College of Registered Psychotherapists of Ontario

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

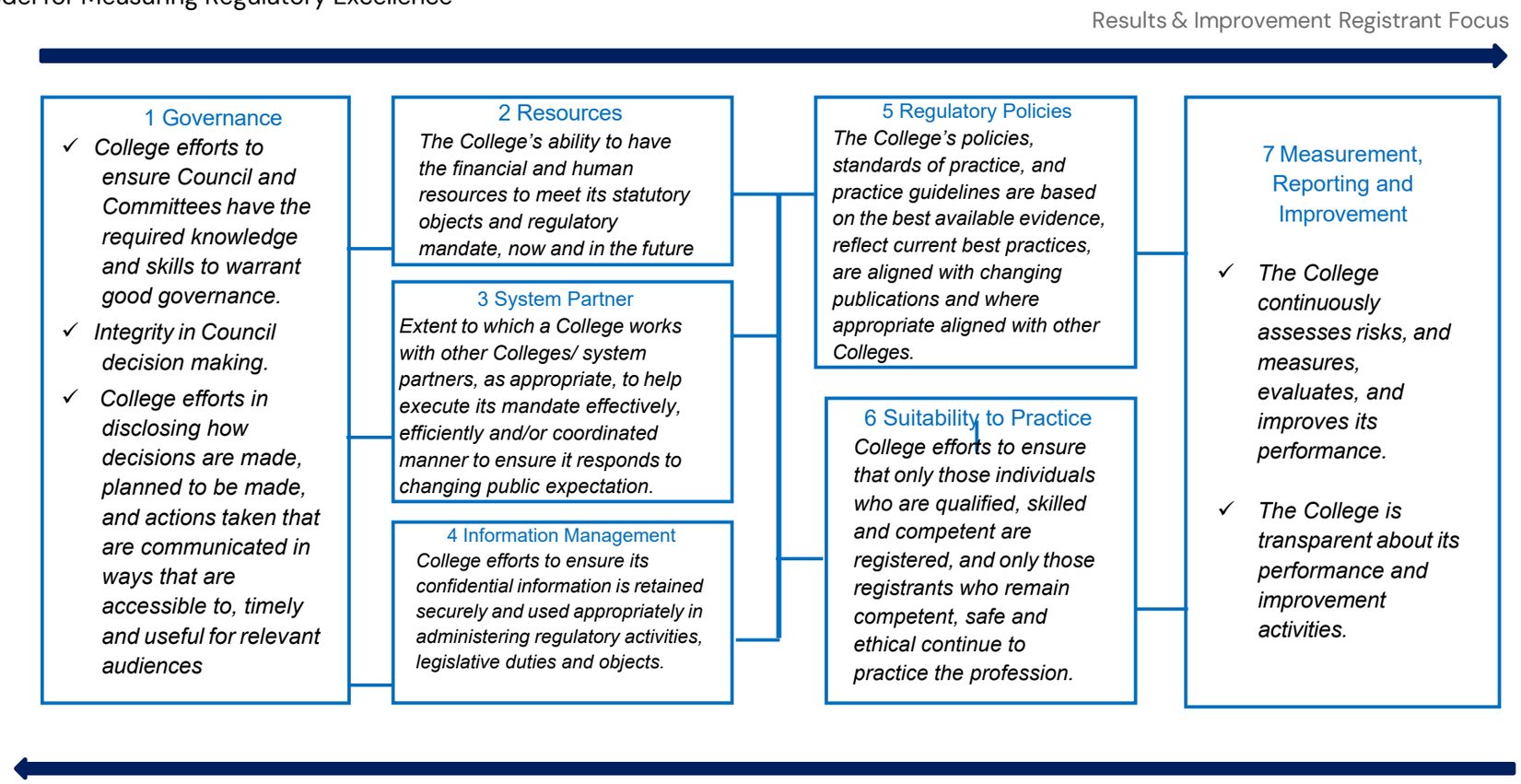

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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

Completing the CPMF Reporting Tool

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

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

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

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

	Measure: **1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**	
DOMAIN 1: GOVERNANCE	**Standard 1**	
	Required Evidence	**College Response**
	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: Yes • The competency and suitability criteria are public: Yes *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* • CRPO Council Competency Matrix • Eligibility to Stand • Conflict of Interest • Time Commitment Guideline *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). The orientation training is comprised of a one-hour webinar (also available in other formats – see below) and self-study at the candidate's own pace to prepare for the competency questionnaire (knowledge test) prior to submitting their nomination. CRPO is committed to removing barriers for RPs who wish to contribute to the work of Council while ensuring that anyone standing for election meets competence and suitability criteria. Accordingly, the College developed multiple ways for interested RPs to complete the required orientation training. These include a live webinar presented by staff and two current Council members (presented in March 2023) as well as materials in audio, video and print format. After accessing the information from one of these sources, any RP who wishes to stand for election must complete and submit a questionnaire that evaluates their knowledge of the concepts presented. • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. • written materials in accessible format • narrated video • CRPO Pre-candidacy Questionnaire • Council Orientation: CRPO 101 • Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation • Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		b. Statutory Committee candidates have: i. met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: Yes • The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* • CRPO Committee Competency Matrix (required for non-Council committee appointees) • CRPO Committee Composition Matrix • CRPO Discipline & Fitness to Practise Hearing Panel Competency Matrix
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: Yes • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. In addition to the committee-specific orientation for Council members being appointed to statutory and standing committees and working groups, CRPO provides a pre-appointment orientation for professional members who are interested in a non-elected committee appointment. There are two recorded webinars (Council Election Pre-Candidacy and Elections and Diversity) available online. Additionally, orientation is provided as part of appointment screening interviews (conducted by members of the Nominations and Elections Committee and the Diversity, Equity and Inclusion Working Group) for anyone being considered for a non-elected committee appointment. Once appointed, new Council members and non-Council committee members as well as Council members who are newly appointed to a statutory committee all receive a two-hour initial orientation to the committee as well as participating in a 6-

month long series of 'touchpoints" to ensure they are functioning effectively as committee members.

Please see the New Council / committee member training schedule for details of this process.

Orientation training takes place remotely* with staff providing a comprehensive orientation to the mandate and work of the committee and using panel meeting materials to provide an orientation to the 'technical' work before the new committee member observes a panel. Committee Chairs then provide a post-panel meeting remote* debrief as part of the orientation before the member attends their next meeting as an active participant.

- Examination Committee Orientation
- Quality Assurance Committee Orientation
- Registration Committee Orientation
- Inquiries Complaints and Reports Orientation

Discipline Committee training is done through sessions provided by experienced adjudicators from the Health Professions Discipline Tribunals and the Health Professions Regulators of Ontario.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Duration of orientation training. Initial orientation is typically 3 hours of meeting time plus self-study at the member's own pace. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). The format of the orientation is a mix of: • self-study of materials prior to general Council onboarding • 3 staff and Chair-led remote orientation sessions, culminating with completion of worksheets to assess knowledge • Council orientation modules worksheet In addition to the above orientation to Council duties, public appointments also receive support in preparing for their work on the ICRC committee. This involves a remote meeting with senior staff and a learning module that provides an introduction to the profession. • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. • Council Orientation: CRPO 101 • Everything You Need to Know About Being a CRPO Council Member: Part I Mandate and Legislation • Everything You Need to Know About Being a CRPO Council Member: Part II Governance Roles and Structures • Professional Practice Standards • Psychotherapy Act, 2007 • RHPA – Schedule 2, Health Professions Procedural Code • Controlled Act Task Group Documents • Summary article Bill 87: Protecting Patients Act	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	**College Response**	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please provide the year when Framework was developed ***OR*** last updated. Since 2020, CRPO's Council has been using a framework that includes: • meeting evaluation tools (for every Council, committee plenary and panel meeting) that allows participants to assess meeting efficacy and the quality of decisions in the public interest • a Council effectiveness survey 2022-03-31-Council-Meeting-package-for-website.pdf (crpo.ca) • an annual committee 'renewal' assessment (through the review of the terms of reference and work plan). In 2022, Council implemented the final components of the framework: • an annual competence self-reflection to be completed by every Council member • an annual competence evaluation to be completed by a committee chair and senior staff member for every Council member The combined results of the three (one self-reflection, two evaluations) are used to develop a plan to support each Council member in competence development, as well as to inform ongoing training that is provided to Council and committee members. • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* March 20, 202 Council Meeting Materials Item 2d. Evaluation Framework: Annual Council Effectiveness Survey Report June 13, 2024 Council Meeting Materials Item 3a. Evaluation Framework: Self-reflection / Competence Evaluation Results Report	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		b. The framework includes a third- party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • *If yes, how often do they occur?* A full external evaluation is scheduled, as part of the Council Evaluation Framework, for every third year. Additionally, all the elements of the evaluation framework are supported by a third party with expertise in governance and organizational performance. They attend Council to present the annual Effectiveness Survey each year and have also been engaged to provide coaching in delivering and acting on the individual Council member assessment results. • Please indicate the year of last third-party evaluation. The evaluation was completed in January 2023 with the Evaluation Framework: Governance Report provided to Council in March 2023.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes

			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.
			• Council Evaluation Components
			• CRPO Competency Evaluation Report (sample)
			• Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR***
			• A comprehensive list of education resources (including presentations made at Council meetings) can be seen here
			• Please briefly describe how this has been done for the training provided over the last calendar year.
			Council receives a quarterly report on the themes identified through the aggregate results of the 5-Minute Meeting Pulse evaluations (2024 Q2 Meeting Evaluation Report) that is completed after every Council, committee plenary and panel meeting. They also receive a report and education session to support understanding and making best use of the Annual Council Effectiveness Survey Results. These reports identify opportunities to support Council and committee members in developing competence.
			Training that was provided to the full Council in 2024 because of opportunities identified through the evaluation framework included:
			• Understanding and participating in system partnerships
			• Learning to be an effective "critical friend" on Council and committees: An afternoon with Elder Cat Criger
			• Level Up: Working More Effectively as Part of a Team
			• Building a Diversity Equity and Inclusion Strategy
			Training that was provided to specific committees was informed by the 5-Minute Meeting Pulse evaluations, staff and Chair evaluation, Annual Self Reflection results and committee workplan needs.
			Training that was provided to committees in 2024 included:
			• Inquiries Complaints and Reports Committee Training
			  • Using Decision-Making Guidelines
			  • Risk Assessment
			  • The Discipline Test	

- Declaring a Conflict of Interest
    - Approaching DEI Issues in ICRC Decision-Making
    - Independent Medical Examinations (IME): When are they necessary?
- Health Professions Discipline Tribunal: Enhancing Knowledge, Building Momentum
    - Hearing Simulation – Effective Panel Deliberations
    - The Neurobiology of Trauma: A Trauma-Informed Approach to Discipline
    - Self-Represented Litigants
- Registration Committee
    - Considerations for the Indigenous Registration Pathway
    - Self ID Data Collection – Policy Considerations
- Quality Assurance Committee
    - Interpreting Assessment Results
    - Providing Time Accommodations in Assessments
    - DEI Related Standards
- Examination Committee
    - Current practices in Entry-to-Practice Examinations

Additional training and professional development supports were provided to individual members as informed by the Annual Self Reflection and the Staff and Chair Evaluation process.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. CRPO has built capacity to respond to evolving public expectations into the mandate of its committees, Specifically, through the: • Professional Practice Working Group Terms of Reference • Diversity, Equity and Inclusion Working Group Terms of Reference Additionally, Council and staff rely on relevant resources and tools that are a regular part of planning and informing governance and core regulatory work. For example: • Canadian Centre for Diversity and Inclusion Employer Partner • HIROC Risk Assessments Checklist Program • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. CRPO's Council and committees continue to engage in ongoing education and professional development with a focus on areas related to risk-assessment and mitigation and to diversity, equity and inclusion in regulation. In keeping with this, Council received training on: • Medical Assistance in Dying • Strategic Planning: Building a DEI strategy • Strategic Planning & Team Building: Level Up! • Learning to be an effective "critical friend" on Council and committees: An Indigenous Perspective • How to Participate in work with System Partners Additionally, specific committee training was provided related to the ICRC on anti-Black racism and its impact on mandatory reporting. Staff is also charged with monitoring issues within the profession (e.g., through engagement with education programs and professional associations) and in regulation (e.g., through HPRO initiatives and relevant conferences) and providing education to committees.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

DOMAIN 1: GOVERNANCE	Standard 2	**Measure:** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**	
		Required Evidence	**College Response**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. The Code of Conduct was reviewed as part of an overall by-law review in 2024. No changes resulted from this. The approach to Conflict of Interest was reviewed and revised in January 2021. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. Revisions to the Conflict of Interest Policy for Council included the: • addition of a guidance worksheet • development of a process for considering and declaring conflicts of interest *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. • Code of Conduct • Conflict of Interest	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. 2021 • Please provide the length of the cooling off period. The 'cooling off' period is one year. • How does the College define the cooling off period? - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; The requirement for a 'cooling off' period is established through by-laws by defining holding certain positions with a professional association as a conflict of interest. 16.03 – Conflicts Relating to Involvement with a Professional Association A member of Council or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its Committees at all if he or she holds a responsible position such as director, board member or officer in or is an employee of any Professional Association relating to psychotherapy.	

			The 'cooling off' period is enforced through the eligibility for election criteria. 10.04 – Eligibility for Election (viii) the Member has resigned, no less than one year before the date of the election, any responsible position such as director, board member, officer or employee that the Member holds with a Professional Association relating to psychotherapy Any RP proposing to stand for election to Council must attest that they do not have a conflict of interest in relation to a position or employment with a professional association. Eligibility to Stand for Election – Candidate Attestation - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** - Where not publicly available, please briefly describe the cooling off policy. CRPO Council Meeting Materials September 21, 2021: By-Law Amendments

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			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. 2021 • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. Council members are expected to complete a conflict of interest worksheet and make a declaration prior to the meeting through the Council's board portal. The Chair reviews conflicts of interest and asks Council members to make a declaration related to the agenda items at the beginning of every Council meeting. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. • December 12, 2024 Council Meeting Materials - - Conflict of Interest Disclosure Form and Worksheet	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. In 2022, CRPO revised and reaffirmed formal Regulatory Objectives that had been adopted in 2019. Regulatory objectives are specific and measurable efforts needed to achieve the goal of public protection dictated by the RHPA. Establishing and communicating regulatory objectives allows a regulator to demonstrate how the work they do is in the public interest. Stated objectives also support accountability within a right-touch approach: if an initiative cannot be measured against one of the objectives, it likely should not be undertaken. These objectives are used as the basis for ensuring that decisions are made in the public interest. In addition, Council uses a briefing note template that includes an opening statement as to the public interest rationale of every item and decision being contemplated. This template is used for all Council meeting agenda items and is included in publicly posted material. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. Every issue brought to Council meetings is introduced by a briefing note that explicitly outlines the public interest rationale. See December 12, 2024 Council Meeting Materials Briefing Note for Council for an example.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. 2023 • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. In 2023, the College enrolled in the Hospital Insurance Reciprocal of Canada subscriber Risk Assessment Checklists program. Part of the work done in relation to this was to adopt an Integrated Risk Management Policy as the formal approach to identifying, assessing and managing operational and regulatory risks. In 2024, the College began using a formal Risk Register Report (presented to Council in December 2024 - item, 3d) . This register will be used to provide Executive with a quarterly update on risk mitigation. Committees have a standing agenda item to address, at least annually, internal and regulatory risks as they apply to their mandate. Council is updated through the Executive Committee's regular reporting. A full risk report will be used to inform strategic planning, the development of any future key performance indicators, and any changes to regulatory programs.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

GOVERNANCE DOMAIN 1:	Standard 3	**Measure:** **3.1 Council decisions are transparent.**	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 • Please insert a link to the webpage where Council minutes are posted. • Council Meetings • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. • Updates on the implementation of Council decisions are included in meeting materials. Interested individuals can also request specific updates by email, as noted on the Council Meetings Policies and Guidelines page of the website. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*
		b. The following information about Executive Committee meetings is clearly posted on the College's website i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or	The College fulfills this requirement: Yes • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. • Council Meeting Materials – Executive Committee Report to Council • March 20, 2024 • June 13, 2024 • September 26, 2024 • December 12, 2024 *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

		discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	*Additional comments for clarification (optional)*

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Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. • Council Agenda Packages, Highlights and Meeting Minutes Council meeting dates are posted in the fall for the following full calendar year. Meeting agendas are posted two weeks in advance and full meeting material packages one week in advance of meetings. Materials from February 2016 forward are currently available.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the College's Notice of Discipline Hearings. • Current Discipline Hearings	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert a link to the College's DEI plan. The Diversity, Equity and Inclusion working group spent 2023 becoming orientated to the College's regulatory mandate and undertaking tasks at the request of the Executive Committee. The DEI WG has an operational work plan that is used to direct their efforts; this plan includes the need to make recommendations on the development of a formal DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. • March 20, 2024 Council meeting materials • Council received a verbal update on issues being considered by the DEI working group. • Council approved an increase to per diem amounts for RPs from equity-deserving communities who serve on Council or committees and directed staff to develop operational policies and procedures to allow Council and committee members to claim the equity rate in a way that protects their privacy but allows the College to budget and to account for spending appropriately. • June 13, 2024 Council meeting materials • Council approved communication documents developed with the DEI working group to support buy-in and trust from applicants and registrants when they are asked to provide self-identification data needed to support effective equity impact assessments. • September 26, 2024 Council meeting materials • Council approved a statement on diversity, equity and inclusion developed by the DEI working group • December 12, 2024 Council meeting materials	

- Council was informed of the Executive Committee's work to establish a cross-College task group who will be tasked with developing a DEI framework to inform the next cycle of strategic planning.

- CRPO has developed a Committee Composition Matrix to describe the needed mix of experience and skills each committee and working group needs to fulfill its mandate. The rationale for establishing a varied membership of practice area experience is to enhance the opportunity for a greater input from the diverse experiences of RPs that flow with these practice areas. This diversity also includes training and education experience outside of Ontario and Canada. The recruitment process will also closely consider intersectional identities.

Council approved non-elected appointments for RPs who bring the needed diversity of lived-experience to committee deliberations and decision-making in the public interest. The recruitment of these RPs considered the principles of DEI and focused on ensuring that:

- the DEI Working Group includes RPs who identify as members of First Nations, Inuit, and Métis communities, people with disabilities and 2SLGBTQIA+ community members.
- the Inquiries, Complaints, and Reports Committee has representation from the Black community in the review of matters that relate to issues of anti-Black racism and discriminative complaints that involve Black people in general
- the Registration Committee's Indigenous Registration Pathway panel is comprised of RPs who have training, experience or expertise in Indigenous Traditional healing practices to lead this work.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Partially
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. The results of equity impact assessment conducted by committees included a review of governance, resources, work with system partners, as well as measurement, reporting and improvement. The results were used to inform non-elected committee member recruitment and committee education and training.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) CRPO will go live with a new registrant management system q4 of fiscal 2024-2025. Once the first phase of system implementation is complete, staff will work with developers to build a self-identification collection tool in q3 of fiscal 2025-2026 that will provide the data integrity needed to ensure that sensitive information is collected, stored and accessed in accordance with best practices. The remaining domains of the tool (i.e.., related to information management, regulatory policies, suitability to practice) will be assessed against the self-identification data once it is available.	

		Measure: **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**	
DOMAIN 2: RESOURCES	Standard 4	**Required Evidence**	**College Response**
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number. • March 20, 2024 Fiscal 2024-2025 expense and revenue budget approval • March 20, 2024 approving equitable remuneration to lessen barriers to participation by RPs from and serving equity-deserving communities and directing staff to develop operational procedures to allow Council and committee members to claim the equity rate in a way that protects their privacy but allows the College to budget and to account for spending appropriately. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Based on CRPO's September 2024 planning session, in which the 2023-2026 priorities were reaffirmed, Council approved a budget that ensured appropriate committee, staff, consultant and budget were allocated to key areas including: • ongoing use of all elements of the Council Evaluation Framework • standing funding for the Diversity, Equity and Inclusion working group • completion of the Regulatory Risk Register • finalization of the Registrant Management System implementation • work related to the trauma-informed review of core regulatory processes *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Executive Limitations Policy: Reserve Fund • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. June 2024 (reviewed) • Has the financial reserve policy been validated by a financial auditor? Yes	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	Yes

			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs.
			  • Registrar and CEO Succession Planning
			• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.
			  • December 8, 2022 Council Meeting Materials – Item 2.f Registrar and CEO Succession Planning Policy
			Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.
			CRPO's Council is committed to a governance model that precludes board involvement in operational decisions at the level that this indicator suggests is required. In accordance with by-law 8.02 Duties of the Registrar, as the chief executive officer the Registrar "has duties and responsibilities as are conferred by the Act, the RHPA, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council." This includes responsibility for the human resource planning.
			The Executive Committee receives quarterly financial reports from staff, which include relevant information related to human resource planning. And Council reviews and approves the annual budget, which includes monies for staffing (salaries, benefits, training, professional development).	

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. CRPO has policies and approaches that comprise a cyber-security risk management plan. This approach considers the necessary creation, sharing and storage of information for the purposes of administering the RHPA, the Psychotherapy Act and related regulations. Elements covered by this plan include: • policies to address security, incident response, audit and review cycle, and insurance • staff training • remote access set up and management • email communications • work from home workspaces • hiring policies • Council, committee and assessor technology access and support In 2024, CRPO continued to take steps to improve College processes. These included: • Continuing to work with a part-time Data Analyst who collaborates with staff on a broad exploratory analysis of CRPO complaint and investigation data ○ The results are being used as evidence to inform the creation and modification of regulatory programs, e.g., the QA Program, resource development, education program recognition, communications, in response to identified areas of concern. • Continuing the use of a staff-wide on-line program to provide training and education on cyber-risks and to conduct monthly, mandatory testing on key concepts • continuing to build out the registrant management system to allow applicants and RPs to access needed information and submission forms and to allow RPs to report QA program compliance more easily	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

DOMAIN 3: SYSTEM PARTNER

Standard 5

Measure / Required evidence: N/A	College response ***Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.*** ***Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.***
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* CRPO strives for active engagement with other health regulatory colleges and system partners. The strategic plan developed by the Council re-affirmed that collaboration with system partners to contribute to better access to mental health services is a priority for CRPO. Accordingly, over the course of 2024, CRPO worked to build on existing relationships among other regulatory and system partners to advance collective best practices and advocate for changes that will strengthen regulated health professions and improve public access and experience with mental health services.

Ontario Health Regulatory Colleges

In preparation for the regulation of Applied Behaviour Analysts (ABA) by the College of Psychologists of Ontario (CPO), CRPO completed work started in 2023 with CPO, the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), the College of Occupational Therapists of Ontario (COTO), the College of Early Childhood Educators (ECE) and the Ontario College of Social Workers and Social Service Workers (OCSWSSW). The regulators formed an ad hoc working group to develop clear and consistent communication to registrants who use ABA in their practice, and who may be affected by the decision to create a protected title for ABA practitioners.

The working group and communication documents are examples of effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services.
The working group and communication documents are examples of effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services.

Leading up to proclamation, CPO hosted an "ABA Training Day" for its staff and staff of other interested Colleges, including a CRPO staff member. The training day allowed for the various staff to interact with each other and learn more about the ABA profession.

- **Outcomes**:

- **a standardized communication document in English and in French was disseminated across six provincial regulatory bodies (CPO, CRPO, CASLPO, COTO, ECE, OCSWSSW), which includes Frequently Asked Questions**
- **increased knowledge among staff about the practice of ABA**
- **increased clarity for registrants related to existing and emerging regulatory obligations, promoting confidence in professional regulation**
- **effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services**

To ensure that CRPO is holding fair, transparent and efficient discipline and fitness to practise hearings, Council opted to continue to participate as a member of the Health Professions Discipline Tribunal.

A pilot project was initiated in 2023 by the College of Physicians and Surgeons of Ontario (CPSO) based on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) model, which was created in 2021. CRPO participated along with the College of

-	Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and the College of Massage Therapists of Ontario (CMTO). The project was a success and, in 2024, transitioned from a pilot into its next phase. Two more health regulators, the College of Chiropodists of Ontario and College of Occupational Therapists of Ontario, also committed to joining the HPDT in early 2025. CRPO officially renamed its Discipline Committee the Ontario Registered Psychotherapists Discipline Tribunal (ORPDT) through a by-law amendment. CPSO established the OPSDT as a way of modernizing the discipline process. OPSDT operates as an independent tribunal with its own staff and experienced lawyer-adjudicators who chair hearings and the Discipline Committee as a whole. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques. The result is more confidence from the public and registrants. Through the Tribunal, the experienced lawyer-adjudicators are appointed to each participating college's Discipline Committees and to CRPO's Fitness to Practise Committee. These appointments allow each college's committees to benefit from the adjudicators' experience in appointing and chairing panels, managing cases and providing mentorship to professional and public panel members. CRPO transitioned to using the OPSTD's lawyer-adjudicators for all hearings from April 2023 forward. In doing so, the College established an efficient, independent, administrative tribunal model to adjudicate allegations of professional misconduct or incompetence of Registered Psychotherapists, as well as allegations of incapacity (though no fitness to practice hearings were held during the year). The gains achieved by this approach include: o **Outcomes**: - **strengthening operational and governance infrastructure through:** o **more intensive case management (e.g., setting efficient deadlines for next steps in hearing planning)** o **reducing the time taken to draft and edit quality decisions and reasons, made in the public interest** o **responsible stewardship of financial resources in achieving statutory objectives by reducing legal costs** - **building CRPO's presence as a trusted authority for psychotherapy by:** o **promoting fair and efficient hearings** o **enhancing committee member competence through training and working alongside experienced adjudicators**

- **creating process continuity by establishing a pool of experienced, professional adjudicators to serve on CRPO's Discipline Committee**

Mental Health Regulatory College Working Group

Staff continued to participate in a working group established by Ontario College of Social Workers and Social Service Workers (OCSWSSW) to bring together practice advisory staff from colleges whose registrants are authorized to perform the controlled act of psychotherapy. This included the OCSWSSW; the College of Psychologists of Ontario (CPO); the College of Occupational Therapists of Ontario (COTO) and CRPO. Theis group shares information with a view to developing common resources for registrants

- **Outcome**: **strengthened alignment of expectations in emerging areas of clinical practice.**

Health Profession Regulators of Ontario (HRPO)

CRPO collaborates with and learns from other Ontario health regulatory colleges through HPRO. Specific engagement with HPRO included representation on various committees and networks:

- Board of Directors – Registrar attends regular Board and check in meetings
- Citizen Advisory Group Committee allowing access to consultations with an engaged and informed group of public representatives
- supporting efficiency of operational and regulatory functions through access to resources, information sharing and peer meetings
  - Corporate Services Network
  - Communications Network
  - Deputy Registrars Network
  - EDI Network
  - Investigations and Hearings Network
  - Policy Network
  - Practice Advisors Network
  - Quality Assurance Network
  - Registration Network
    - **Outcome**: **the ability to leverage work with other colleges through HPRO to build and incorporate best practices and to appropriately increase consistency in core regulatory functions.**

Pan Canadian Psychotherapy Regulators Group Specific engagement included:

- CRPO staff providing consultations on 'lessons learned' since proclamation for New Brunswick College of Counselling Therapists , the Association of Counselling Therapists of Ontario, the BC Association of Clinical Counsellors
- Sharing of governance and core regulatory policies and resources with newly and yet-to-be regulated provinces
    - **Outcomes:**
- **further harmonization of inter-provincial standards**
- **increased confidence in future labour mobility applications from newly regulated and yet-to-be regulated provinces**

Professional Associations

Collaboration with the Association of Counselling Therapists of Ontario, the BC Association of Clinical Counsellors the Canadian Counselling and Psychotherapy Association to ensure support efforts to ensure clarity and consistency with regards to the federal HST exemption for psychotherapy and clinical counselling services

- **Outcomes:**
- **increased clarity regarding the scope of practice of psychotherapy as it relates to the HST exemption**
- **support for access to care through decreased cost for clients**

Staff and the Council President hosted an annual meeting to update representatives of all psychotherapy professional associations

Quarterly updates with representative from the Partnership of Registered Psychotherapist Associations and Ontario Society of Registered Psychotherapists and Ontario Association of Mental Health Professionals (OAMHP)

- **Outcome: increased awareness of CRPO's areas of focus, allowing associations to better support members of the profession**

Staff presented at the annual association conference for the OAMHP

- **Outcome: increased awareness of CRPO's areas of focus and regulatory specific professional development for attendees**

Cooperative efforts with the Ontario Association of Mental Health Professionals. Specific engagement included:

- support for OAMHP delivery of monthly Peer Circles to support registrants in being better able to make judgement about how to meet the standards of practice related to consent, confidentiality and information sharing
- provided review of validated supervisor training under development by OAMHP

	○ **Outcome: supported registrants in applying standards of practice and quality and availability of regulatory professional development offerings** **<u>Psychotherapy Education and Training Programs</u>** Staff and the Registration Committee Chair hosted an annual meeting to update representatives of all psychotherapy education programs Staff made 10 presentations for education programs, reaching over 400 students at 9 schools ○ **Outcomes:** - **increase in fair registration practices through clear communications with students having direct access to CRPO staff there to provide pre-application support** - **strengthened shared understanding (between CRPO and educators) of the clinical experience component of programs** - **education programs and students made aware of Professional Practice Standards update and encouraged to provide input into review**

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

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

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

Registrants

CRPO hosted six virtual town hall meetings for registrants in 2024. Registrants were invited to submit questions and concerns prior to the town halls to identify issues of concern and to allow College staff to prepare relevant and useful information for presentation.

April 24, 2024 A review of the last year and a preview of the work to come
May 30, 2024 Governance and Regulation
June 5, 2024 Trauma Informed Regulation
September 23, 2024 Quality Assurance Program Update: how is the Case Based Assessment going?
October 29, 2024 L'année en revue et l'année à venir: le point sur le travail de l'OPAO
November 18, 2024 Private Practice

- **Outcomes:**
  - **direct engagement with 1,000+ registrants over the six sessions**
  - **Council and committees received summary of issues which will be used to inform work plan development**

	Government agencies Staff provided draft guidance on medical assistance in dying (MAiD) to the Strategic Policy Unit of the Strategic Policy, Planning & French Language Services with a request for review and feedback. o **Goals:** - **to ensure guidance to registrants is informed by changes in the practice environment, assisting them in adapting to increase access to mental health care and to support health system improvement** - **to support government in development of health strategy, strategic priorities, alternatives and policies based on the opportunities for change** **Pan Canadian Psychotherapy Regulators** CRPO staff participated in a consultation with the Ordre des Psychologues du Quebec to support an investigation into labour mobility between Quebec and Ontario. This will be completed in 2025. o **Goals:** - **to ensure correct information is available to other provincial regulators and their governments** - **further harmonization of inter-provincial standards** - **increased confidence in future labour mobility applications between Quebec and Ontario** **Targeted consultations** **Clinical Practice Consultations** Psychedelic-assisted Psychotherapy In 2023, CRPO engaged the Queen's University Dimensions Health Research Collaborative to complete an expert narrative and review of literature related to psychedelics and psychotherapy. This report was received in October 2024 and used to shape guidance to registrants. At the same time, CRPO established a Professional Practice Advisory group to assist staff in understanding the current practice environment and identifying related risks. This initiative is expected to establish an understanding of the required competencies for safe and effective practice, inform engagement with education program system partners and inform the development of clinical practice guidelines. o **Outcome: CRPO is better able to incorporate diversity of perspective and relevant best practices into the development of guidance for RPs related to emerging field of psychedelic assisted psychotherapy.**

	Health Profession Regulators of Ontario (HRPO) As noted in standard 5, CRPO's engagement with HPRO supports the development and maintenance of relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), the Ministry of Health, and the Financial Services Regulator - FSRA, who all use HPRO as a central conduit for sharing information. Membership in the Citizen Advisory Group (CAG) allows CRPO direct access to consultations with an engaged and informed group of public representatives. ○ **Outcome: CRPO decision-making informed by timely and broad input from multiple system partners.** **Psychotherapy Education and Training Programs** CRPO maintains an active relationship with education and training programs, particularly the 32 recognized / accepted programs, to regularly exchange information and address issues such as scope of practice in clinical experience placements. ○ **Outcome: CRPO has access to timely information about issues faced by individuals seeking to enter the profession, informing registration related policy development and amendment** **Professional Associations** CRPO regularly engages with representatives from professional associations through quarterly meetings with individual representatives and an annual meeting to which all associations are invited, allowing the regular exchange of information. Association representatives are asked to participate in College consultations and to promote them to members. ○ **Outcome: CRPO is aware of advocacy efforts and RP concerns and can respond with useful information in timely communiques.**

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DOMAIN 4: INFORMATION MANAGEMENT	Standard 7	**Measure:** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. • Privacy Policy (amended June 2024) • Website Privacy Statement • Reporting to Police Policy June 2023 • Posting Non-College Conduct on the Public Register • Policy on Information Removal • Withholding Names from the Public Register Policy • Public Register Information Page • CRPO By-laws, article 21 • Information about confidentiality in the complaint process • Policy on Removal of Panel Member Names from ICRC Decisions	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. CRPO staff maintain a cyber-security risk management plan that considers the necessary creation, sharing and storage of information for the purposes of administering the RHPA, the Psychotherapy Act and related regulations. Elements covered by this plan include: • policies to address security, incident response, audit and review cycle, and insurance • staff training • remote access set up and management • email communications • work from home workspaces • hiring policies • Council, committee, and assessor technology access and support Additionally, CRPO uses a third-party provider to provide all Council and committee with a standard laptop to be used for all College business. The related operational policy (Council and Committee Laptop Policy) governs member and College obligations related to College information.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

	Measure: **8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).**	
DOMAIN 5: REGULATORY POLICIES Standard 8	**Required Evidence**	**College Response**
	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement: — Met in 2023, continues to meet in 2024 • Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). • Policy Review Cycle approved September 2024 Triggers for policy review include: • evidence initiated review process that includes stakeholder feedback, legal review, practice of other regulators and professional associations, SME opinions and internal data monitoring / mining of Professional Conduct and Quality Assurance data • time base review process requiring review within three years in the case of most policies (five years for practice standards) if not reviewed through the evidence-initiated process *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) ***OR*** please briefly describe the College's development and amendment process. • Standard Review Policy approved September 2021 • Once initiated, the standard review includes a legislative review, a literature review, and a jurisdictional scan, a staff review, analysis of submitted stakeholder concerns, and analysis of internal data relating to Quality Assurance and Professional Conduct. • In addition to being reviewed by Council and the Quality Assurance Committee, a targeted stakeholder review is undertaken focusing on the opinions of subject matter experts, in addition to a review by relevant professional associations. The evidence-initiated review process outlined by the policy dictates that CRPO gathers evidence relating to standards on an ongoing basis. Evidence may be generated from a variety of sources, including but not limited to: • stakeholder feedback • legal developments • research articles • the practices of other regulators or professional associations • expert opinions • concerns raised by stakeholders (e.g., public, education programs, professional associations, government) • data from CRPO's departments This College data (drawn from complaints and reports, discipline cases, Practice Advisory inquiries, Peer Practice reviews and concerns related to applications for registration) is regularly reviewed by staff and shared with Council through the risk register.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes

- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.

  CRPO works with Regulatory Objectives which are used to define specific and measurable efforts needed to achieve the goal of public protection. The objectives include promoting equity, diversity and inclusion in the provision of psychotherapy services in the following ways:

  Objective #4 Promote equity, diversity and inclusion in the provision of psychotherapy services
  Discrimination that persists in the provision of health care and social services in Ontario creates barriers to access to mental health care. In particular, these biases can negatively affect individuals from racialized communities, those with low-income, the elderly, members of the LGBQT community and those with mental illness. By engaging with the public, registrants and other system partners, CRPO works toward freedom from discrimination through the promotion of diversity and inclusivity in psychotherapy education and practice. Holding RPs to standards that respect the diversity and dignity of all persons ensures that they can competently and respectfully serve individuals and families from across the diverse spectrum of age, race, culture, background, sexual orientation and gender identity.

  Objective #5 Regulate to support the mental health system in being more accessible
  There is an increasing acknowledgment of the difficulties that many Ontarians face in accessing needed mental health services. CRPO is aware that barriers to access to care with RPs exist across the province for a variety of reasons. When considered in relation to ability to receive needed mental health services, the importance of the psychotherapeutic relationship and the benefits of continuity of care, these barriers constitute a risk of harm to the public. By effectively regulating RPs, CRPO ensures that qualified individuals are authorized and available to practice, that they maintain their competence and that any issues with competence or conduct are addressed promptly and appropriately. This allows stakeholders in the health care system to be confident in the quality of care provided by RPs and supports leveraging the growing number of RPs within the system broadly, resulting in improved access to appropriate continuity of care with providers and in the setting of choice.

- Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.

  CRPO's Code of Ethics calls on registrants to "to respect the privacy, rights and diversity of all persons; to reject all forms of harassment and abuse; and to maintain appropriate therapeutic boundaries at all times." Professional Practice Standard 3.7 Affirming Sexual Orientation and Gender Identity establishes the requirement that registrants have adequate training, experience and supervision to provide services relating to an individual's sexual orientation or gender identity.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The College's Diversity, Equity and Inclusion Working Group has been tasked with developing DEI-focused standards. This work is expected to be finalized in q1 and q2 of fiscal 2025-2026.	

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DOMAIN 6: SUITABILITY TO PRACTICE	Standard 9	**Measure:** **9.1 Applicants meet all College requirements before they are able to practice.**

Required Evidence	College Response	
a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out.
- Please insert a link and indicate the page number ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

Supporting Documents Checklist

This checklist provides individuals with a clear path to submitting documents (e.g., transcripts/credential assessments, letters of standing) to support their application. An overview of the documents required for each application type is included on page 2 of the checklist.

Clinical Supervisor Attestation Form

Clinical supervisors or education program officials are required to complete and sign these forms, which are then uploaded by the applicant.

Direct Client Contact Confirmation Form

Employers, clinical supervisors, or education program officials must complete and sign these forms, which are then uploaded by the applicant.

Clinical Experience Recognition

Students of CRPO recognized programs that have been granted clinical experience recognition are not required to submit Clinical Supervisor Attestation Forms and Direct Client Contact Confirmation Forms. The programs provide confirmation directly to CRPO of the number of hours a student has completed.

			Statutory Declaration Form Applicants must submit a notarized or commissioned copy of this form, declaring that the information and supporting materials provided in their application are truthful, accurate, and complete. All staff processing registration applications receive training that includes, among other things, recognizing suspect educational credentials and using online plagiarism checking algorithms. Every application to CRPO undergoes at least a two-level staff review.

[1] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

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			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements were last reviewed and updated. Suitability to Practise Policy approved May, 2022 This policy provides clarity as to whether conduct is relevant to one's suitability to practise psychotherapy. The policy aids the Registrar and the Registration Committee in making decisions as to whether an applicant's or registrant's conduct is relevant to their suitability to practise psychotherapy. The policy also informs applicants and registrants about what criteria will be assessed as it relates to conduct. Program Definition Policy updated May, 2022 This policy sets out the Registration Committee's interpretation of the word "program" as used in Section 6(1)(1)(iv) of the Regulation and aids staff and panels of the Registration Committee in deciding whether applicants have met the education requirements for registration. This policy is also intended to provide potential applicants with a way to assess for themselves whether they have completed sufficient training in psychotherapy prior to submitting an application for registration. Program Recognition Policy updated November, 2024 CRPO's recognition process allows graduates of a recognized program to know that the education requirements for registration will be met upon completion of the program. This policy aids program reviewers and members of the Registration Committee in deciding whether a program has met the requirements for recognition. This policy is also intended to assist programs in determining whether they are eligible for recognition. Clinical Experience for Registration Policy updated February, 2024 This policy clarifies what clinical experience the College considers adequate for acquiring and refining required entry-to-	

practice competencies. CRPO uses this policy to verify and approve clinical experience for registration purposes. The policy provides transparency to applicants and registrants who can use it to ensure their direct client contact and clinical supervision hours will meet expectations.

Language Proficiency Policy reviewed May, 2024

This policy clarifies how reasonable fluency in English or French is demonstrated on an application and should enable applicants to determine whether they meet the language proficiency requirement. CRPO's policy provides multiple ways for applicants to demonstrate they meet English or French proficiency required to ensure inter-professional collaboration, appropriate care in an emergency, and ability to maintain accessible health records. As of January 1, 2023, CRPO accepts tests that are approved under the *Immigration and Refugee Protection Act* (Canada).

- Please provide the date when the criteria to assess registration requirements were last reviewed and updated.

Registration requirements are reviewed in accordance with the Policy Review Cycle. This requires review every three years, unless otherwise stipulated or unless a trigger event dictates earlier review.

An update about the clinical supervision review, including providing a report on the results of a public consultation regarding proposed changes to clinical supervisor requirements, was provided to Council at the December 12, 2024 meeting.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	• Please briefly describe the currency and competency requirements registrants are required to meet. Registrants in the Registered Psychotherapist category are required to maintain 750 currency hours of broadly defined activities related to psychotherapy on a rolling three-year basis. Inactive registrants also need to be mindful of their currency hours. If an Inactive registrant is short of 750 currency hours in the three years prior to requesting to return to active practice, their request may be referred to the Registration Committee. Registrants who have completed fewer than 750 currency hours in the previous three calendar years may be required to complete upgrading activities or undergo a peer and practice assessment. • Please briefly describe how the College identified currency and competency requirements. The currency requirement for Registered Psychotherapists is set out in section 8(1)(2) of the Registration Regulation. The 750-hour figure is based on extensive consideration by the Council regarding the minimum amount of practice necessary to maintain current competence in the profession. This reflects an average of less than five hours of practice (broadly defined) per week over three years. The College also considered the number of hours used for similar purposes by other professions with an analogous scope and complexity of practice and found that 750 hours over three years tended to be at the lower end of the range. Since the 750-hour requirement is on a rolling three year basis, if a registrant is short on hours one year, they could make up the difference in the other two years. If a registrant is short on currency over the three-year period, the Registrar can grant exceptions in exceptional circumstances if the registrant has demonstrated they have the knowledge, skill and judgment to practise psychotherapy in a safe and professional manner. • Please provide the date when currency and competency requirements were last reviewed and updated. The Return to Active Practice Policy was updated November, 2024. In applying to return to practice, registrants must complete a self-assessment and are encouraged to address any gaps in knowledge of the Professional Practice Standards that the assessment identifies.	

			• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. The initial application and annual renewal require an applicant/registrant to self-declare that currency and good character requirements are met. A registrant returning to active practice from inactive or revocation is also required to self-declare currency. The requirements are set out in CRPO's Registration Regulation (see sections 4(1), 4(2), 5(1), 6(1)(2), 7(2)(1), 8(1)(2), 20(4), 27(a)). Staff verify currency self-declared on the initial application with the applicant's supporting documentation (e.g., transcript). If an applicant/registrant self-declares not meeting the currency requirement, staff request further information and/or documentation for currency they do have. If an applicant/registrant makes a disclosure in response to good character questions, staff request further information, contact third parties, and/or request a criminal record check depending on the disclosure.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

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

Measure: **9.3 Registration practices are transparent, objective, impartial, and fair.**		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. 2023 Fair Registration Practices Report The OFC has placed CRPO in the low-risk category for the April 1, 2024 to March 31, 2026 assessment period. The OFC identified that there is no potential risk to fair registration after reviewing CRPO's historical performance and information in response to forward-looking risk factors. CRPO is in the full compliance category with the objectives of the legislation. The OFC has not issued any compliance recommendations to CRPO. • Where an action plan was issued, is it: No Action Plan Issued	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	Standard 10	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	
		Required Evidence	**College Response**
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Yes • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: CRPO completed a comprehensive review of the Professional Practice Standards, which came into effect January 2024. - Name of Standard All Professional Practice Standards - Duration of period that support was provided All year - Activities undertaken to support registrants • The Professional Practice Standards 2024 – comprehensive coverage of revisions • All town halls – incorporated information on relevant standards with specific focus on standards in: ○ Quality Assurance Update – sharing information on accessing support resources relates to the standards ○ Private Practice – included information on relevant standards ○ Medical Assistance in Dying – connecting relevant standards to RPs supporting clients seeking MAiD and their families ○ Cross Border Electronic Practice – applying standards to virtual care in other jurisdictions • Feedback survey launched and reported on, with request for ongoing feedback made • Case studies (also known as the Case-Based Assessment or CBA) drawn from the updated standards were administered to registrants as part of the peer and practice review (PPR) process within the Quality Assurance (QA) Program. , which has cases based on the revised Standards. • To support RPs in understanding and meeting the standards of practice, as well as in satisfying their QA Program requirements, all resources related to the program were reviewed and posted to the College's QA Program page: ○ Professional Practice Standards for Registered Psychotherapists ○ Professional Practice and Jurisprudence for Registered Psychotherapists ○ Quality Assurance Program Regulation

- Quality Assurance Program Policies
- CBA Practice Questions
- Entry-to-Practice Competency Profile for Registered Psychotherapists
- Practice Matters
- Practice Advisory Service
- All resources

- % of registrants reached/participated by each activity
  - More than 5,600 views on YouTube (37% of registrants)
  - At least 11,834 individuals opened the Communique discussing the revised Professional Practice Standards feedback survey results (79% of registrants)
  - 1021 registrants (7%) completed the case studies based on the updated Standards.
  - 1089 registrants (7%) attended town halls
  - 2045 registrants (13.5%) completed the Case Based Assessment
- Evaluation conducted on effectiveness of support provided
  - 90% of survey respondents, while a limited sample, indicated reading the updated standards
  - Respondents also provided feedback on information they would like CRPO to provide in the future, e.g., case studies, quizzes, videos, guidelines

- Does the College always provide this level of support: Yes

If not, please provide a brief explanation:

This was the first comprehensive review of the Professional Practice Standards. CRPO plans to continue providing periodic educational webinars, as well as gauge stakeholder feedback before and after subsequent comprehensive standard review initiatives.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation.

a. The College has processes and policies in place outlining:

i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;

The College fulfills this requirement: | Met in 2023, continues to meet in 2024

- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found and indicate the page number.

  See Peer and Practice Review and Frequently Asked Questions, How does CRPO determine which Standards to focus on when developing and selecting cases for the CBA? What is the blueprint?

  The priority areas of focus for the QA assessment are drawn from:
  - Standards Section 1: Professional Conduct
  - Standards Section 3: Client-Therapist Relationship
  - Standards Section 2: Competence

  The risk areas were used to develop a blueprint for the new Case Based Assessment (CBA). Registrants completing the CBA are presented with proportionally more cases corresponding to "high-risk" Practice Standards.

Standard	Weight (%)	Number of cases selected
Section 1: Professional Conduct	**29**	**10**
Section 2: Competence	**20**	**4**
Section 3: Client-Therapist Relationship	**21**	**6**
Section 4: Clinical Supervision	**11**	**3**
Section 5: Record-Keeping and Documentation	**12**	**5**
Section 6: Business Practices	**7**	**2**

- Is the process taken above for identifying priority areas codified in a policy: No
- *If yes, please insert link to the policy.*

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? | Choose an item.

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). Quality Assurance Program Policies ***OR*** please briefly describe right touch approach and evidence used. The specific areas of risk within the Professional Practice Standards were reviewed by the Quality Assurance Committee using a risk register (risk frequency and risk severity) based on data described below. Risk frequency is based on how often the issue arises within: • College committees (e.g., complaints, applications for registration) • Practice advisory inquiries • Stakeholder input (e.g., reports of 'horizon' issues or emerging risks) Risk severity is determined by reviewing: • Significance of outcomes (e.g., referring complaints to the Discipline Committee, refusing applications for registration) • The priorities of stakeholders (e.g., the public, government, registrants, Council and committees) • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). **2023** *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* - *Public* No Note that public appointees to Council who are members of the Quality Assurance Committee have been actively engaged in the process. - *Employers* Yes Issues identified by employers through enquiries to the Practice Advisory service were included for the QAC's review when the blueprint was developed. - *Registrants* Yes - *other stakeholders* Yes	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. Remediation activities registrants are required to completed are established by individual Case Based Assessment results as follows: **Successful** Registrants who achieve an overall score of 80% on the CBA will receive a feedback report on their results. Any professional development decisions by the registrant will not involve specific direction from a CRPO staff person, assessor, or the Quality Assurance Committee. **Self-directed review** Registrants who are within one standard deviation of the required score of 80% on the CBA will receive feedback, resources, and recommendations on where to direct their professional development efforts. Registrants who are required to complete a self-directed review must submit a self-assessment and their professional portfolio for review. (See 1.0 Self-assessment and professional development.) Submissions are due at the end of the registrant's next reporting cycle. The self-assessment and professional portfolio will be reviewed for adequate completeness. **Peer-assisted review and reassessment** Registrants who are more than one standard deviation below the required score of 80% will be required to engage in peer-assisted review activities with a peer coach unless they write the next administration of the CBA and score within one standard deviation of the required score of 80% or higher. Registrants who complete peer-assisted review activities with a peer coach are required to complete the CBA again to reassess their knowledge at the next available administration. 6 d) Referral to QAC Registrants who are more than one standard deviation of the required score of 80% on the CBA after completing peer-assisted review activities will be referred to a panel of the Quality Assurance Committee for review.	

		Additional comments for clarification (optional)
Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**		
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. CRPO has compliance monitoring staff who are assigned to each registrant who has been directed to undertake remediation activities. Staff work with registrants to ensure that they understand what they have been directed to do, have access to the resources they require (e.g., a College-approved supervisor, professional development courses, etc.). The staff team also provides support to any registrant who requires an accommodation to complete the requirements. In this reporting period, staff monitored: • 80 ICRC cases (49 remained active at year end + 31 closed) • 10 Discipline Committee cases (9 remained active at year end + 1 was closed) • 66 Registration Committee cases (42 remained active at year end + 24 closed) In addition, QA Program staff worked with 41 registrants whose first PPR risk assessment results did not demonstrate satisfactory knowledge, skills and judgement to support them in preparing for the necessary re-assessment. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process. Compliance staff: • monitor remediation milestones (e.g., reports from College-mandated supervisors, successful completion of required courses, etc.) and conduct follow-up if milestones are not met • report to department managers and Registrar as to progress through required remediation Once all elements have been completed or at the end of the remediation deadline, a final report is made to the Registrar who relies on the results of each of the required elements to confirm satisfactory completion of remediation activities. In cases where the RP is directed to write a reflection paper, the Registrar refers to the Reflection Paper Instructions provided by Conduct staff when the committee's decision is shared with them. Any register who does not successfully complete an element, the prescribed remediation will be reviewed and it is determined whether an undertaking to complete them is required if an extension is warranted or if the matter should be referred for investigation by the ICRC.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

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DOMAIN 6: SUITABILITY TO PRACTICE	Standard 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including	The College fulfills this requirement:	Yes
			• Please insert a link to the College's website that clearly describes the College's complaints process including options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Filing a Complaint about a Psychotherapist • Information for Complainants • Information for Registrants • Information for Reporters • Sexual Abuse By Registered Psychotherapists • Information re: Discipline Process – Health Professions Discipline Tribunals (HPDT)Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. Staff are directed by a Formal Complaints Infrastructure: Procedure document that requires the review of a formal complaint form by next business day and response to the complainant to confirm receipt within two business days. Within the first week of receipt of the complaint, staff gather any previous communication with the complainant, complete a copy of the Complaint Risk Assessment Tool, screen for possible interim order and determine next steps for the investigation. • Staff use a Redactions and Disclosure Checklist to ensure that all information is received and properly prepared before disclosure of information to registrants and complainants. • Third Party Complaints Policy • Policy On Declining to Proceed With Further Investigation of a Complaint • Pre-Registration Conduct Policy	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

		what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	*Additional comments for clarification (optional)* As noted in Standard 6, CRPO worked with the Barbra Schlifer Commemorative Clinic (BSCC) in 2023 to complete a review aimed at: • improving current practices to reduce the potential for harm to all parties involved in complaints and reports • reducing barriers to making complaints or filing reports • increasing confidence in CRPO as a trusted authority The BSCC team provided a comprehensive report – Independent Review of the Complaints and Reports Processes of the College of Registered Psychotherapists of Ontario – that included specific recommendations related to processes, policies, communications and professional development and training for staff and committee members. These recommendations will be reviewed and, where possible and appropriate, incorporated into CRPO's management of complaints to better enable and support complainants and witnesses.

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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes

- Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.

A Complaints Feedback Survey link is provided to registrants and complainants when every decision is issued.

Additionally, in the initial letter sent to the complainants and registrants, both are encouraged to contact staff to provide feedback throughout the process.

When a complaint is received, the College confirms receipt via email within 24-48 hours. If the complaint is from a client alleging sexual abuse, information about the sexual abuse fund is provided in this initial email.

Next, staff provide an "Initial Letter" to the Complainant within 14 days of receipt of the complaint. The letter includes:

- a second confirmation of receipt of the complaint.
- information about next steps (e.g., the registrant will receive a copy of your complaint, the College will collect client record (notify staff if you do not wish to have your record obtained by the College), a copy of the ICRC's decision will be sent in writing, request for any outstanding documents related to the complaint, request for witness names and contact information if not already included in submission).
- If the complainant is alleging sexual abuse, a link is provided to Sexual Abuse by Registered Psychotherapists, which includes information about, and resources related to the Therapy and Counselling Fund
- Form A: Funding for Therapy or Counselling Application
- Form B: Therapist/Counsellor Information
- Application for Funding for Therapy or Counselling for Primary Partner

This letter also includes:

- An acknowledgement that this process is difficult and encouragement to complainants to seek support as needed. The website provides links to Client Sexual Abuse Resources.
- Frequently Asked Questions (range of outcomes available to ICRC including that the ICRC cannot require registrant to pay money or provide a refund, confirmation that a lawyer is not required, information about why staff cannot speculate or predict outcomes, information about appealing the decision).
- Relevant legal provisions.

A Protocol for Recording Interviews is provided to complainants, registrants and witnesses prior to interview.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). 99%
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

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		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please list supports available for the public during the complaints process. • The public can email or phone staff at any time throughout the complaints process and will receive a response within 3 business days. In the last year, CRPO expanded its Professional Conduct department to increase its capacity to offer timely and responsive support. • Wherever possible, CRPO will accommodate a request to speak with a male or female staff member. • You can bring a support person with you to an interview with CRPO staff or an investigator, or to a hearing. • Interviews can be booked outside of regular office hours to accommodate the witness's schedule. • When disclosing difficult information, staff call the person to explain the information may be difficult to read and ask if the person has supports in place. We also offer to send the materials to the person's new therapist so they can review the documents in a supportive environment. • If a complainant requires accommodation to put their complaint in writing or in a permanent medium, staff will arrange and pay for a contractor to assist. • We do not send sensitive information on Fridays because mental health supports (and staff/investigators) are less accessible over the weekend. • Translation services available for complainant preferred language. • CRPO recently obtained the services of a file sharing platform which allows for secure bi-directional file sharing. This provides a simplified solution for complainants to securely send staff complaint materials. • Designated staff at CRPO manage all formal requests for accommodation to ensure accessible services, information and communication to individuals with disabilities. Accommodation will be customized to each person according to their needs. Additional Supports Offered in Sexual Abuse Files • Information regarding the College's Sexual Abuse Fund is provided to the client at first contact (within 1 business day) of the client contacting the College. • When using a contract investigator, staff inform the client they will be contacted by an outside party regarding the investigation within the next few business days. This also provides an opportunity for the client to ask any questions of staff.	

			• Where possible, investigators ensure clients alleging sexual abuse have access to all documents which will be reviewed in the interview, in advance. • Follow an interview format that suits the client (e.g., if the investigator requires 3 hours' worth of interview time, the investigator will ask if the client is more comfortable booking 2 sittings). Client sexual abuse resources and other crisis resources are also available on the CRPO website. The above approach has been codified and is monitored through a formal Process and Procedures for Contract Investigators. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The support resources are available on CRPO's website accessible at any time, particularly supports related to sexual abuse of clients. Supports related to participation in the investigation process are typically offered when the investigator makes initial contact with a potential witness. Staff are always available to answer questions, including prior to a formal complaint being submitted. Accommodation requests can be made at any point in the complaints process.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
	Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**			
		a. Provide details about	The College fulfills this requirement:	Yes

		how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description. • How to File a Complaint • Complaints Form All parties can contact staff via phone or email and will receive a response within 3 business days. This is an improvement from previous years when responses would be guaranteed within 5 business days. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. When disclosing to clients alleging sexual abuse that the matter has been referred to Discipline hearing, information in the cover letter details privacy/publication bans. Extension Letters (60-day and 30-day) as required by legislation include detailed information about the status of each file and what next steps can be expected. Information is provided to support complainants through the process and / or to prepare them for next steps, for example: • noting delays to the investigation • confirming a meeting has been scheduled to consider a decision • confirming that ICRC has begun deliberations • providing the ICRC meeting date and noting the panel will require (# weeks) to finalize its written decision and reasons. • explaining that the College has retained an expert to provide an opinion on the Registrant's alleged conduct • noting that following the investigation, the Registrant will be asked to provide a response to the information gathered • confirming whether the registrant's submissions and a copy of the investigator's report will be disclosed to the complainant for any reply they wish to make Information is available online for complainants to access at any point: • Information For Complainants • Before you Make a Complaint • How to File A Complaint • After You File a Complaint

			• What Will Happen to the Psychotherapist I Complained About? • Remedies Unavailable Through The College • What if I Disagree with the Decision? • How Long Will This Take? • Confidentiality • Feedback About the Complaints Process • Incapacity Inquiries • Issues CRPO Cannot Address Frequently Asked Questions are also posted to help provide information in a clear, accessible format: • Should I file a complaint or a report? • Can you protect my identity from the psychotherapist if I make a complaint or report to CRPO? • Do I need a lawyer for the complaints process? • How long does it take for CRPO to make a decision on a complaint? • • What decision is likely to be made regarding my complaint? A close captioned video is available to support complainants in understanding the process: • Filing a Complaint About a Registered Psychotherapist (video)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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DOMAIN 6: SUITABILITY TO PRACTICE	Standard 12	**Measure:** **12.1 The College addresses complaints in a right touch manner.**		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied. The ICRC uses a formal Risk Assessment Framework that was updated in February 2024. This framework includes: • Internal Formal Complaint Risk Assessment • Staff consider various factors (e.g. nature of the allegations, prior history, indication of client harm) to determine how the complaint should be prioritized. • Internal Report Risk Assessment • Staff consider a range of factors to determine whether there are reasonable and probable grounds to believe misconduct has occurred. This assessment determines whether a formal investigation is warranted or if the concerns can be addressed in other ways. • ICRC Panel Worksheets • A tool used by ICRC to assess risk and evidence when making decisions about complaints and reports. • ICRC Outcome Checklist • A tool used by ICRC to determine specific details of proposed remedial outcomes (e.g. frequency of supervision sessions). • Internal procedure for files involving safety concerns • A procedure used to prevent privacy breaches and facilitate the safe disclosure of information in files where the complainant is not the client or where safety concerns have been identified. Identified files are flagged and coded accordingly. Any communication with parties involved in these files requires the review of two senior staff. • Worksheet: Social Media & Political Issues • A tool used by ICRC to assess the risk of complaints and reports containing issues related to social media and/or political content • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable).2024	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	Standard 13	**Measure:** **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**	
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Met in 2023, continues to meet in 2024

			Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy.
			Where allegations against members received by the College are of a nature that may appear to warrant criminal and/or provincial offence charges, the Reporting Information on Possible Criminal Acts policy directs if and how information will be disclosed to law enforcement.
			Where a complaint or report involves members of CRPO and the College of Psychologists of Ontario, staff rely on an internal protocol to direct how information is shared. The protocol dictates that the college which received the complaint or report ("Source College") may report information about that complaint or report to the other college ("Other College"). Should the Other College wish to conduct an investigation, the Source College will decide on a case-by-case basis what further information to provide.
			In cases where there is information received about another regulated health professional which may indicate capacity or other concerns, the College will consider, on a case-by-case basis, whether that information ought to be reported to the relevant regulator. Where the College learns that a member or former member is registered in another jurisdiction, the College will, on a case-by-case basis, inform the other regulator(s) about investigations and/or outcomes of investigations.
			• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').
			• In the current reporting period, CRPO shared information with:
			  • Other regulators to whom CRPO registrants applied for registration. This sharing took the form of good standing letters prepared with the consent of the registrant.
			  • Other colleges that were conducting investigations. CRPO and the College of Occupational Therapists of Ontario collaborated on an investigation involving a registrant of each college. This process saved the witnesses from having to participate in two largely overlapping investigations. CRPO and the College of Psychologists of Ontario regularly exchange information regarding potential misconduct that may involve a psychologist and/or psychotherapist.

			• The police and court system. CRPO liaised with police, courts and/or transcriptionists to receive updates and documentation regarding registrants involved in criminal processes. The purpose was to coordinate CRPO's public register postings and investigation process. • The Children's Aid Society. To fulfill mandatory reporting obligations regarding a child in need of protection.

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DOMAIN 7: MEASUREMENT, REPORTING IMPROVEMENT

Standard 14

Measure:
14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.

Required Evidence	College Response	
a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Yes
	• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection. • KPI Rationales • Key Performance Indicators	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		Additional comments for clarification (if needed)	
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Yes
		• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. • Q3 fiscal 2023-2024 KPI Report • Q4 fiscal 2023-2024 KPI Report • Q1 fiscal 2024-2025 KPI Report • CPMF Standards Progress Report 2023 • Q2 Risk Register Report	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

Measure: **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**		
a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. • Q3 fiscal 2023-2024 KPI Report • Q4 fiscal 2023-2024 KPI Report • Q1 fiscal 2024-2025 KPI Report • CPMF Standards Progress Report 2023 • Q2 Risk Register Report • Registrar's Report to Council March 2024 • Registrar's Report to Council June 2024 • Registrar's Report to Council September 2024 • Registrar's Report to Council December 2024	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation	
Measure: **14.3 The College regularly reports publicly on its performance.**		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the College's dashboard or relevant section of the College's website. • Annual reports • Council Meetings – meeting materials, minutes and brief highlights • Annual Council Effectiveness survey results reports	

			• Discipline hearings • Fair Registration Practice reports • Communiques • College Performance Measurement Framework reports

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Part 2: Context Measures

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

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

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

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

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

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*	
Type of QA/QI activity or assessment:	#
i. Peer and practice review (PPR) resulting in no further action. Reassessment in 5 years.	1888
ii. Peer and practice reviews resulting in a need for remedial activities (professional development review)	89
iii. Peer and practice reviews resulting in a need for remedial activities (reassessment)	37
iv. PPR reassessments resulting in no further action. Reassessment in 5 years.	25
iv. PPR reassessments resulting in need for remedial activities (professional development review)	5
vi. PPR reassessments resulting in need for remedial activities (peer coaching)	2
vii. Professional development and self-assessment activities	4991
viii. Professional development audits completed	46

What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**			
Statistical data collected in accordance with the recommended method or the College own method: Recommended *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	7005 (2014 PPR + 4991 PD activities)	46%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024. -	0*	0%	
NR			

Additional comments for clarification (if needed)

- Note that this is the second year that the College has used a new risk-based assessment as the first stage of the PPR process. Registrants whose assessment results suggest that they have gaps in their knowledge, skill, or judgement are required to either submit a professional development learning record that demonstrates how they have addressed the potential gap (professional development review) or undergo re-assessment. In 2024, 126 registrants were required to undertake this type of remediation as per the Quality Assurance Program Policies.
  Registrants who continue to demonstrate gaps after reassessment complete a Peer Coaching Program before they would be referred to the QA Committee. As a result, there were no referrals made in 2024 to allow the full cycle of the program to take place. The number reported in CM 3 reflects the number of registrants who are required to complete a professional development review, reassessment, or peer coaching because of a PPR process in 2024.

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Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	29	7%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	363	93%	
NR ** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.* ***This measure may include any outcomes from the previous year that were carried over into CY 2024.*			
Additional comments for clarification (if needed) 29 registrants completed a PPR reassessment that resulted in no further action. 48 registrants are still undertaking PPR remediation (reassessment or peer coaching) 315 registrants are still undertaking PPR remediation (professional development)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data is collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2024	Formal Complaints received		Registrar Investigations initiated		*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
Themes:	#	%	#	%	
I. Advertising	9	6	0	0	
II. Billing and Fees	16	10	NR	NR	
III. Communication	NR	NR	0	0	
IV. Competence / Patient Care	89	57	NR	NR	
V. Intent to Mislead including Fraud	42	27	NR	NR	
VI. Professional Conduct & Behaviour	115	74	9	64	
VII. Record keeping	26	17	NR	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	27	17	NR	NR	
X. Unauthorized Practice	9	6	NR	NR	
XI. Other <*please specify*>	0	0	0	0	
Total number of formal complaints and Registrar's Investigations**	155		14		

Formal Complaints *NR* Registrar's Investigation

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

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

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	137		*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	37		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024	7		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	32	23	
IV. Formal complaints that proceeded to ICRC and are still pending	20	14	
V. Formal complaints withdrawn by Registrar at the request of a complainant	7	5	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.
*** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC*
disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	138						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Provides advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	0	NR	NR	0	0
II. Billing and Fees	9	NR	NR	NR	NR	0	NR
III. Communication	NR	NR	NR	NR	NR	0	0
IV. Competence / Patient Care	36	9	NR	12	6	NR	NR
V. Intent to Mislead Including Fraud	27	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	71	18	NR	13	9	NR	6
VII. Record Keeping	16	NR	NR	NR	NR	0	NR
VIII. Sexual Abuse	NR	0	0	0	NR	NR	0
IX. Harassment / Boundary Violations	9	NR	NR	8	NR	NR	NR
X. Unauthorized Practice	NR	NR	0	NR	0	0	0
XI. Other <*please specify*>	0	0	0	0	0	0	0

• *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.* *++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.* *NR*
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.
Additional comments for clarification (if needed) -

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	
Statistical data collected in accordance with the recommended method or the College own method: Recommended *If College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 11. 90th Percentile disposal of:	Days
I. A formal complaint in working days in CY 2024	345
II. A Registrar's investigation in working days in CY 2024	425
What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College. *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*	
Disposal	
Additional comments for clarification (if needed) -	

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 12. 90th Percentile disposal of:	Days
I. An uncontested discipline hearing in working days in CY 2024	275
II. A contested discipline hearing in working days in CY 2024	608
What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing	
Additional comments for clarification (if needed) -	

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If College method is used, please specify the rationale for its use:*	
Context Measure (CM)	

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	NR
II.	Incompetence	0
III.	Fail to maintain Standard	6
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	8
VI.	Dishonourable, disgraceful, unprofessional	6
VII.	Offence conviction	NR
VIII.	Contravene certificate restrictions	NR
IX.	Findings in another jurisdiction	0
X.	Breach of orders and/or undertaking	0
XI.	Falsifying records	0
XII.	False or misleading document	NR
XIII.	Contravene relevant Acts	NR

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

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.* *NR*
Calculation method: Includes files that were referred to a panel of the Discipline Committee prior to the reporting period (January 1, 2024 to December 31, 2024), where the decision was communicated within the reporting period.

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type		#
I.	Revocation	NR
II.	Suspension	NR
III.	Terms, Conditions and Limitations on a Certificate of Registration	NR
IV.	Reprimand	NR
V.	Undertaking	0

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

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

Revocation Suspension
Terms, Conditions and Limitations Reprimand
Undertaking
NR

-

Calculation method: Includes files that were referred to a panel of the Discipline Committee prior to the reporting period (January 1, 2024 to December 31, 2024), where the decision was communicated within the reporting period.

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute. Return to: Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs. Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases. Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6,

Table 9, Table 10

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee. Return to: Table 10