equity, Diversity, and Inclusion representation at the College?" In considering recommendations for Committee appointments, the Working Group balanced the need to ensure continuity of Committee members while also providing the opportunity for new members to join a Committee and participate in College activities.

I want to thank Dr. Donna Ferguson and Ms. Melanie Morrow who, along with the College President and Vice-President undertook to review all of the submissions in order to make recommendations regarding Committee composition.

Committee members for 2023-2024 will be notified of their appointments during the week of June 19th.

BARBARA WAND SEMINAR

The Barbara Wand Seminar will take place on June 15th. The Seminar was live streamed to approximately 1600 registrants; I want to thank Mr. Barry Gang, Deputy Registrar and Ms. Stephanie Morton, Director, Corporate Services for all their work in organizing the Seminar and making it possible for so many of us to participate. This Seminar as well as those held previously may be found in the [Barbara Wand Seminar Archives](#).

NEW COUNCIL MEMBERS ORIENTATION

On May 24, 2023, the President, Dr. Wanda Towers, and I provided a new Council member orientation to the three individuals joining Council. Dr. Jacob Kaiserman and Mr. Glenn Webster were elected in the March 2023 elections, and we welcome them to Council as they begin their three-year terms. Ms. Pascale Gonthier was appointed as a public member earlier this year and has already participated in College activities. We welcome them all and look forward to their valuable and thoughtful additions to our Council deliberations.

APPROVAL OF PAN-CANADIAN TELEPSYCHOLOGY MOU & CLOSURE OF OUT-OF-PROVINCE COVID-19 PROVISIONS

The membership of the Association of Canadian Psychology Regulatory Organizations (ACPRO) met on Friday March 10, 2023, to review a draft MOU regarding interjurisdictional telepsychology within Canada. This MOU will permit duly registered psychological practitioners from any Canadian jurisdiction to serve residents of any Canadian jurisdiction through telepsychology from within their home province/territory. The College of Psychologists of Ontario received legal consultation on May 2, 2023, with minor proposed revisions to the draft MOU. The College will approve the MOU *in principle* at the June 2023 ACPRO meeting. However, Ontario's approval of the MOU will be restricted primarily to continuity of care and other specific scenarios, as opposed to unrestricted telepsychology registration. Upon Council approval, the College will end the out-of-province COVID-19 provisions and will sign onto the MOU *in principle* pending further legal consultation regarding its operationalization within the College's regulatory framework. Executive Committee approved this strategy at the May 15, 2023, committee meeting.

TEMPORARY EMERGENCY CLASS OF REGISTRATION

The College of Psychologists of Ontario successfully submitted proposed regulation amendments related to the Temporary Emergency Class of Certificate of Registration to the Ministry of Health on May 16, 2023. The Ministry acknowledged receipt of the College's submission and now the College must await further direction from the Ministry.

STANDARDS OF PROFESSIONAL CONDUCT

The *Standards of Professional Conduct* were revised approximately six years ago and are now due for review to ensure that the Standards are current and continue to meet the needs of the College's public protection mandate. Additionally, the Standards must address the professional conduct of Behaviour Analysts with the impending regulation of Applied Behaviour Analysis. I would like to thank Mr. Barry Gang, Deputy Registrar, for his leadership on this initiative. The Committee Appointments Working Group, in consultation with Mr. Gang and I, appointed a workgroup based on registrants': demonstrated commitment to the public interest, reliability in attending meetings, experience in the development of Standards or Policy, and consideration of completing complex projects efficiently and collaboratively.

ASSOCIATION OF STATE & PROVINCIAL PSYCHOLOGY BOARDS (ASPPB) 37TH MIDYEAR MEETING

Dr. Towers and I attended the ASPPB midyear meeting in April 2023 which was entitled *Hot Topics in Psychology Regulation*. The meeting's keynote presentation focused on the ethics of telepsychology, particularly with respect to competency in delivering virtual care. Presentations also included a review of the APA and CPA Codes of Ethics, ethical issues in the business of virtual psychology, as well as considerations for Master's-level accreditation with the APA. The meeting was filled with excellent learning and networking with fellow regulators across North America which will inform the College's ongoing work with interjurisdictional telepsychology practice and the modernization of the Standards of Professional Conduct.

CONTACT FOR QUESTIONS

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

REPORT TO COUNCIL

2023.04.04C

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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:

March 30, 2023: Plenary Session

The Committee discussed the December 2022 Oral Examinations. They reviewed a report which included a summary of oral examination outcomes, and the candidate and examiner survey feedback. Feedback from the surveys was discussed in detail, particularly with a view to future examiner training. The Committee continued its work on development of a diagnostic rubric for evaluating competency in the Controlled Act of Diagnosis, with a goal to have this project completed at their next Plenary Session.

March 30, 2023: Panel A

The Registrar referred a total of 33 cases to Panel A.

These cases included:

- 6 cases involving academic credential reviews (1 doctoral, 5 masters);
- 15 cases involving training for supervised practice members or eligible candidates (6 doctoral, 9 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;
- 8 cases involving a request for change of area of practice;

March 31, 2023: Panel B

The Registrar referred a total of 52 cases to Panel B.

These cases included:

- 6 cases involving academic credential reviews (2 doctoral, 4 masters);
- 26 cases involving training for supervised practice members or eligible candidates (14 doctoral, 12 masters);
- 2 cases involving an examination outcome (1 EPPP, 1 Oral Examination);
- 1 case involving an application for removal or modification of limitation and/or condition;

- 17 cases involving requests for change of area of practice;

May 11, 2023: Plenary Session

The Committee reviewed its Work Plan and discussed ideas for projects looking ahead to the 2023-24 term that begins in July 2023. The Committee discussed the completed updates to the College's Language Fluency Policy which included some additional language tests, and revised wording. The Committee discussed completion of their work on a diagnostic rubric for evaluating competency in the Controlled Act of Diagnosis, which was part of their review of the Oral Examinations process.

May 12, 2023: Panel A

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

These cases included:

- 3 cases involving academic credential reviews (3 masters);
- 15 cases involving training for supervised practice members or eligible candidates (6 doctoral, 7 masters);
- 2 cases involving an examination outcome (1 EPPP, 1 JEE);
- 13 cases involving a request for change of area of practice;

May 11, 2023: Panel B

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

These cases included:

- 5 cases involving academic credential reviews (1 doctoral, 4 masters);
- 11 cases involving training for supervised practice members or eligible candidates (5 doctoral, 6 masters);
- 2 cases involving an examination outcome (Oral Examination);
- 1 case involving an application for removal or modification of limitation and/or condition;
- 12 cases involving requests for change of area of practice;

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

2023.04.04D

FOURTH QUARTER, MARCH 1, 2023 – MAY 31, 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

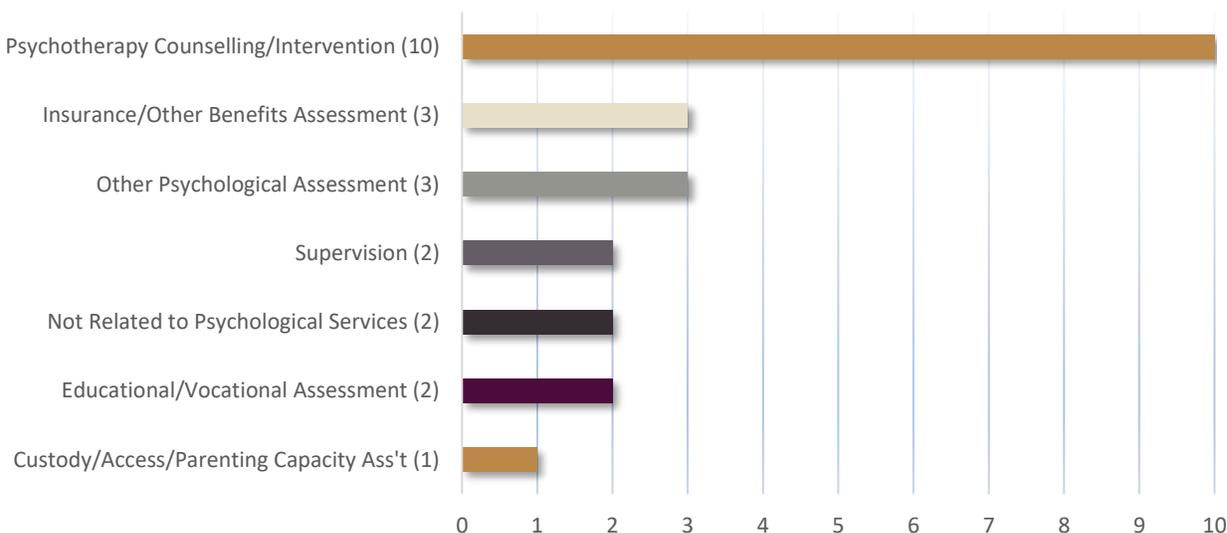
STAFF

Zimra Yetnikoff, Director, Investigations & Hearings

COMMITTEE ACTIVITIES

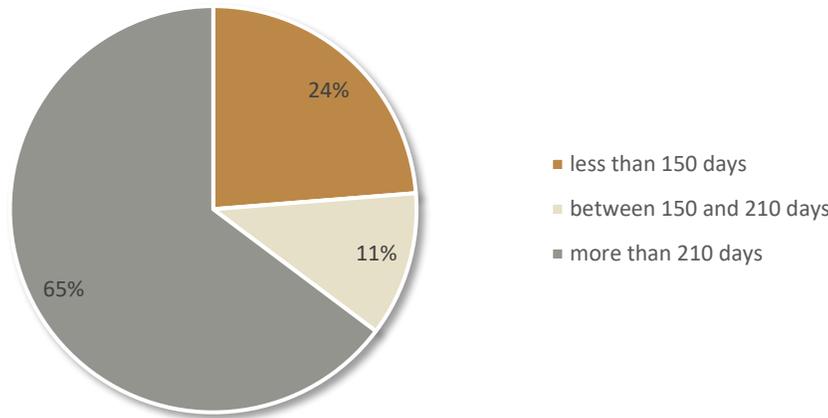
New Complaints and Reports

In the 4th Quarter, the College received 23 new complaints. The nature of service in relation to these matters is as follows:



Timeline Snapshot

There are currently 139 open Complaints and Registrar’s Investigations that are being actively investigated.

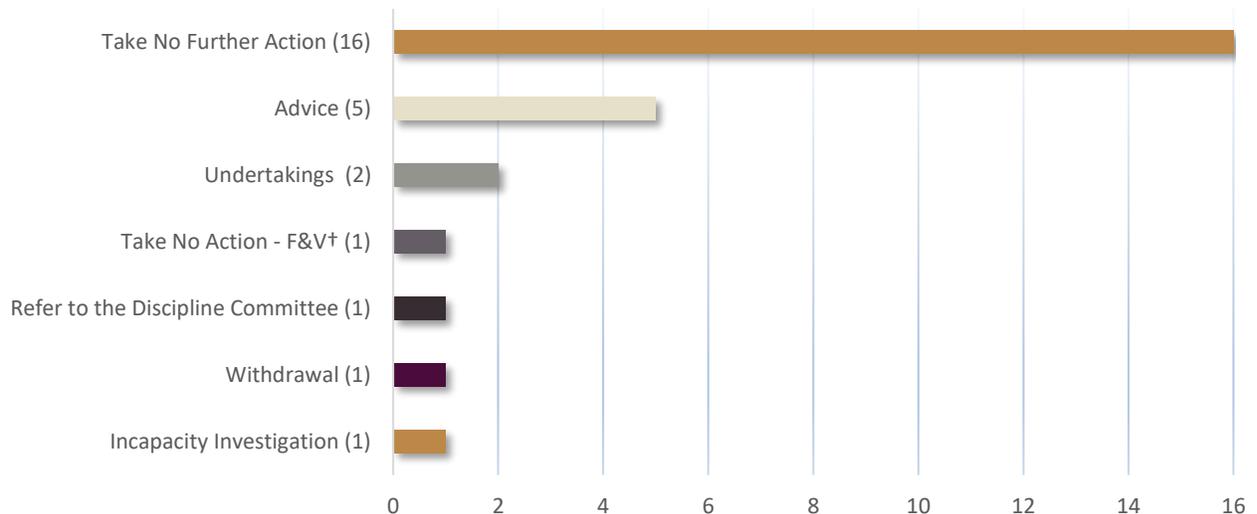


ICRC Meetings

The ICRC met on March 16, April 20, and May 17, 2023, to consider a total of 17 cases. In addition, the ICRC held 9 teleconferences to consider 17 cases. The next ICRC meeting is scheduled for June 12, 2023, with 9 cases on that agenda. An ICRC Plenary meeting was held on May 12, 2023.

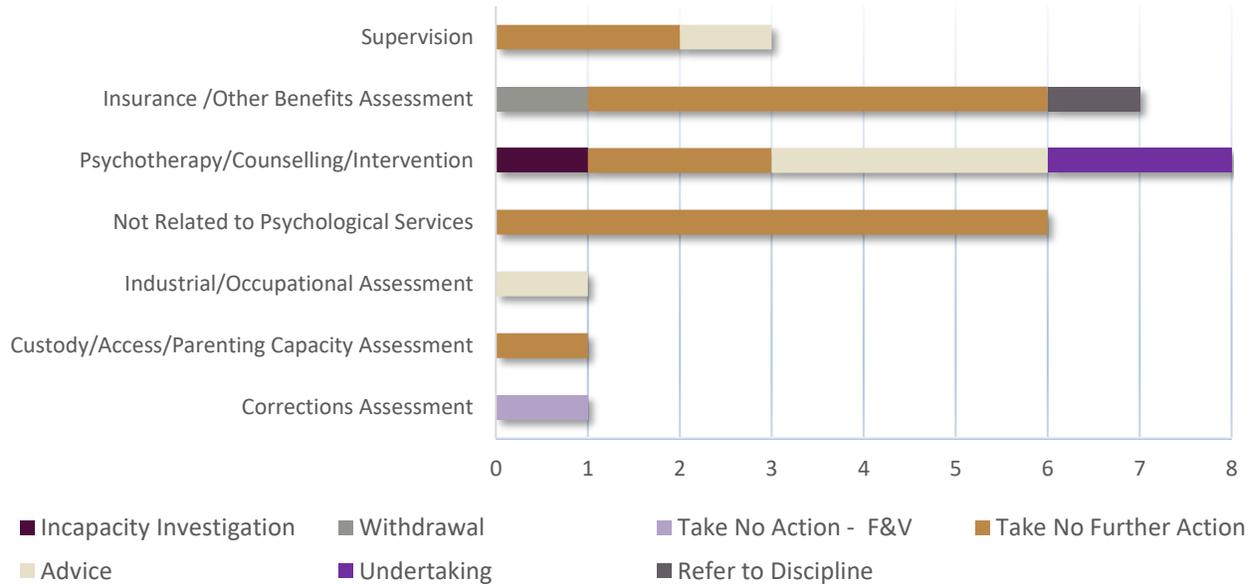
ICRC Dispositions

The ICRC disposed of 27 cases during the 4th Quarter. The ICRC took some remedial action, ranging from providing Advice to a referral to the Discipline Committee, in 8, or 30%, of these cases:



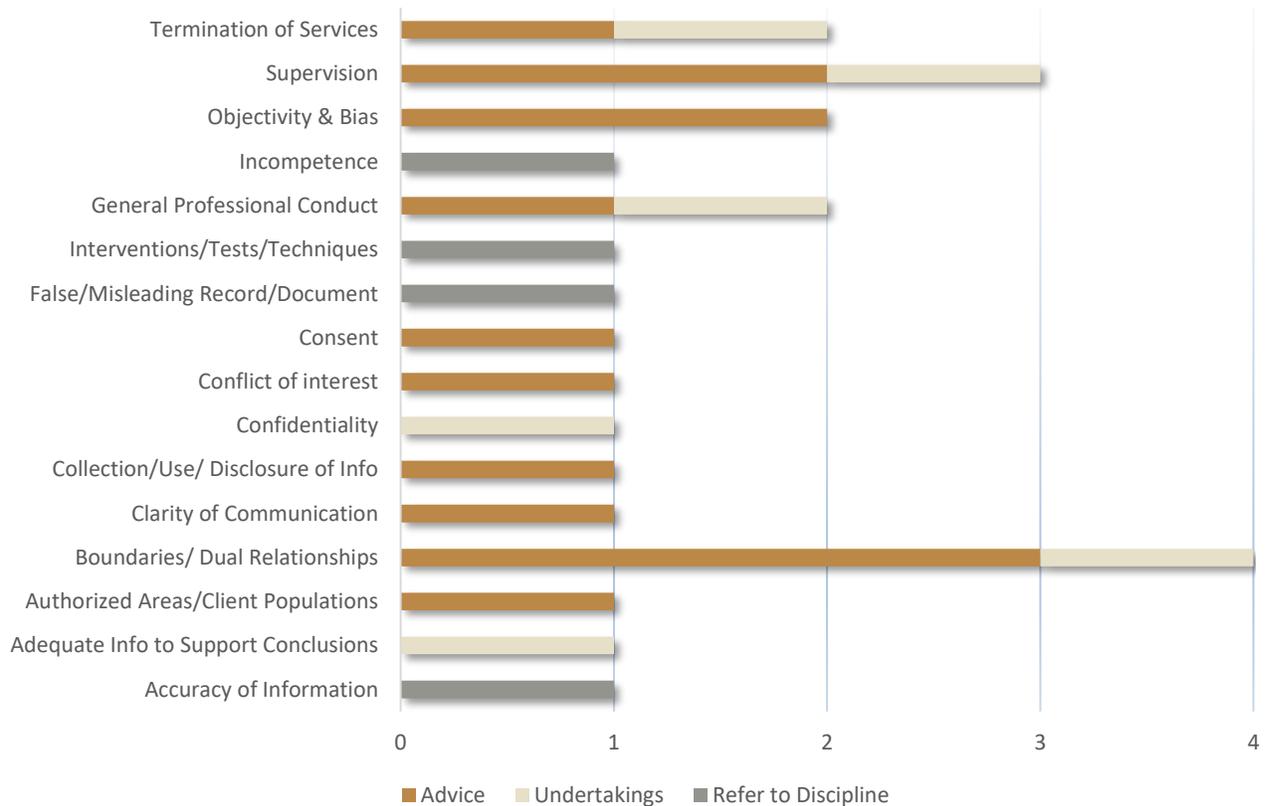
†F&V: Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process, pursuant to s.26(4) of the Health Professions Procedural Code.

The dispositions of these 27 cases, as they relate to nature of service, are as follows:



Disposition of Allegations

The 27 cases disposed of included the consideration of 85 allegations. The ICRC took some remedial action with respect to 24, or 28%, of these allegations.



Health Professions Appeal and Review Board (HPARB)

In the 4th Quarter, one HPARB review of ICRC decisions was requested. The College received two HPARB decisions, one confirming the ICRC decision, and one 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

2023.04.04F

JUNE 2023 COUNCIL MEETING

SIGNING AUTHORITIES

STRATEGIC DIRECTION REFLECTION

Advancing the Council's governance practices

MOTION FOR CONSIDERATION

As Dr. Towers has been re-elected President, she will continue to be on the list of signing officers.

As Dr. Ian Nicholson has been elected as Vice-President; that his name be added to the list of signing officers as of June 16, 2023;

As Dr. Marjory Phillips term as Vice-President has ended and Dr. Paula Conforti's term on Council has ended, that their names be removed from the list of Signing Officers as June 16, 2023.

As the President and Vice-President resides outside of the GTA, that Dr. Archie Kwan and Dr. David Kurzman be added to the list of signing officers as of June 16, 2023.

BACKGROUND

By-law 9: Banking and Finance requires that:

9.8.1 For any amount, either the Registrar or the Deputy Registrar plus one of the President, the Vice President, or a member or members of Council appointed in accordance with Section 9.8.5;

9.8.2 For amounts up to \$7,500, the Registrar and the Deputy Registrar; or either the Registrar or the Deputy Registrar plus either the Director, Registration, the Director, Investigations and Hearings or the Director, Corporate Services;

9.8.3 Notwithstanding the above, for amounts up to \$35,000, the signing officers identified in 9.8.2 shall also be authorized to sign all cheques for: (1) mandatory employer remittances to the Canada Customs and Revenue Agency including payroll deductions and employer contributions; (2) monthly rent or mortgage payments for College premises; and (3) monthly premium payments for employee benefits.

9.8.4 Signing officers shall be provided with a duly approved invoice or purchase order in support of any cheque to be signed.

9.8.5 For purposes of paragraph 9.8.1, where either the President or the Vice-President resides in the Greater Toronto Area (GTA), Council shall appoint as a signing officer one other member of the Council who resides in the GTA. If neither the President nor the Vice-President resides in the GTA, Council shall appoint as signing officers two other members of the Council who reside in the GTA.

CONTACT FOR QUESTIONS

Dr. Tony DeBono

Registrar & Executive Director

BRIEFING NOTE

2023.04.04G

JUNE 2023 COUNCIL MEETING

PROPOSED AMENDMENTS TO *BY-LAW 18: FEES*

STRATEGIC DIRECTION REFLECTION

Acting in a responsibly transparent manner

MOTION FOR CONSIDERATION

That the proposed amendments to *By-law 18: Fees* be approved for circulation to the membership.

Moved By TBD

PUBLIC INTEREST RATIONALE

The mandate of the College is to serve and protect the public interest, and it delivers programs and services to fulfill that mandate. The College needs to ensure it has adequate resources to deliver the programs and services necessary to meet the public interest mandate.

WHY DO PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES PAY ANNUAL FEES?

Regulated Health Colleges in Ontario are required to be financially self-sustainable and do not rely on ongoing government funding to fulfill their self-regulatory mandate. All Regulated Health Colleges in Ontario must complete a *College Performance Measurement Framework (CPMF)*, which outlines a number of domains and standards, including the *Resources Domain* with the following *Standard*, **The College is a responsible steward of its (financial and human) resources**. Annual fees account for the vast majority of College revenue, approximately 90% of College income¹. College revenue funds the operations required to fulfill its public protection mandate: Registration, Professional Affairs (including Quality Assurance and Practice Advice), Investigations, and Hearings. Members of the College of Psychologists of Ontario pay annual fees to sustain psychology's self-regulation, to protect the public, and to maintain trust in the profession. ABA will also be a self-funded profession and these proposed amendments are independent of ABA.

WHY WOULD THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO INCREASE ANNUAL FEES?

The College takes the decision to increase fees seriously and is only doing so in order to stabilize the College's financial position after several years of annual deficits. Financial health is a requirement to sustain the operations of the College in its mandate to protect the public interest, now, and into the future. There are a combination of macroeconomic and microeconomic forces impacting the College's financial health.

¹ The primary source of revenue for the College is member *Registration Fees*; this includes both autonomous practice, supervised practice, academic, inactive, and retired. Together with *Application Fees* this accounts for approximately 90% of the College Revenues. The remaining 10% is received from *Incorporation Applications* and *Renewal Fees, Examination Fees, Net Investment Income, Quality Assurance Penalties* and *Discipline Cost Recovery*.

Macroeconomic Forces Impacting the Cost of College Operations

The College only considers increasing fees when absolutely necessary and has avoided doing so for over 20 years (last fee increase was 2002). During fiscal periods when the College was generating financial surpluses in their operations, a Fee Stabilization Reserve Fund was created to reduce the impact of year-over-year changes in inflationary and operational pressures. In an optimally functioning economy, the inflation rate is expected to range from 1-3%. Inflation rose to 8.1% in June 2022 and was 5.9% as of February 2023. The Fee Stabilization Reserve Fund served to maintain the stability of annual membership fees increase fees to return for over 20 years, however, after several years of running an operational deficit (Exhibit 1), the College must increase fees to return to financial viability and to maintain its regulatory mandate of public protection.

Annual Operating Deficit		
2018	(\$232,355)	
2019	(\$51,796)	
2020	(\$105,606)	
2021	(\$180,233)	
2022	(\$374,466)	Projected Deficit: (\$752,729)
2023	(\$533,176)	Approved Budget

Exhibit 1. Annual Operating Deficit (2018-2023)

Microeconomic Forces Impacting the Cost of College Operations

The operating costs of regulation have outpaced our revenue which has resulted in annual deficits and a loss of financial equity. The costliest aspect of College operations is the management of Investigations and Hearings. The demand for Investigations and Hearings continues to increase year-over-year (Exhibit 2).

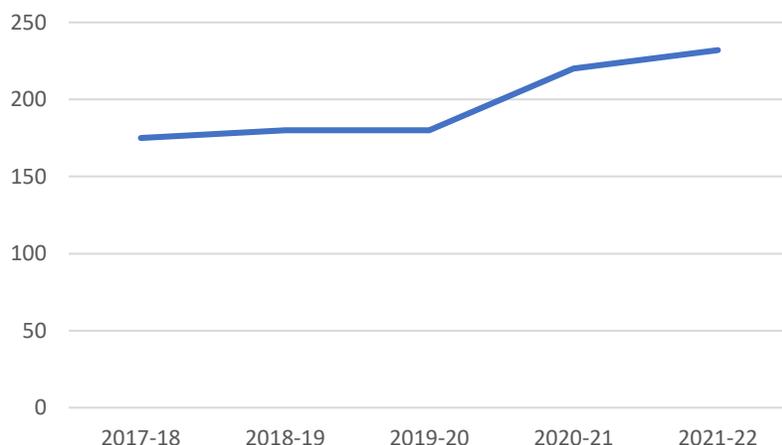


Exhibit 2: Number of New Matters in the Last Five Fiscal Years

The Health Professions Procedural Code of the *Regulated Health Professions Act, 1991 (RHPA)* indicates that complaints are to be disposed of within 150 days. [28 \(1\) A panel shall dispose of a complaint within 150 days after the filing of the complaint. 2007, c. 10, Sched. M, s. 30.](#) With the increased demand for Investigations and Hearings, the College has not been able to meet its obligations under the *RHPA* and has a current 300-day median, which is double the length of time of the requirement (Exhibit 3). Presently, 78% of the College’s investigations are more than 150 days old, 11% between 150 and 210 days, and 67% beyond 210 days.

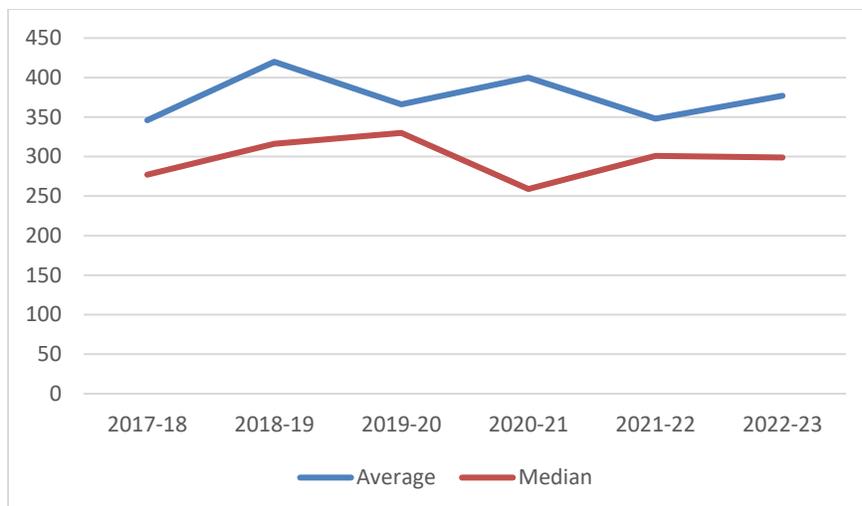


Exhibit 3: Investigation Timelines (in days)

COLLEGE POLICY

Two specific policies address the issue of a deficit budget scenario. The *Budget Development* policy indicates that *If Council approves a deficit budget in two consecutive years, Council shall consider a possible increase in the annual registration fees.* The College has been in a deficit position exceeding the two-year mark and this position appears to be worsening. The second policy is with respect to *Reserve Funds*. The policy indicates:

Fee Stabilization Fund

- i. The Fee Stabilization Fund is designated to minimize or delay the impact of year-over-year changes in revenues or expenses on membership renewal fees.*
- ii. In any fiscal year in which there is an operating deficit, even after funds from the Investigations & Hearings Fund are applied to cover any overspends for costs, including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for Funding for Therapy and Counseling, funds may be transferred from the Fee Stabilization Fund to cover such deficit.*
- iii. In any fiscal year in which the fee stabilization fund falls below \$500,000, the Finance and Audit Committee will make recommendations to Council for a strategy for topping up the Fund.*

At this point, the Fee Stabilization Fund will not continue to exist next year due to the College's consistent financial shortfalls. Not only will the Fund fall below the requirement in subsection *iii*), it will also cease to exist without improving the College's financial position by modernizing annual membership fees to reflect the College's current costs of operations.

MARKET BENCHMARKS

In comparison to the other Canadian provinces, Ontario has the second lowest fees which is inconsistent with the volume and complexity of operations that the College must manage (the College has the second most members). As presented in Exhibit 4, psychology regulators charge their members up to \$1,200 for their annual membership fee.

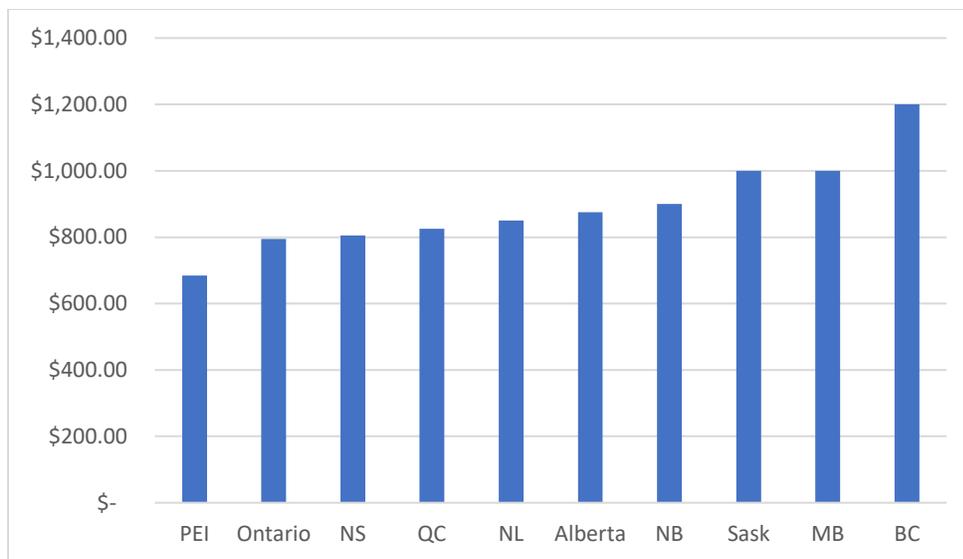


Exhibit 4: Federal Comparison Annual Fees - Psychology

Within Ontario, there are a number of Colleges that have higher membership fees than Psychology. As noted above, the cost of operations of a College is significantly impacted by the number and nature of Investigations and Hearings. The profession of psychology in Ontario is marked by autonomy in practice in highly sensitive contexts. Regulated health professionals with similar levels of autonomy, such as Homeopathy, Traditional Chinese Medicine, Chiropody, Denturism, and Naturopathy charge annual fees ranging from \$1,200 to over \$2,000 (Exhibit 5).

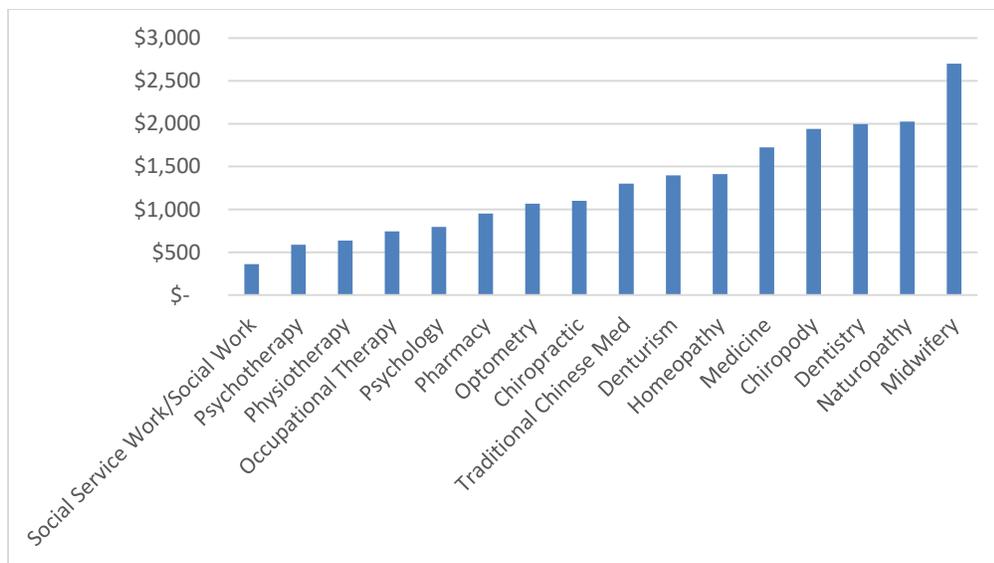


Exhibit 5: Annual Registration Fees of Regulated Health Professionals in Ontario (non-exhaustive list)

In a 2023 report commissioned by the College of Dental Hygienists of Ontario², after controlling for the size of each College (per 1,000 registrants), the College of Psychologists of Ontario is 2nd in number of complaints (Exhibit 6), 2nd last in the rate of disposal of cases (Exhibit 7), 2nd longest to disposal of investigations (Exhibit 8), and last place in having the longest investigations (Exhibit 9). Notably, the size of a College was not correlated with the rate of complaints received.

² Pivotal Research (January 2023). Complaint Management Performance Across Ontario Profession Regulators: Benchmarking Study-Commissioned by the College of Dental Hygienists of Ontario

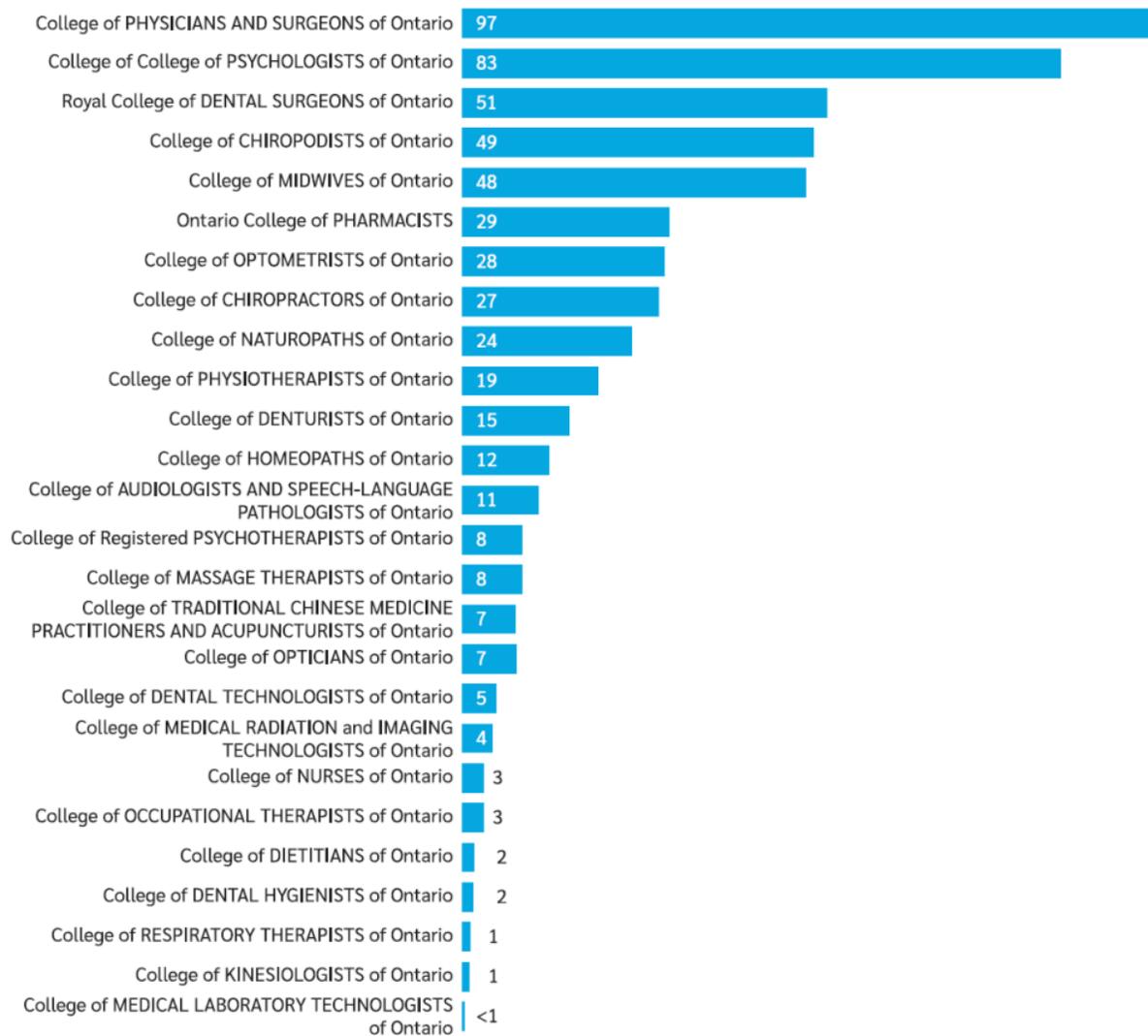


Exhibit 6. Number of Complaints Per 1,000 Registrants for RHPA Agencies

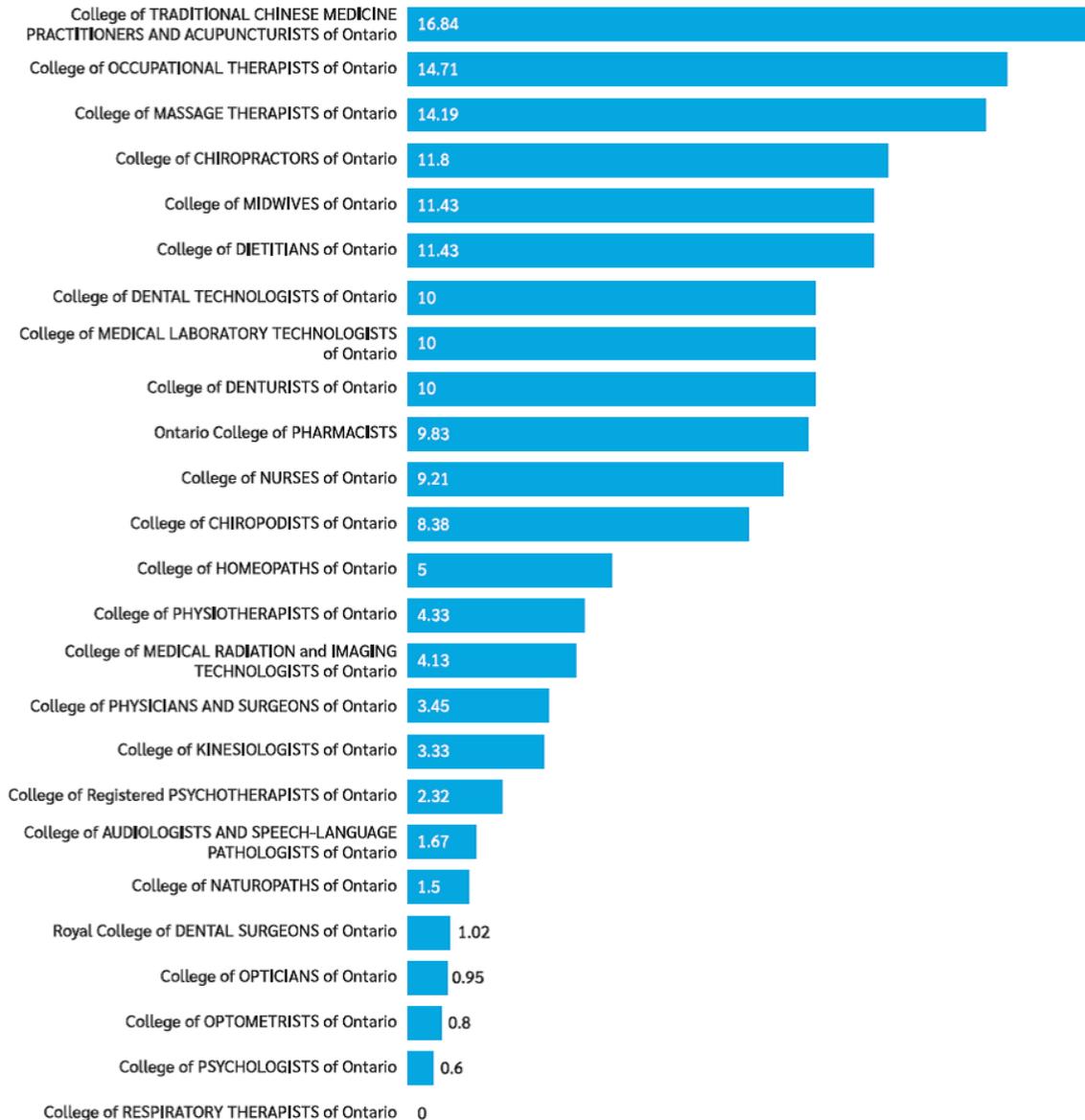


Exhibit 7. Complaint Disposals Per 10 Complaints Received for RHPA Agencies

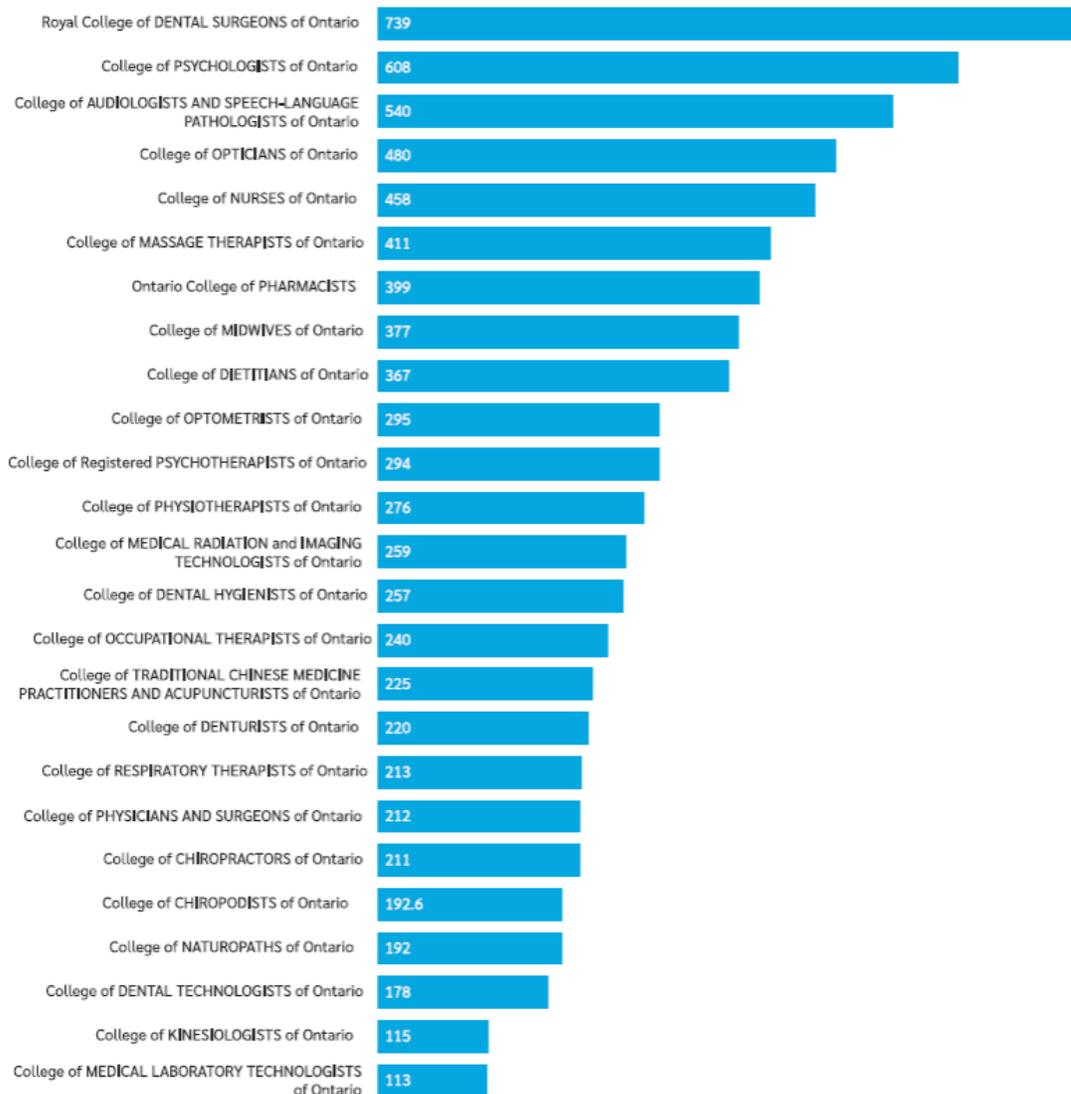
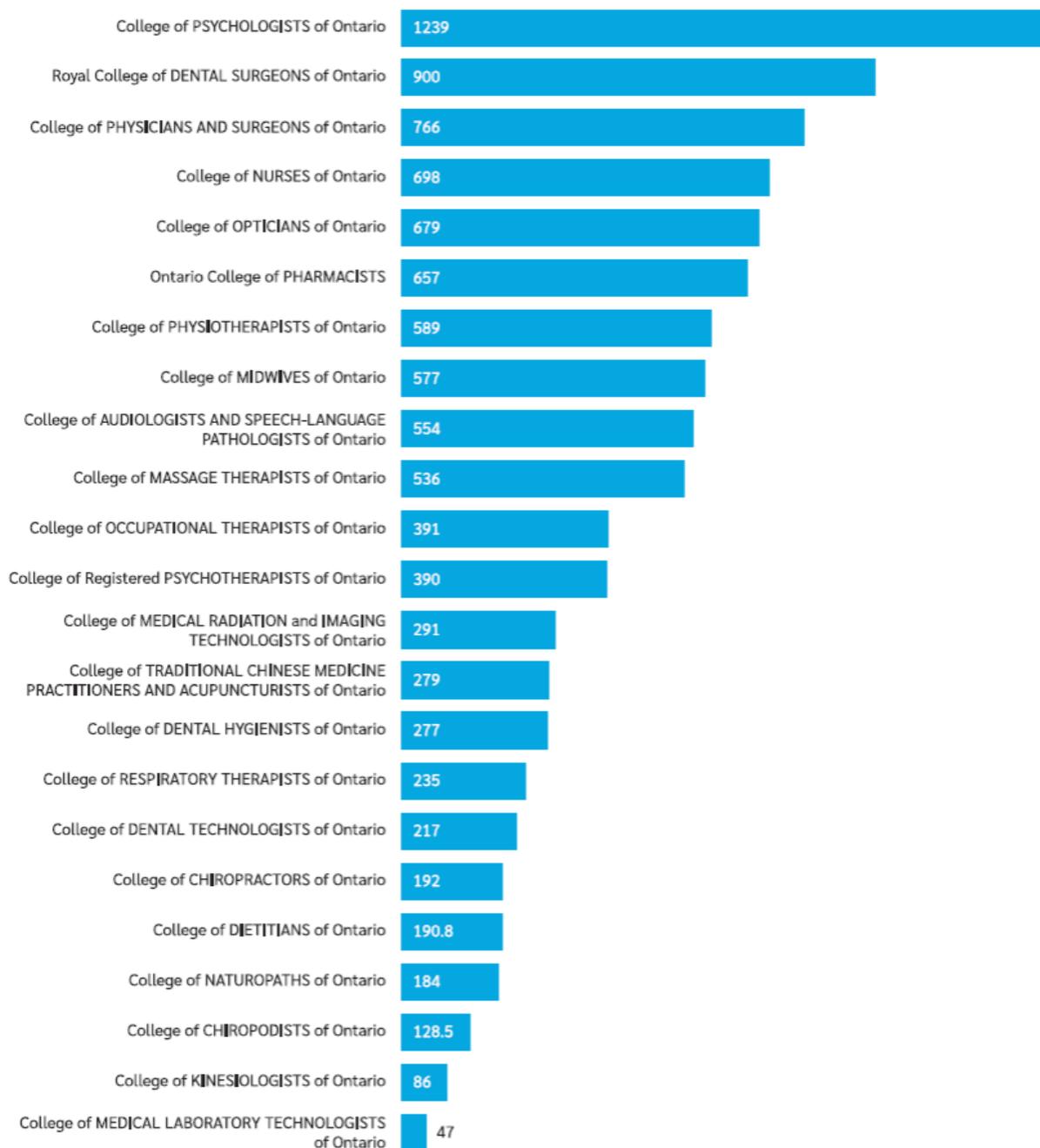


Exhibit 8. 90th Percentile for Disposal Length in Days for RHPA Agencies

Exhibit 9. 90th Percentile for Investigation Length in Days for RHPA Agencies

ENTERPRISE RISKS TO MAINTAINING THE STATUS QUO

Should the College not modernize its fee structure, the following risks must be considered:

- 1) Meeting statutory obligations – Without sufficient staffing of case managers within the Investigations and Hearings portfolio, the timing of disposal of complaints will continue to increase. Not meeting statutory obligations pertaining to the timing of the disposal of complaints could be detrimental to the reputation of the College.
- 2) Workforce Management – The College is losing its position as an employer of choice, having recently lost a case manager as a result of non-competitive compensation. Given the increased scrutiny and

pressure of case managers within this current social climate, the College is at risk of losing more case managers without commensurate compensation. Should the College continue to lose staff, this will further exacerbate the operational backlogs that currently exist, particularly within Investigations and Hearings. The College is in need of a comprehensive Human Resource salary scale review in order to modernize its compensation structure. This will likely lead to some increases in staff salaries, which will require sufficient funding.

- 3) **Insolvency** – Although the College currently has sufficient assets to compensate for annual operational deficits, the College will continue to lose financial equity longitudinally. If not corrected, these deficits will eventually deplete the College’s reserve assets rendering it insolvent, in which debt will exceed the value of assets. This financial position would be in contradiction with the *CPMF* standard of financial stewardship and would adversely impact the College’s ability to maintain operations.

Current State Scenario:

As presented in Exhibit 10, continuing on the current financial trajectory, the discrepancy between revenue and expenses will persist until the College eventually becomes insolvent and financially unsustainable. The gap between expenses and revenue will widen year-over-year until expenses consume the remaining assets on the College’s Balance Sheet resulting in insolvency. These financial analyses are conducted with the following assumptions: a slight increase in the number of members; no increase in annual membership fees; staff salaries remain stagnant.

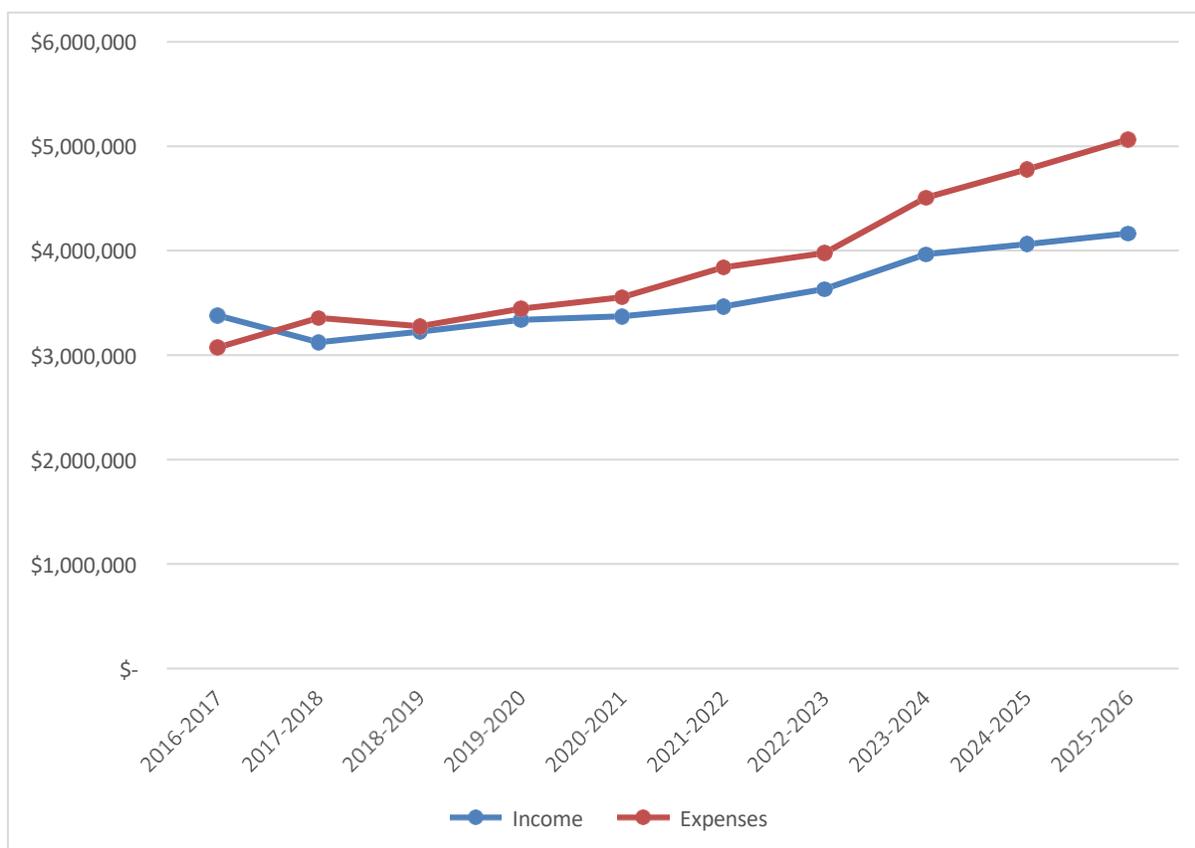
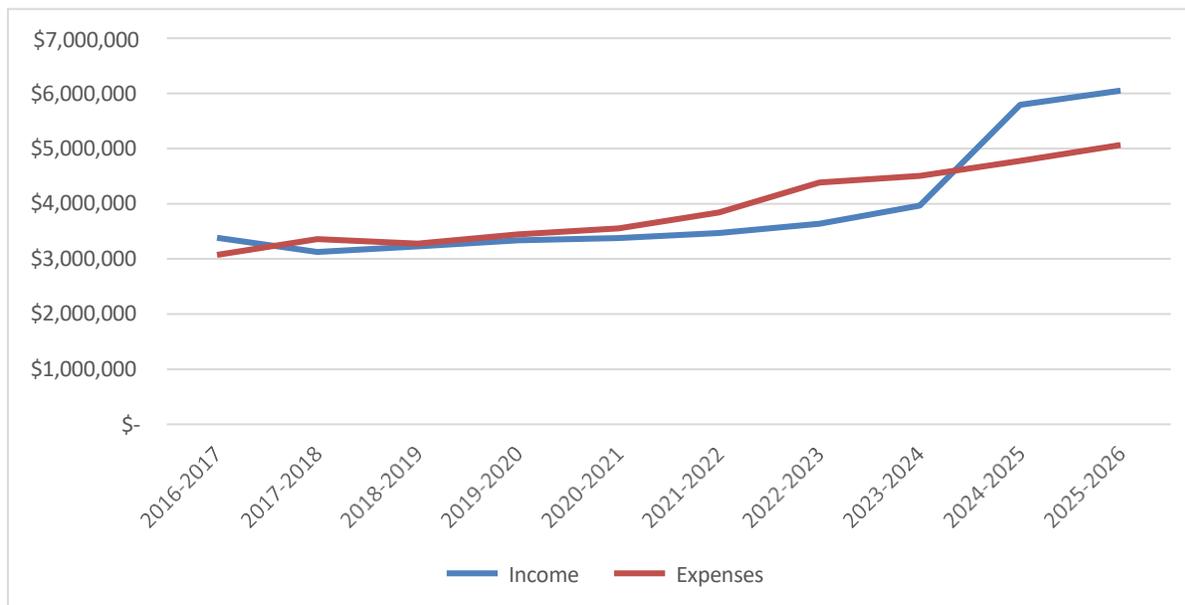


Exhibit 10: Revenue & Expenses Over Time - No Fee Increase

Over a twenty-one-year horizon (since the last fee change) and accounting for a 2% inflation rate, a highly conservative estimate of today’s membership fee would be approximately \$1200. Exhibit 11 displays autonomous membership fees increased to \$1,200 and all other member class fees by 25%.

Annual Academic Member fees would be increased to \$600. The financial assumptions used in these calculations are independent of ABA.



RECOMMENDATIONS AND CONCLUSION

In order to meet the operational needs of the College, a change to *By-law 18: Fees* is proposed. The College has been in a deficit position for five years with a trajectory of continued financial shortfalls that are expected to persist in perpetuity until eventual insolvency. Members are accountable to the public and demonstrate their commitment to self-regulation through their participation in the annual renewal process, which includes payment of annual membership fees. Self-regulation is a privilege that psychologists and psychological associates support through the regulatory mandate of the College to protect the public. ABA will also be a self-funded profession and these proposed amendments are independent of ABA. The College requires modernization of its financial model to fulfill its duties to the public, now, and into the future.

NEXT STEPS

Upon Council approval, the proposed amendments to *By-law 18: Fees* will be circulated to the membership for 60 days and then placed on the agenda for the September 2023 meeting for final approval.

ATTACHMENTS

1. *By-law 18: Fees* with tracked changes

CONTACT FOR QUESTIONS

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

BY-LAW 18: FEES

[Approved by Council December 1999; last amended on September 27, 2019]

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

Note: The requirements for each certificate of registration are set out in the Registration Regulation.

Membership

- 18.1 Every member shall pay an annual membership fee in accordance with this By-law for each membership year.
- 18.2 A membership year begins on June 1 in one year and ends on May 31 of the following year.
- 18.3
- The annual fee for membership must be paid on or before June 1 in the membership year.
 - Notwithstanding subsection (a), the annual fee for a member holding a Certificate of Registration Authorizing Supervised Practice is payable in two equal instalments on or before June 1 and December 1 in the membership year.
- 18.4 The annual fee for membership is,
- ~~\$1200~~~~795~~ for members who hold
 - a Certificate of Registration Authorizing Autonomous Practice,
 - a Certificate of Registration Authorizing Interim Autonomous Practice, or
 - ~~\$550~~~~687.50~~ for members who hold a Certificate of Registration Authorizing Supervised Practice;
 - ~~\$238.50~~~~298~~ for members who hold an Inactive Certificate of Registration;
 - ~~\$50~~~~62.50~~ for members who hold a Retired Certificate of Registration; and
 - ~~\$600~~~~397.50~~ for members who hold an Academic Certificate of Registration.
 - ~~\$240~~~~300~~ for members who hold a Certificate of Registration Authorizing Interim Autonomous Practice for temporary, limited practice and who have entered into an *Undertaking and Agreement* with the College.
- 18.5 No later than 30 days before an annual fee is due, the Registrar shall notify the member of the amount of the fee and the day on which the fee is due.
- 18.6 A member who fails to pay an annual fee on or before the day on which it is due shall pay a penalty of ~~20~~~~10~~ per cent of the annual fee, in addition to the annual fee.

Examinations

- 18.7 The fee for the Examination for Professional Practice in Psychology is the fee set by the Association of State and Provincial Psychology Boards and its contractors.
- 18.8 The fee for the Jurisprudence and Ethics Examination is \$200.
- 18.9 The fee for the oral examination is \$550.

Interviews

- 18.10 The fee for an interview is \$500.

Applications

- 18.11 a. The fee for an application for a Certificate of Registration Authorizing Supervised Practice is \$230.
- b. Notwithstanding subsection (a), the fee for an application for a Certificate of Registration Authorizing Supervised Practice is \$100, if the applicant holds a Certificate of Registration Authorizing Autonomous Practice as a Psychological Associate.
- 18.12 a. The fee for an application for a Certificate of Registration Authorizing Interim Autonomous Practice is \$100.
- b. Where section 22.18 of the Code applies, the fee for an application for a Certificate of Registration Authorizing Autonomous Practice is \$100.
- 18.13 a. The fee for an application for each of the following certificates is \$100:
1. Academic Certificate of Registration;
 2. Inactive Certificate of Registration;
 3. Retired Certificate of Registration;
- b. Where an applicant for a Certificate of Registration Authorizing Autonomous Practice holds one of the certificates listed in subsection (a), the fee for the application is \$100.

Professional Corporations

- 18.14 The fee for the application for, and issuance of, a certificate of authorization, including any reinstatement of a certificate of authorization, for a professional corporation is \$350.
- 18.15 The fee for the annual renewal of a certificate of authorization is \$250.
- 18.16 The fee for the issuing of a document or certificate respecting a professional corporation, other than the first certificate of authorization or the annual renewal of a certificate of authorization, is \$50.

Other Matters

- 18.17 The fee for issuance of a document confirming a member's registration status is \$25.

Committee and Program Fees

- 18.18 The Registrar may charge members a fee for anything that a Committee of the College is required or authorize to do under statute or regulations.
- 18.19 Committee and program fees include, but are not limited to, the following:
- a. Cost of hearings or other items ordered by the Discipline Committee;
 - b. For the College's Quality Assurance Program, a fee of \$100 for failure to complete any of the mandatory requirements of the College's Quality Assurance Program within the timelines established by the Quality Assurance Committee;
 - c. For individual education or remediation programs, the fee charged by and payable to the supervisor, monitor, mentor or program;
 - d. For monitoring, supervision, or assessment pursuant to a decision of the Registration Committee, the fee charged by and payable to the monitor, supervisor, mentor or assessor;
 - e. Fees and/or costs related to activities, including but not limited to programs and assessments, referred to in acknowledgements and undertakings entered into by a member

- with the College; and,
 - f. Fees and/or costs related to orders and directions of the College Committees.
- 18.20 Any outstanding balance owed to the College in respect of any decisions made by a Committee, and any fees payable under this By-law will be added to and included in the member's annual fees.

STRATEGIC DIRECTION 2017-2022

2023.04.05A

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 MAY 4, 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) • 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) • <i>Supervision Resource Manual for Registration, Third Edition, 2022</i> (September 2022) • Consultation on Registration Regulations circulated to members and stakeholders (February 2023) 	<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) • Establish a process to assess all CFTA candidates on their competence to perform the controlled act of communication of a diagnosis. (December 2020) •

M2	<ul style="list-style-type: none"> • Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> – Developing, establishing, and maintaining standards of practice and professional ethics for all members, 	<ul style="list-style-type: none"> • Review of Standards of Professional Conduct (Fall 2016) • Adoption of new <i>Standards of Professional Conduct</i>, to go into effect September 1, 2017 (March 2017) • Implementation of the ICRC Risk Rubric (August 2017) • 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) 	

		<ul style="list-style-type: none"> • Executive Committee Reception with Thunder Bay members (May 2019) • Executive Committee Reception with Hamilton members (November 2019) • New College Logo, as part of Communications Plan, Approved (December 2019) • Launch of new quarterly newsletter, <i>HeadLines</i> (July 2020) • Launch of new Website (August 2020) • Launch of Social Media (October 2020) • Approval of support for victims of sexual abuse and misconduct to be implemented January 1, 2021 (September 2020) • 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) 	<ul style="list-style-type: none"> •

		<ul style="list-style-type: none"> • Practical Applications within new <i>Standards</i> to be continuously updated (June 2017) • Barbara Wand Symposium in Ottawa (June 2017) • Updated Policy II-3(ii) Release of the Member's Response to the Complainant (June 2017) • Frequently Ask Questions for the new <i>Standards</i> and CPD Program continuously updated (August 2017) • Barbara Wand Seminar (January 2018) • Barbara Wand Seminar (June 2018) • Peer Assisted Reviewer Training (November 2018) • French Language translations of new <i>Standards</i> completed (November 2018) • Barbara Wand Seminar (January 2019) • Guidelines for CPD published in <i>e-Bulletin</i> (January 2019) • Release of new materials for the prevention of boundary violations and sexual abuse, including discussion guide. • Barbara Wand Seminar (June 2019) • Peer Assisted Reviewer Training (November 2019) • Barbara Wand Seminar (December 2019) • Barbara Wand Seminar (September 2020) • Barbara Wand Seminar (June 2021) • Barbara Wand Seminar (January 2022) • Barbara Wand Seminar (November 2022) • Barbara Wand Seminar (June 2023) 	
M6	<ul style="list-style-type: none"> • Responding to changing needs in new and emerging practice areas 	<ul style="list-style-type: none"> • New technological standard within the revised <i>Standards of Professional Conduct 2017</i> 	

		<ul style="list-style-type: none"> • Equity, Diversity, and Inclusion Working Group formed (October 2020) 	
M7	<ul style="list-style-type: none"> • Collaborating in shaping the regulatory environment 	<ul style="list-style-type: none"> • Participation in ASPPB, ACPRO, FHRCO • College participation in inter-College Psychotherapy Working Group • FHRCO Sexual Abuse Prevention Task Force Chaired by Deputy Registrar (2016-2017) • College participation in FHRCO discussions regarding Bill 87 (transparency and other changes to the RHPA) • College Council responded to the Standing Committee on Bill 87 (March 2017) • Submission to HPRAC, re: Psychotherapy (October 2017) • Submission to MOHLTC on regulation amendments in the Health Professions Procedural Code (March 2018) • Submission to Ontario Regulation Registry on Psychotherapy (June 2018) • Confirmation to Pursue Regulation of ABA (September 2019) • Discussions with the MOH and MCCSS regarding regulation of ABA (November 2017) • 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) 	

		<ul style="list-style-type: none"> • 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) • 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) • College Performance Measurement Framework submitted/posted (March 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) 	

		<ul style="list-style-type: none"> • 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 By-Law 5 and 20 (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 • 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) 	

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 March 2023 as activities undertaken in service of the College's Strategic Directions 2017 - 2022

BRIEFING NOTE

2023.04.05B

JUNE 2023 COUNCIL MEETING

APPROVAL OF STRATEGIC DIRECTION 2023-2028

STRATEGIC DIRECTION REFLECTION

The College's strategic direction (2017-2022) has expired and is due for a revitalization. A current strategic direction that reflects the needs and direction of the College is crucial to its mission of protecting the public interest. An updated strategic plan will serve as a North Star for the College to focus its finite resources in the interest of value generation in fulfilling its fiduciary duty to the public.

MOTION FOR CONSIDERATION

That the Strategic Direction 2023-2028 be approved.

PUBLIC INTEREST RATIONALE

A current Strategic Direction reflecting the priorities of the College is imperative to its mission of protecting the public interest. A Strategic Direction is a fundamental component of any organization, and should reflect its direction and accountability to stakeholders, such as members of the College, government, other regulatory bodies, and the public. Governing a College without a current Strategic Direction signals to the public a lack of planning for the future, which can erode trust in the profession.

BACKGROUND

The current Strategic Direction has expired (2017-2022) and could benefit from an update based on the current needs of the College and its direction into the next five years. In order to prepare for a revitalization of the College's Strategic Direction, the Registrar performed a review of other health regulatory Colleges in the province, such as the CPSO and CNO, with a focus on innovative approaches to meeting the mandate of protecting the public interest. The College's Senior Management Team then met to collaboratively complete an organizational analysis, using the SOAR model, assessing Strengths, Opportunities, Aspirations, and Results in preparation to facilitate a generation session with the Council on its training day on March 23, 2023. For the training day, a lineup of interprofessional speakers was selected by the Registrar with expertise in bioethics, mindful leadership, quality improvement, healthcare administration, and finance to prime the Council for a SOAR completion session. The Council was divided into relatively equal groups with conversation facilitated by a Senior Team member of the College. Following this generation session, the Council and College management debriefed the findings from each group. This information was documented and served as a foundation for the new Strategic Direction. Once adopted, the entire College, including the Council, Committees, Workgroups, and College Staff must function in accordance with the Strategic Direction.

A revitalized Strategic Direction will be crucial for the College to operationalize elements of the Ministry of Health's College Performance Measurement Framework (CPMF) which is a requirement of all health regulatory Colleges. [The aim of the CPMF is to answer the question "how well are Colleges executing their mandate which is to act in the public interest,"](#) to strengthen accountability and oversight of Ontario's health regulatory Colleges, and to help Colleges improve their performance. The College of Psychologists must improve in its stewardship of (financial and human) resources and must modernize its regulatory

practices to improve efficiencies, reduce waste, and maximize its ability to protect the public interest. The previous strategic direction (2017-2022) is provided below and compared to the respective section of the Health Professions Procedural Code of the Regulated Health Professions Act (RHPA; Exhibit 1). As can be observed, the Strategic Direction at that time was essentially a replication of components of the Code, lacking specificity and measurable results (note that *measurement, reporting, and improvement* is now a domain of the CPMF).

Exhibit 1: Side-by-Side Comparison of the Strategic Direction 2017-2022 and the RHPA

Health Professions Procedural Code, Regulated Health Professions Act, 1991	Strategic Direction 2017-2022
<p><i>Objects of College</i></p> <p><i>3 (1) The College has the following objects:</i></p> <ol style="list-style-type: none"> <i>1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.</i> <i>2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.</i> <i>3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.</i> <i>4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.</i> <p><i>4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.</i></p> <ol style="list-style-type: none"> <i>5. To develop, establish and maintain standards of professional ethics for the members.</i> <i>6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act, 1991.</i> 	<p><i>In accomplishing our Mission, the College promotes excellence in the practice of psychology by:</i></p> <ul style="list-style-type: none"> <i>• Enforcing standards fairly and effectively through: <ul style="list-style-type: none"> <i>• Developing, establishing and maintaining standards of qualifications for individuals seeking registration;</i> <i>• Developing, establishing and maintaining standards of practice and professional ethics for all members;</i> <i>• Developing, establishing and maintaining standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among members;</i> </i> <i>• Communicating clearly and effectively with stakeholders, particularly applicants, members and the public;</i> <i>• Supporting and assisting members to meet high standards;</i> <i>• Responding to changing needs in new and emerging practice areas;</i> <i>• Collaborating in shaping the regulatory environment;</i> <i>• Acting in a responsibly transparent manner; and,</i> <i>• Advancing the Council’s governance practices.</i>

<p>7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.</p> <p>8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.</p> <p>9. To promote inter-professional collaboration with other health profession colleges.</p> <p>10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.</p> <p>11. Any other objects relating to human health care that the Council considers desirable.</p>	
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A Revitalized Strategy for a New Era of Regulatory Excellence in Psychology

Strategy 2023-2028 is an exciting opportunity for the College to modernize and adopt best practices in continuous quality improvement, regulation, and member engagement to serve the public interest in delivering the highest quality of care.

The DNA statement (“motto”) of the College will become “**Where science and practice meet**” to represent the unique value proposition of psychology (and applied behaviour analysis) within the healthcare marketplace. An update to the mission, vision, and values are described below:

Mission:

- To protect the public through the responsible regulation of psychological care¹

Vision:

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

Values:

- **Beneficence:** The College functions in service of the public good.
- **Dignity:** The College treats all persons and peoples with dignity.
- **Fairness:** The College approaches decisions in a just, reasonable and impartial manner.
- **Accountability:** The College acts as a self-sustaining, responsible steward of resources grounded in the fiduciary duty to the public.

¹ Applied Behaviour Analysis will be included once the legislation is proclaimed

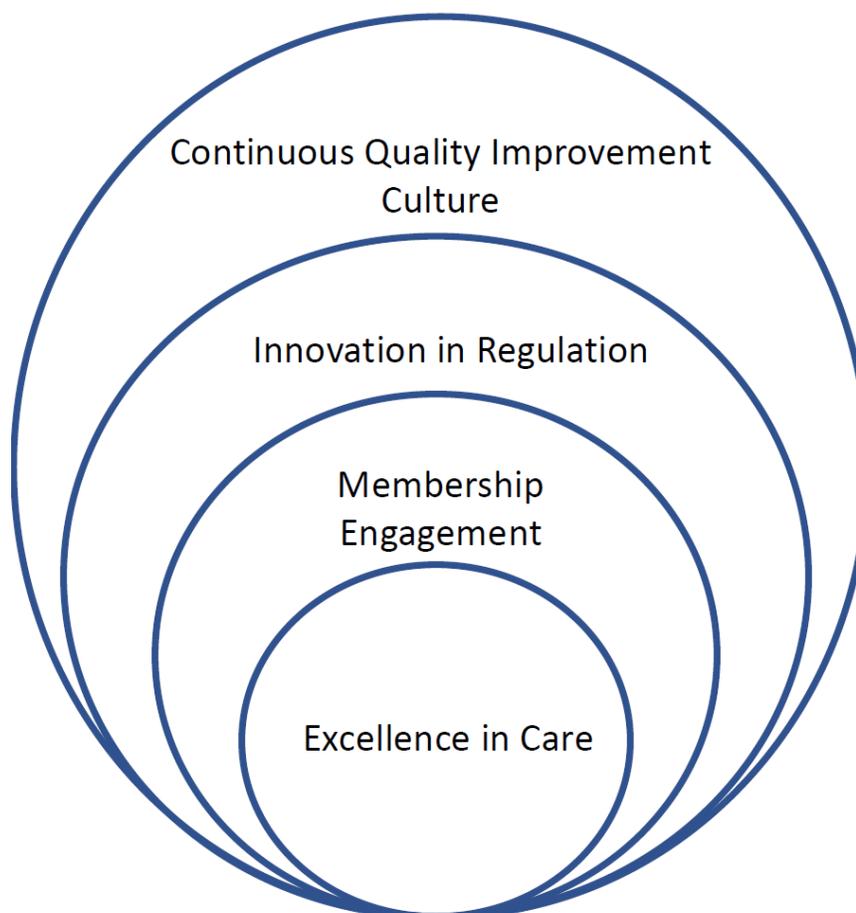
- **Integrity:** The College acts honestly, ethically, and responsibly.

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

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

Strategy 2023-2028 is an ecological model; that is there are multiple layers of the plan that transact and interact with each other, with the ultimate pursuit of excellence in care. The protection of the public is conceptualized as not only preventing harm (the value of non-maleficence) but will also be informed by high-quality care (the value of beneficence). The ecological model of self-regulation with four layers of interacting subsystems is depicted with the following graphic (Exhibit 2). That is, excellence in care cannot be achieved without a College that excels in financial sustainability, regulatory practices and quality improvement. The goal of quality care cannot truly be achieved without the support and engagement of its members. Each layer of the ecological system interacts with the other; psychological care and its regulation occurs within a number of subsystems/layers; addressing each layer will be crucial for the College to achieve its mission of regulatory excellence.

Exhibit 2: Strategy 2023-2028, an Ecological Model of Regulation



Over the next 5 years, the College will operationalize the Strategic Direction through the following:

- **Excellence in Care:**
 - Modernization of Standards of Professional Conduct
 - Review and advise on technologies that impact psychological care
 - Equity, Diversity, and Inclusion initiatives
- **Membership Engagement:**
 - Education
 - Member participation in HeadLines
 - Registrar’s outreach to members
- **Innovation in Regulation:**
 - Fully integrate Right Touch Regulation²
 - Onboard the ABA profession
 - Enhance Alternate Dispute Resolution process
 - Review and consider modernizing Council structure
- **Continuous Quality Improvement Culture:**
 - LEAN management – adoption of LEAN management and review of all operations with the aim of value maximization and waste reduction
 - Investment in office staff (increase capacity and retention)
 - Achieve a balanced budget

Key Performance Indicators (KPIs)³:

- **Excellence in Care:** Number of completed modernization initiatives (including Standards review, etc.)
- **Member Engagement:** Number of member-engagement initiatives (including member participation in HeadLines, etc.)
- **Innovation in Regulation:** Number of completed Right Touch Regulation initiatives
- **Continuous Quality Improvement Culture:** Mean (& Standard Deviation) of days to disposal of complaints

CONTACT FOR QUESTIONS

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

² Professional Standards Authority for Health and Social Care, United Kingdom; <https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>

³ Year 1 KPIs consistent primarily of raw number counts (except for the mean length of time of disposal of complaints). Following Year-1 baseline counts, KPIs will be reviewed to ensure these metrics adequately capture their respective strategic domains. KPIs will be reviewed following each year of implementation.