



DRAFT Council Agenda

Date: Thursday, December 11, 2025

Time: 12:30 p.m. to 3:30 p.m.

Location: ZOOM

Chair: Kathleen (Kali) Hewitt-Blackie, RP

Item	Time	Topic	Materials	Action	Presenter
1.	12:30	Land acknowledgement	-		Open
2.	12:35	Welcome, introductory remarks	-		K. Hewitt-Blackie
3.	12:40	Approval of Agenda	Draft Agenda	Motion	K. Hewitt-Blackie
4.	12:42	Conflict of Interest	Declaration form	Information	K. Hewitt-Blackie
5.	12:45	Definition of Client Regulation Update <i>Council is being asked to consider a Standard update to reflect the new regulation formalizing the '5-year' definition of client for the purpose of sexual abuse allegations.</i>	Briefing Note	Discussion Decision by consensus	K. Hewitt-Blackie P. Bialik N. Garnette
6.	1:05	Substantial Completion <i>Council is being asked to approve the minimum requirements for substantial completion of education and training for applying for registration to CRPO.</i>	Briefing Note Exam Extension Requests Jurisdictional Scan Application Requirements	Discussion Decision by consensus	K. Hewitt-Blackie S. Fraser

			Consultation Data		
7.	1:20	<p>Artificial Intelligence (AI) Guidance</p> <p><i>Council is being asked to consider the issue of AI in psychotherapy practice and to review a draft guideline for registrants.</i></p>	<p>Briefing Note</p> <p>Draft AI Guidance</p>	<p>Discussion</p> <p>Decision by consensus</p>	<p>K. Hewitt-Blackie</p> <p>P. Bialik</p> <p>M. Piro</p> <p>D. Adams</p>
8.	1:40	<p>Intimate Partner Violence guidance</p> <p><i>Council is being provided with an update on the recommendations made by the Domestic Violence Death Review Committee of the Office of the Chief Coroner and to direct staff on the finalization and dissemination of guidance for registrants.</i></p>	<p>Briefing Note</p> <p>DRAFT IPV Guidance</p>	<p>Discussion</p> <p>Decision by consensus</p>	<p>K. Hewitt-Blackie</p> <p>S. Teece</p>
BREAK 2:00-2:15					
9.	2:15	<p>Policy Update: Policy on Council Member Leave of Absence</p> <p><i>Council is being asked to approve the updated policy on Council Member Leaves of Absence as the policy has come due in accordance with the policy review cycle.</i></p>	<p>Briefing note</p> <p>DRAFT Revised Council Member LOA Policy</p>	<p>Discussion</p> <p>Decision by consensus</p>	<p>K. Hewitt-Blackie</p> <p>A. Fournier</p>
10.	2:25	<p>Committee Term Renewals and Recruitment Planning</p> <p><i>Council is being asked to approve the slate of committee members for December 2025 to December 2026. Council will also be asked to provide direction to recruit non-Council committee members for Client Relations and Examination Committees.</i></p>	<p>Briefing Note</p> <p>Committee Composition Slate</p>	<p>Discussion</p> <p>Decision by consensus</p>	<p>K. Hewitt-Blackie</p> <p>A. Fournier</p>

11.	2:40	<p>Terms of Reference Updates</p> <p><i>Council is being asked to approve the updated terms of reference for the Examination, ICRC, QA and Registration committees.</i></p>	<p>Briefing Note</p> <p>Examination ICRC QA Registration</p>	Decision by consensus	K. Hewitt-Blackie A. Fournier
12.	2:50	<p>Integrated Risk Management Program Update</p> <p><i>Council is being provided with an update regarding the integrated risk management program.</i></p>	Briefing Note	Information Discussion	K. Hewitt-Blackie M. Piro
13.	3:00	<p>Mentorship Program Update</p> <p><i>Council will receive a verbal update on the succession and orientation mentoring program.</i></p>	Verbal	Information Discussion	K. Hewitt-Blackie A. Fournier
14.	3:15	<p>Registrar's Report</p> <p><i>Council is being provided with the Registrar's Report to Council.</i></p>	<p>Registrar's Report (to follow)</p> <p>Google Analytics</p> <p>Q2 KPIs</p>	Discussion Information	D. Adams
CONSENT AGENDA					
15.	3:25	<p>Consent agenda</p> <p><i>Consent agenda items are non-controversial or routine items that are discussed at every meeting. Committee members seeking clarification or asking questions regarding consent agenda items must be directed to the Chair prior to the meeting. Consent agenda items can be moved from the consent agenda to regular discussion items if required. The consent agenda will be approved under one motion.</i></p>	<p>Draft minutes: October 1, 2025</p> <p>Committee Reports:</p> <p>ORPDT/FTP Examination Executive ICRC QA Registration</p>	Motion	K. Hewitt-Blackie

ADJOURNMENT

16.		Adjournment <ul style="list-style-type: none">• Meeting Pulse Evaluation• Confirm meeting and prep time• Next Council meetings<ul style="list-style-type: none">○ March 26, 2026 (virtual)○ June 10 & 11, 2026 (in person strategic planning)○ NEW DATE! October 1, 2026○ December 2 & 3, 2026 (virtual)		Motion	K. Hewitt-Blackie
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Conflict of Interest Disclosure Form

Meeting Date: December 11, 2025
Council / Committee: Council
Meeting type: Plenary

I acknowledge and agree that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfil its public interest mandate. I have read and understood the [College's by-laws](#) on conflict of interest, the **Conflict of Interest Worksheet** and the **Process for Considering & Declaring Conflicts of Interest** document (available in Aprio resource library).

I agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and, if one cannot be avoided, I undertake to declare any real, perceived, or potential conflict of interest and to recuse myself from any consideration of the matter at issue.

- I have NO conflict of interest to report regarding any of the agenda items to be discussed at the above noted meeting.
- I declare a conflict of interest with one or more of the agenda items to be discussed at the above noted meeting.

I certify that the information above is true and complete to the best of my knowledge.

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	5.
Issue:	Definition of Client Regulation Update
Attachment(s):	–
References:	<ul style="list-style-type: none"> • O. Reg. 202/25 GENERAL ontario.ca • Current Standard 1.8: Undue Influence & Abuse • Sexual Contact with Former Clients within 5-Years Post Termination of Care Policy (2018) • Guideline: Sexual Contact with Former Clients beyond Five Years Post Termination of Care (2019)
Action:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	P. Bialik, N. Garnette

Purpose:

CRPO is committed to ensuring clients receive adequate protections from sexual abuse by registrants through both policy and regulation.

Background:

CRPO has established a regulation under the *Psychotherapy Act, 2007* that establishes, for the purpose of sexual abuse, that an individual remains a client for five years following the termination of a professional relationship.

As a result of the change, existing policies need to be updated.

Staff will present the above-referenced policy and guideline from 2018 and 2019 to the Client Relations Committee for review. The policy and guideline were recently presented to the ICRC and QAC for discussion. One major option is to merge the content of the policy and guideline into a detailed public document with RPs and the public as the intended audience. Given that the five-year rule is now backed by

regulation, it may be advisable to rescind the policy and guideline, while maintaining the content elsewhere.

Another implication is that the definition of “client” under Standard 1.8 – Undue Influence & Abuse needs to be updated in order to maintain consistency with the new regulation.

The current definition is as follows:

Client: Any individual who received treatment from a registrant – for any period of time – is considered a client. For the purposes of sexual abuse, an individual remains a client for one year following the termination of the professional relationship.⁹

⁹ The Health Professions Procedural Code defines a client for the purpose of sexual abuse to include someone who was a client within the past year. However, CRPO believes sexual contact with someone who has been a client within five years to be unacceptable. See CRPO’s Policy on Sexual Contact with Former Clients within 5–Years Post Termination of Care. CRPO has asked the Government of Ontario to increase this time period to five years.

Staff and QAC recommend updating the language of the definition to the following:

Client: For the purpose of sexual abuse allegations, a client is any person with whom the RP has had a direct interaction, if any one of the following are true: The RP has contributed toward the person’s health record; the RP has charged or received payment from the person; or the RP has obtained consent for health care services from the person. For the purposes of sexual abuse allegations, an individual remains a client for five years following the termination of the professional relationship.¹

¹See O. Reg. 260/18 PATIENT CRITERIA UNDER SUBSECTION 1 (6) OF THE HEALTH PROFESSIONS PROCEDURAL CODE | ontario.ca.

The updated definition reflects the new regulation, while also better contextualizing what makes someone a client. There is no significant discretion in how to phrase the above, as the wording is drawn from legally binding regulation.

Key considerations for policy review:

- Are the 2018 policy and 2019 guideline necessary now that the regulation is in place?
- Who should the underlying content be aimed at? Is it targeted at registrants, or members of the public for clarity and understanding purposes?
- Is the proposed standard wording update clear?

Next steps:

Regarding the policy and guideline, staff will bring Council's feedback to the Client Relations Committee.

Regarding Standard 1.8, if Council approves the change, it will be published to the website.

Proposed Decision by Consensus:

That Council approve the change in the definition of "client" within Standard 1.8.

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	6.
Issue:	Substantial Completion
Attachment(s):	Appendix A: Exam Extension Requests Appendix B: Jurisdictional Scan Application Requirements Consultation Data
References:	Registration Regulation How to Apply to CRPO website page Examination Extension Policy Controlled Act of Psychotherapy
Action:	Information Discussion x Decision x
Staff Contact:	S. Fraser, P. Bialik

Purpose & Public Interest Rationale:

Entry-to-practice is a key phase of the College’s work in ensuring public protection. It involves appropriately managing timing, processes, and registration requirements. It requires balancing the needs of students, applicants, education programs, clinical placements, CRPO staff, and the public.

Background:

CRPO’s Registration Regulation allows for students who have substantially completed their program to apply for registration in the RP (Qualifying) category. The intent of this requirement is that students close to graduating can be registered before they start working so that there isn’t a significant delay between graduation and registration.

CRPO currently interprets substantial completion as follows:

Substantial completion means that you:

- are in your final semester prior to graduation;
- have completed 90% of your program*; or
- have completed your program with the exception of a thesis.

*CRPO will accept applications from students who have substantially completed their coursework (i.e. 90% done classroom courses) even if they have not started or substantially completed clinical placements.

In 2020, RC decided that applicants could apply if they had substantially completed their coursework even if they hadn't started their practicum. This was due to practicum delays during COVID. Prior to 2020, most students had already substantially completed, or at least started, their practicum by the time they registered with CRPO.

Since this change, CRPO has observed the following:

- Some education programs have been requiring students to register with CRPO prior to practicum.
- Students are opening private practices using the RP (Qualifying) title before graduating.
- The volume of exam extension requests for making an exam attempt within two years of initial registration has increased significantly due to incomplete education (see Appendix A).

CRPO has undertaken a robust jurisdictional scan reviewing psychotherapy-enabled regulatory Colleges across Canada, including colleges for psychology and social work (Appendix B). Most regulators require degree requirements to have been fulfilled prior to applying for registration.

CRPO circulated a public consultation on returning the requirement back to resemble the pre-COVID substantial completion definition more closely. In response, CRPO received feedback from 723 individuals and 23 education programs, which was considered by the Registration Committee. The final feedback report with key takeaways has been included as an attachment.

To address the issues and concerns that have arisen, the Registration Committee is recommending that Council approve the following minimum requirements for substantial completion of education and training effective January 1, 2027:

- 100% of coursework completed
- Graduation is within three months of applying to CRPO
- Minimum 125 direct client contact hours and 30 clinical supervision hours successfully completed

Students would have to meet these requirements at the time they submit their application to CRPO. A letter from the education program confirming the student is expected to graduate within three months would be required.

The minimum 125 direct client contact hours and 30 clinical supervision hours is based on what was originally intended by Transitional Council to be in the Registration Regulation as a requirement to register in RP (Qualifying).

Key Considerations:

Pros and Cons of Maintaining Current Approach or Approving Proposed Change

Maintaining current approach

- Pros of maintaining current interpretation:
 - Students are under the umbrella of CRPO and subject to requirements and complaints processes
 - Services may be covered by insurance companies – access to care
 - More incentive to create and maintain practicum spaces
- Cons of maintaining current interpretation:
 - Administrative burden for a high volume of exam extension requests
 - CRPO is being put in the middle of practicum disputes (e.g., failed practicum impacting exam timelines)
 - Cost to students to pay fees to CRPO
 - Continuity of care impacted when registrants expire for not meeting exam deadline and have to re-apply
 - Financial incentive to hire low-cost RP (Qualifying) students and charge them out to clients

Approving Proposed Change

- Pros of approving proposed change:
 - Less incentive to monetize student placements and hold inexperienced Qualifying registrants out to clients
 - Less administrative work for CRPO
 - Students begin paying CRPO fees later
- Cons of approving proposed change:
 - Education programs will need to issue a letter for students to apply to CRPO and may need to revise their policies/procedures for practicum
 - Programs and clinics might cut some practicum placements

Professional Liability Insurance for Students

The [Canadian Counselling and Psychotherapy Association \(CCPA\)](#) and [Ontario Association of Mental Health Professionals \(OAMHP\)](#) offer professional liability insurance for students in a recognized/accredited psychotherapy program under the supervision of a qualified clinical supervisor. It appears that if the proposed change to substantial completion was approved, students would still be able to obtain professional liability insurance for practicum prior to registration with CRPO.

Supervision of the Controlled Act

Students intending to register with CRPO need to be supervised by an RP in order to perform the controlled act of psychotherapy as part of their education since prior to registration they are not a regulated health professional authorized to perform the controlled act. The RP supervisor must meet CRPO's requirements of a clinical supervisor. Students may still receive clinical supervision from another supervisor registered with one of the five other colleges whose registrants are permitted to practise psychotherapy. This would be for learning purposes and to gain clinical experience hours. However, that supervision does not enable the student to perform the controlled act of psychotherapy.

CRPO's registration renewal form collects information on how many registrants provide clinical supervision. 1,911 registrants reported in their 2025 renewal that they provide clinical supervision.

Some psychotherapy programs require registration prior to practicum so that an RP clinical supervisor is not needed for performing the controlled act of psychotherapy. Other programs provide clinical supervision by an RP to students to ensure appropriate supervision of the controlled act.

Approving the proposed change for the substantial completion requirement will likely mean that more students will need to seek external supervision from an RP if this is not provided by their program or practicum site.

Timeline for Implementation

Given the implications to programs, practicum sites, and students, staff recommend that advanced notice of one year be provided prior to the change coming into effect for the following reasons:

- Programs can make changes to their policies and procedures, including practicum site approvals and supervision of the controlled act

- Current students with an already approved practicum site can complete their practicum without disruption
- Current students researching practicum sites will have notice that they will need to ensure they have an RP supervisor for the controlled act
- Practicum and employment sites will have notice if considering applications from students and how this may impact insurance coverage for clients if they are not registered with CRPO
- Current students will have notice about how delayed registration may impact their employment opportunities while a student

Notice about the upcoming proposed change was provided to education programs in May and included in the November Town Hall.

For Discussion:

Does Council have any questions or concerns regarding the consultation feedback or key considerations?

Does Council support the proposed change?

Proposed Decision by Consensus:

That Council approve the following minimum requirements for substantial completion of education and training for applying for registration with CRPO effective January 1, 2027:

- 100% of coursework completed
- Graduation is within three months of applying to CRPO
- Minimum 125 direct client contact hours and 30 clinical supervision hours successfully completed

Appendix A:

Below is a summary of incomplete education extension requests received since April 2020. Please note that some registrants have additional reasons for submitting an extension request (e.g., medical or compassionate consideration).

Exam Sitting	Incomplete Education Extension Requests	Total Extension Requests	Percent of Requests for Incomplete Education	Mass Extensions/Other Notes
April 2020				Exam Cancelled
October 2020				COVID Mass extension
April 2021				COVID Mass extension
October 2021				COVID Mass extension
April 2022				COVID Mass extension
October 2022				COVID Mass extension
April 2023	36	121	30%	
October 2023	37	94	39%	
May 2024	24	60	40%	Mass extension brought by staff for 227 registrants
November 2024	48	184	26%	
April 2025	64	193	33%	Accurate as of October 30, 2025
October 2025	22	51	43%	Accurate as of October 30, 2025

From the above table, it is apparent that a significant portion of exam extension requests are due to inability to graduate within two years of applying to CRPO.

Appendix B:

CRPO has undertaken a robust jurisdictional scan reviewing psychotherapy-enabled Colleges across Canada, including colleges for psychology and social work.

Council members looking for additional information can click on the linked name of each College to be directed to the webpage the specific language is pulled from.

Ontario psychotherapy-enabled Colleges

College	Substantial completion provision	Specific language used
Ontario College of Psychologists and Behaviour Analysts	No reference to substantial completion	<p>"If you have a doctoral degree in psychology and have not previously been registered as a Psychologist in any jurisdiction, you must apply for a Certificate of Registration Authorizing Supervised Practice.</p> <p>Or, if you have a doctoral degree in psychology and have been registered as a Psychologist in a jurisdiction where the requirements are not equivalent to Ontario registration requirements, you must apply for a Certificate of Registration Authorizing Supervised Practice."</p>
College of Physicians and Surgeons of Ontario	No reference to substantial completion	"The first qualification for any class of certificate is a medical degree. This can come from either an accredited medical school or an acceptable unaccredited medical school."
College of Nurses of Ontario	No reference to substantial completion	"You must demonstrate successful completion of a nursing education program, approved or recognized in the jurisdiction where you completed your education."

College of Occupations Therapists of Ontario	No reference to substantial completion	"A Bachelor of Science degree or Master of Science in Occupational Therapy obtained in Canada, or An academic qualification considered equivalent by the College's Registration Committee."
College of Social Workers and Social Service Workers	No reference to substantial completion Pre-convocation registration option phased out	"Do not request a transcript prior to your convocation; for registration purposes, your transcript must confirm that the credential has been awarded."

Pan-Canadian psychotherapy regulators

College	Substantial completion provision	Specific language used
College of Licensed Counselling Therapists of New Brunswick	No reference to substantial completion	"Order transcripts for all coursework listed on your application (undergraduate and graduate transcripts). Transcripts must be sent to us directly by the establishments. We will accept certified electronic transcripts sent by the university. Transcripts must be final and indicate the degree conferred."
Nova Scotia College of Counselling Therapists	Yes	"Applicants who have completed all of the required graduate courses, but have not yet completed all of their degree requirements or had their counselling master's degree conferred, may receive

		<p>a temporary license for up to six (6) months.</p> <p>Non-Convocated Graduate (NCG) applicants must submit an un-official transcript which includes successful completion of all required courses, along with a letter from the institution confirming current enrollment and anticipated date of program completion. Conversion from a temporary (NCG) license to a regular license is contingent upon submission of an official transcript indicating that the degree has been conferred. NCG applicants must submit all other documents required for the initial registration/licensure application.”</p>
College of Counselling Therapists of PEI	No reference to substantial completion	“All New Applicants must have completed a master's degree program in counselling therapy approved by Council or education and training that the Council considers substantially equivalent.”
Quebec Psychotherapist Permit	No reference to substantial completion	“The board of directors of the Ordre professionnel des psychologues du Québec issues a psychotherapist’s permit to a member of the Ordre professionnel des conseillers et conseillères d’orientation du Québec, the Ordre professionnel des ergothérapeutes du Québec, the Ordre professionnel des infirmières et infirmiers du Québec, the Ordre professionnel des psychoéducateurs et psychoéducatrices du Québec or the Ordre professionnel des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec who

		(1) holds a master's degree in the field of mental health and human relations"
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Pan-provincial psychology regulators

College	Substantial completion provision	Specific language used
Newfoundland and Labrador Psychology Board	No reference to substantial completion	"The Psychologists Act (2005) requires that registrants possess a doctoral degree or a master's degree in a program of study in psychology from an educational institution satisfactory to the board. Without such a credential, the NLPB cannot register the applicant."
PEI Psychologist Registration Board	No reference to substantial completion	"In brief, a doctoral degree program in psychology approved by the Board from an educational institution approved by the Board is the basic educational requirement for registration as a Psychologist or Psychologist Candidate."
Nova Scotia Board of Examiners in Psychology	No reference to substantial completion	"For applicants who have completed all requirements for their degree, but have not yet convocated, the Board will accept a pre-convocation transcript for the purposes of registration. The transcript must be accompanied by a signed letter from the Senate or Registrar of the University or Director/Dean Graduate Studies, confirming the date that all of the applicant's degree requirements have been successfully completed as well as the expected date of convocation. This letter and the transcript must be sent to NSBEP directly from the university.

		If the individual's degree is not conferred within six months of the expected convocation date, or if at an earlier time the Board determines the degree will not be conferred, such registration will be considered null and void. Individuals must provide verification to the Board once the degree has been conferred."
College of Psychologists of New Brunswick	No reference to substantial completion	"[...] an applicant must possess a graduate degree in psychology from an approved education program in compliance with the Act and by-laws"
Ordre des psychologues du Québec	No reference to substantial completion	"Hold a doctoral degree in psychology among those determined by the Regulation respecting diplomas issued by designated educational institutions that give entitlement to permits and specialist certificates of professional orders." (Translated)
Psychological Association of Manitoba	Non-graduated doctorate students eligible	"The status of a Psychologist Candidate requires <i>continued enrollment</i> in a doctoral program in psychology, or you must have completed your doctoral degree and be actively working towards completing the remaining requirements for registration as a psychologist. The candidate status is not intended to be a long-term supervised practice designation. Following the completion of the doctoral degree, candidates are expected to complete all remaining requirements within two years."
Saskatchewan	No reference to	"Official transcripts of post-secondary and undergraduate degrees relevant to psychology which are to be considered in the application process:

	substantial completion	<ul style="list-style-type: none"> ▪ Transcripts must be sent directly by the issuing institution to the SCP and must clearly state that the degree one wishes to be licensed under has been conferred. ▪ If the degree has not yet been awarded, the application should include an official letter from the Dean of Graduate Studies advising that the applicant has met all of the degree requirements and confirming the date that the degree will be conferred.”
College of Psychologists of Alberta	No reference to substantial completion	<p>“Q: Can I apply to CAP before my graduate degree is conferred? A: If your academic institution has a limited number of graduation dates per year and your degree conferral will not appear on your official transcript until after your graduation date, you can apply once you have completed all degree requirements. However, you will need to have your academic institution send an official letter, along with your most up-to-date official transcript(s), confirming that you have completed all of the degree requirements in your graduate program (this includes the completion of the thesis/ dissertation, practicum, and all other project requirements (as applicable)) and when conferral will take place. The letter should come from the Chair of the Department or Head of the Faculty and must be emailed to CAP by the academic institution.”</p> <p>“Q: Can I apply to CAP while I am completing my master’s practicum? A: No. Since the minimum degree required to apply is a master’s degree, you must complete all degree</p>

		requirements (including thesis, projects, and/or practicum, as applicable) before applying to CAP.”
College of Health and Care Professionals of BC: Psychology	No reference to substantial completion	<p>“Will the College accept a transcript prior to convocation? Can I apply once I've completed all of my doctoral program requirements?</p> <p>For applicants who have completed all requirements for their degree, but have not yet convocated, the Registration Committee will accept a pre-convocation transcript for purposes of reviewing the application. The transcript must be accompanied by a signed letter from the Senate or Registrar of the University or appropriate Department of Psychology designate (e.g., Director of Clinical Training), indicating that all degree requirements have been fulfilled. Before they can be added to the Register, applicants are required to submit a post-convocation transcript indicating that the degree has been granted.”</p> <p>“If I do not meet the _____ requirement can I still be registered? If I have fewer hours of supervision than what the requirements stipulate, is that ok? Can I do _____ in lieu of what the requirements ask for?</p> <p>If you wish to become a Registered Psychologist in British Columbia you must have graduated from a CPA or APA accredited doctoral program completed in residence and completed a CPA or APA accredited pre-doctoral internship or demonstrate equivalent education to a CPA or APA accredited doctoral</p>

		program completed in residence and equivalent supervised practice experience to a CPA or APA accredited pre-doctoral internship.”
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Pan-provincial social work regulators

College	Substantial completion provision	Specific language used
Newfoundland and Labrador College of Social Workers	No reference to substantial completion	<p>“What are the educational requirements for registration with the NLCSW? Social work in Newfoundland and Labrador is regulated under provincial legislation titled An Act Respecting the Practice of Social Work (Social Workers Act). As per the Act, a bachelors, masters, or doctoral degree in social work from an accredited educational institution is required for registration. Additional information regarding educational requirements for applicants educated in Canada, the United States, or outside Canada/US, can be found under the applicant menu.”</p> <p>“I have been offered a job, but I have not yet convocated with my social work degree. How do I proceed? We understand that in some circumstances, individuals may need to register with NLCSW prior to convocation. For this reason, NLCSW can accept confirmation directly from the university, either by email or mail, that all academic requirements for the social work degree have been met. With this confirmation and provided that all other paperwork/fees have been submitted, registration can be issued</p>

		<p>pending receipt of official transcripts. To continue registration as a social worker, official transcripts would need to be ordered within one month following the date of convocation.”</p>
<p>PEI Social Work Registration Board</p>	<p>No reference to substantial completion</p>	<p>“Qualifications The qualification for registration is a bachelor’s degree in social work, a master’s degree in social work, or a doctoral degree in social work from a program acceptable to the Board.</p> <ul style="list-style-type: none"> • B.S.W., M.S.W., or Ph.D. in social work; • A degree that is deemed to be equivalent (same content, different name); • A bachelor’s degree in a related field and a combination of knowledge, skills, and abilities which is substantially equivalent to a social work degree” <p>“Some people have completed all the requirements for their degree but must wait several months for this to be conferred. They wish to become registered immediately for job opportunities. We will accept a letter directly from the Registrar or Director of the School of Social Work confirming completion of the requirements, for the purpose of registration. We still require a transcript after convocation.”</p>
<p>Nova Scotia College of Social Workers</p>	<p>No reference to substantial completion</p>	<p>“A person is eligible for Registered Social Worker status if they have completed a CASWE accredited Bachelor of Social Work degree or a Masters of Social Work Degree or equivalent and an additional 2500 hours of practice experience post-</p>

		<p>graduation that falls within the scope of practice (Social Worker Act Section 5(a)).</p> <p>An applicant who has not completed 2500 hours of practice experience post-graduation will be considered a Social Worker Candidate and placed on the Social Worker Candidate Registry, and must complete all or part of the Candidacy Mentorship Program based on their previous experience.”</p>
<p>New Brunswick Association of Social Workers</p>	<p>No reference to substantial completion</p>	<p>“The minimum educational requirement to become a social worker is a BSW or MSW Accredited Social Work Program in Canada or the U.S.</p> <p>For applicants who earned their social work degree outside of Canada or the United States, the first step is to have your foreign social work credentials evaluated by the Canadian Association of Social Workers. You can access information about this process here. The CASW will guide you through the evaluation process of your credentials. Once the evaluation process of your foreign credentials is complete, and it indicates that your education is equivalent to a Canadian Bachelor of Social Work or Master of Social Work, you can then apply to the NBASW as a practicing member.”</p>
<p>Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec</p>	<p>No reference to</p>	<p>“Social workers have a bachelor's or master's degree in social work. They are trained to understand the situations experienced by people, the functioning</p>

	substantial completion	of society in order to make the link with the situations of people and communities.” (Translated)
Manitoba College of Social Workers	No reference to substantial completion	<p>“Q. I am a social work student who will be graduating from an accredited social work program. When should I apply for registration?</p> <p>A. It is prudent for students to wait until they have completed all the requirements to graduate before they apply for registration with the College. There is no benefit to applying early, as applications can not be approved until a letter of eligibility to graduate, or a transcript showing degree awarded is submitted to the College (both of which requires you to have completed all requirements to graduate).”</p>
Saskatchewan Association of Social Workers	No reference to substantial completion	“Any person who has a certificate, bachelor, master or doctorate in Social Work from an approved social work education program may apply to be registered as a social worker with the Saskatchewan Association of Social Workers (SASW).”
Alberta College of Social Workers	No reference to substantial completion	<p>“Application Requirements for Unregistered Social Workers</p> <p>Education Qualifications</p> <ul style="list-style-type: none"> • Applicants must have official and complete transcripts from the educational institutions reflecting the highest level of social work education submitted directly from the institution to ACSW • Transcripts provided directly from the applicant will not be accepted for credential verification”

<p>British Columbia College of Social Workers</p>	<p>No reference to substantial completion</p>	<p>“Currently, I’m enrolled in a social work program. Can I become a student member? No. You are not eligible to apply for registration until you have completed the requirements of your degree.”</p> <p>“My degree has not yet been conferred. May I become registered? We will accept a letter of completion sent directly to the BCCSW from your university confirming that you have completed all the requirements for your social work degree. We still require an official transcript after convocation.”</p>
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Application Requirements Consultation Data

The following data was gathered from CRPO's Application Requirements Consultation. Two surveys were deployed as part of this consultation. One was sent to the association email list, general email list (which includes registrants, members of the public and other interested parties), and French language email list. A separate survey was sent to education programs.

Participation:

- **General survey participation:** CRPO received a total of 723 responses
 - Registrants comprised the largest proportion of respondents, with RPs submitting 408 responses (56.59%), while RP (Qualifying) registrants submitted 174 responses (24.13%)¹
 - Psychotherapy students or graduates submitted 148 responses (20.53%), supervisors or supervision site operators submitted 113 responses (15.67%), and CRPO applicants submitted 82 responses (11.37%)
 - Additionally, psychotherapy clients submitted 64 responses (8.88%) and interested members of the public submitted 27 responses (3.74%)
 - 21 members of other regulatory health colleges submitted responses (2.91%), while system partners representing associations as well as system partners representing service providers comprised 0.28% and 0.69% of the respondents respectively
 - Three respondents elected not to provide details
 - 14 respondents selected "Other" to describe their position.

- **Education programs:** CRPO received a total of 23 responses from 19 institutions. Of the 19 responding institutions, 10 are Private Diploma granting institutions, and nine offer University Degrees.

Key Take Aways:

- General survey
 - The proposal was generally well received by respondents, with more than 60% of respondents agreeing or strongly agreeing that DCC hours and academic completion should be put in place, respectively
 - The weakest mandate came from the proposal to require students to be within three months of program completion before being able to apply, where only 50% of respondents agreed or strongly agreed

¹ Respondents were able to select more than one identification category, i.e. RP and supervisor

CRPO Application Requirements Consultation

- Respondents who identified as RPs were the most supportive of the proposal compared to RP (Qualifying) respondents and those who identified as supervisors or supervision site operators. Supervisors or supervision site operators were only narrowly less supportive than RPs of the proposals, while RP (Qualifying) respondents were least supportive of the data compared
- Respondents who identified as not having applied under substantial completion were more supportive of the proposals than those who did apply under substantial completion
- Education programs survey
 - There was strong support for requiring a minimum number of DCC and supervision hours to apply
 - Respondents also generally agreed with the proposal that a student must have fulfilled academic requirements prior to applying, although support here was more qualified; some education programs noted that students are expected to continue their coursework after completing a practicum component
 - In this vein, 19 programs indicated that practicum requirements overlap with coursework – only four suggested that a student will have completed all academic requirements prior to their practicum component
 - As for the proposal that students must be within three months of program completion, respondents were almost evenly split, with several programs suggesting that such a requirement would be difficult to guarantee
 - A majority of respondents indicated that a one-year implementation timeline for a new substantial completion policy would be sufficient

Questions (Associations, French and General Email List):

Did you first register with CRPO in 2020 or later under the substantial completion provision? That is, did you apply and register with the College prior to starting or substantially completing clinical placements?

- CRPO received 719 responses
 - 323 answered “Yes” (44.92%)
 - 321 answered “No” (44.65%)
 - 75 answered “Not applicable” (10.43%)

Do you agree or disagree that CRPO should require all academic coursework requirements to be completed prior to application?

- CRPO received 719 responses

CRPO Application Requirements Consultation

- 345 answered “Strongly agree” (47.98%)
- 105 answered “Agree” (14.6%)
- 56 answered “Somewhat agree” (7.79%)
- 22 answered “Neither agree nor disagree” (3.06%)
- 52 answered “Somewhat disagree” (7.23%)
- 57 answered “Disagree” (7.93%)
- 82 answered “Strongly disagree” (11.4%)
- **62.58% of respondents either agree or strongly agree** that all academic coursework requirements be completed prior to application
- **19.33% of respondents either disagree or strongly disagree** with this proposal
- 222 respondents elected to provide additional details
 - The most commonly identified constructive theme² (19.82%) related to delays in registration or the timeline on which CRPO operates
 - “Students who complete practica in group private practice environments are often offered independent contractor roles following the completion of practicum, which typically aligns with the completion of coursework. The delay between applying to the college and receiving confirmation of RP (Qualifying) status could put new grads in a position where they are not able to work (i.e., given that they would no longer be students and also would not be registered with CRPO and therefore would not be able to do the controlled act of psychotherapy). In a field where new grads are already having a difficult time financially, I worry about the impact this could have. If the college were to proceed with these changes, it would be important to ensure that the delay between application to the college and granting registration was limited to 2-3 weeks.”
 - The second most commonly identified constructive theme (11.71%) was support for DCC hours
 - “I find it somewhat horrifying that students can register and begin practicing before completing any of their practicum. I have seen students start an individual private practice before their practicum. How can the CRPO or their program confirm that they are fit to offer therapy if all they have done is coursework? That is not adequate training.”
 - The third most commonly identified constructive theme (9%) was concern about practicum, specifically the ability to secure a practicum and a reasonable client load without CRPO registration

² Themes relating to general approval or general disapproval of the proposed changes are not included in this section of the report, as the information is already reflected in quantitative data.

CRPO Application
Requirements Consultation

- “This will severely impact supervision sites being able to take on practical students. Currently most clinics need the RP Qualifying designation for students to be able to see clients for various reasons: 1. To be paid (insurance billing is common and requires this designation); 2. Public confidence to see a practical student (because they have a designation and are part of a college that governs their activity and can be reported to)”
 - Other key themes identified include program-specific concerns, concerns about early career professionals opening private practices, and concerns about client access to psychotherapy.
 - Data comparison:

Do you agree or disagree that CRPO should require all academic coursework requirements to be completed prior to application?		
	% Strongly Agree and Agree	% Strongly Disagree and Disagree
RP	77.83%	9.11%
RP (Qualifying)	46.24%	28.32%
Supervisor or supervision site operator	74.11%	14.29%

Do you agree or disagree that CRPO should require all academic coursework requirements to be completed prior to application?		
	% Strongly Agree and Agree	% Strongly Disagree and Disagree
Applied under substantial completion	50.16%	24.61%
Did not apply under substantial completion	75.70%	13.08%
Not applicable	60.81%	22.98%

Do you agree or disagree that CRPO should introduce a minimum number of DCC and supervision hours for application?

- CRPO received 720 responses
 - 365 answered “Strongly agree” (50.69%)
 - 93 answered “Agree” (12.92%)

CRPO Application Requirements Consultation

- 50 answered “Somewhat agree” (6.94%)
- 29 answered “Neither agree nor disagree” (4.03%)
- 33 answered “Somewhat disagree” (4.58%)
- 66 answered “Disagree” (9.17%)
- 84 answered “Strongly disagree” (11.67%)
- **63.61% of respondents either agree or strongly agree** that CRPO should introduce a minimum number of DCC and supervision hours for applicants
- **20.84% of respondents either disagree or strongly disagree** with this proposal
- 224 respondents elected to provide additional details
 - The most commonly identified constructive theme (10.71%) was concern about being able to secure a practicum
 - “This will make finding placements very challenging and even more competitive as it will rule out a lot of options if the supervisor is not registered with the CRPO. This appears to be the equivalent of needing experience to gain experience to enter a field but not being able to land a job because of lack of experience.”
 - The second most commonly identified constructive theme (5.36%) was concern about early career professionals open a private practice, at times while still undertaking a practicum
 - “I strongly agree, I think there is a concern in the field with psychotherapist qualifying entering private practice with minimal experience and opening up private practices. This would be protective of the mental health field even more. Many colleagues in the field (various fields, psychology, social work, psychotherapists) have talked about the concern with having very minimally experienced professionals opening up private practices all over the province with the RP (Q) designation. Minimal DCC hours is a great way to ensure people are a more experienced and supported in doing this very important work.”
 - The third most commonly identified themes were suggestions or concern for existing registration categories (4.01%), and concerns that being unlicensed would prohibit students from practicing the controlled act of psychotherapy (4.01%).
 - “I believe that there needs to be a clearer distinction between an intern and a postgraduate clinician. The current single category of “qualifying” does not seem sufficient; many clients have expressed confusion and misunderstanding about this to me. I feel a more appropriate option would be to have another registration category. Perhaps having an

CRPO Application
Requirements Consultation

"intern" or "foundational" category that is before "qualifying". This way, the student has a connection to the CRPO, for the duration of their practicum placement. [...]"

- “No student should be accumulating DCC hours without RP (Qualifying) status because they will be engaged in the controlled act of psychotherapy without being a member of the college.”
- Other key themes identified included equity concerns, and concerns about the cost and availability of supervision
- Data comparison:

Do you agree or disagree that CRPO should introduce a minimum number of DCC and supervision hours for application?		
	% Strongly Agree and Agree	% Strongly Disagree and Disagree
RP	79.87%	10.08%
RP (Qualifying)	44.51%	33.53%
Supervisor or supervision site operator	74.34%	15.04%

Do you agree or disagree that CRPO should introduce a minimum number of DCC and supervision hours for application?		
	% Strongly Agree and Agree	% Strongly Disagree and Disagree
Applied under substantial completion	49.22%	27.73%
Did not apply under substantial completion	77.26%	12.77%
Not applicable	68%	25.33%

Do you agree or disagree that CRPO should require an applicant to be within three months of graduation to apply to CRPO?

- CRPO received 720 responses
 - 241 answered “Strongly agree” (33.47%)
 - 119 answered “Agree” (16.53%)
 - 72 answered “Somewhat agree” (10%)
 - 69 answered “Neither agree nor disagree” (9.58%)

CRPO Application Requirements Consultation

- 39 answered “Somewhat disagree” (5.42%)
- 84 answered “Disagree” (11.67%)
- 96 answered “Strongly disagree” (13.33%)
- **50% of respondents either agree or strongly agree** that CRPO should require an applicant to be within three months of graduation to apply
- **25% of respondents either disagree or strongly disagree** with this proposal
- 192 respondents elected to provide additional details
 - The most common substantive theme (17.19%) was concern about practicum, including challenges securing practicum and that most practicums are more than three months.
 - “This will only place increasing strain on securing practicums for students and only also create a backlog at these time periods for CRPO workers. It is unfair to strip students of this opportunity”
 - The second most common substantive theme (12.5%) identified was a desire for the changes to go further, and require students to have fully completed their program or have graduated prior to registration.
 - “I think they should be graduated. I think it is an administrative headache and costly to have them apply before they've even graduated. How is this protecting the public if they're being given the keys to the car before they've even passed the drivers test.”
 - The third most commonly identified substantive theme (8.84%) was concern over CRPO’s application processing times.
 - “It is really a function of how long it takes the CRPO to approve an application. In other words, applicants should be allowed to apply long enough in advance so that they have their 'qualifying' designation by the time they start their practicum.”
 - Other key themes included a desire for the three-month period to be extended, concerns about safety of and access to unregulated practitioners, program-specific concerns, in addition to a misunderstanding of the question, as some suggested we were proposing applications may only be made three months post-graduation
- Data comparison:

Do you agree or disagree that CRPO should require an applicant to be within three months of graduation to apply to CRPO?		
	% Strongly Agree and Agree	% Strongly Disagree and Disagree
RP	58.12%	16.75%

CRPO Application
Requirements Consultation

RP (Qualifying)	43.68%	28.16%
Supervisor or supervision site operator	55.85%	22.52%

Do you agree or disagree that CRPO should require an applicant to be within three months of graduation to apply to CRPO?		
	% Strongly Agree and Agree	% Strongly Disagree and Disagree
Applied under substantial completion	45.20%	29.72%
Did not apply under substantial completion	55.31%	17.82%
Not applicable	49.32%	32.88%

Please provide any additional feedback you have on the proposal to change the substantial completion requirement, and require DCC and supervision hours prior to application.

- CRPO received 255 responses
 - The most commonly identified theme (32.94%) was support for implementing DCC requirements
 - “It is essential that a minimum number of direct client contact (DCC) hours and supervision hours be established for the Registered Psychotherapist (Qualifying) category. Implementing this requirement would help address the current backlog of applications, strengthen quality assurance measures, and ensure that applicants gain sufficient client experience prior to registration. This, in turn, would reduce the risk of harm to clients who may otherwise receive services from a Registered Psychotherapist (Qualifying) with no prior DCC experience.”
 - The second most commonly identified theme (20%) was general disagreement with the proposal as a whole
 - “I don't like the changes proposed, if I am honest. This will only create more backlog and frustrations with students accessing placements, and in turn hinder clients from obtaining affordable therapy.”
 - The third most commonly identified theme (17.65%) was support for academic requirements changing

CRPO Application Requirements Consultation

- “I think it would be helpful to be finished coursework, as students could also solely focus on their application with the CRPO and practicing, but the requirement of hours to apply to CRPO and doing so within 3 months does not seem reasonable with my experience as a student building case load.”
- Other key themes identified include concerns about [name redacted], concerns about early-career professionals opening private practices, followed by concerns about finding and maintaining practicum, CRPO potentially creating additional barriers to access the profession, and suggestions or complaints about existing registration categories

Questions (Education Programs):

Do you agree or disagree that CRPO should require all academic coursework requirements to be completed prior to application?

- CRPO received 23 responses
 - 7 answered “Strongly agree” (30.43%)
 - 3 answered “Agree” (13.04%)
 - 2 answered “Somewhat agree” (8.7%)
 - 1 answered “Neither agree nor disagree” (4.35%)
 - 2 answered “Somewhat disagree” (8.7%)
 - 4 answered “Disagree” (17.39%)
 - 4 answered “Strongly disagree” (17.39%)
- Among respondents who selected “Strongly agree”, “Agree”, or “Somewhat agree” and included a comment, the most common sentiment was agreement with the statement in principle with some program-specific exceptions
 - **Private Diploma granting institution:** “The only exception may be if a student has a course to make due to attendance problems. We require 100% attendance. A student may have to wait a full year until the course is offered again. They may be pushing forward in other areas but they would not graduate until their 100% attendance has been met.”
 - **University Degree granting institution:** “I am okay with students being able to apply to the CRPO in their final semester of their program or 90% of coursework is completed ONLY IF the courses include the integration of theory into clinical practice. I do NOT agree with students being able to register with the CRPO if they have no DCC hours.”
 - **University Degree granting institution:** “I agree that it is important for students to have all of their academic knowledge completed before practicum, but feel

CRPO Application Requirements Consultation

the 90% that is currently being used is sufficient. The 90% allows for students to have a bit of a "grace" should they need 1 to 2 more courses [...] I would be worried if the students are required to do all of their course work this could make completing their program more difficult (i.e., the scheduling of when the students complete their work)."

- Nine of the ten respondents who selected "Strongly disagree", "Disagree", or "Somewhat disagree" cited a combination of the following concerns; that this change would not align well with current program requirements, and that implementation of the policy would disrupt student learning as well as cause application processing delays
 - **University Degree granting institution:** "Our program has a Capstone course (added at the request of CRPO upon our program application) that students complete after they have done their practicum. The proposed changes would necessitate us to change our program and put the practicum at the end of the program. Then there is not an opportunity for students to reflect upon their practicum and identify the competencies they need to work on as they become RP (Qualifying)."
 - **University Degree granting institution:** "If CRPO were to require 100% of coursework completion before RP(Qualifying) eligibility, application processing times would increase, creating greater reliance on RP supervisors and likely leading to more practicum extensions due to insufficient hours [...] A 100% coursework completion requirement would likely force many students to take a term off between coursework and practicum, leaving only those with RP supervisors certain of starting. This could potentially create uncertainty for students and potentially disrupt relationships with community partners."
 - **University Degree granting institution:** "I recognize that this may be specific to our program, but we have an integration seminar, considered "academic coursework", which goes on at the same time as the field placement. Students do not fully complete this last academic course until the end of their practicum. Requiring all academic coursework in our case would mean that students would only be able to apply after their practicum is over."

At what point in the year does your institution schedule practicums? Do students typically return to academic courses following a practicum?

- CRPO received 23 responses
 - 19 respondents (82.61%) indicated that their program's practicum component overlapped with coursework, while four (17.39%) suggested that practicums occur after coursework has been completed

CRPO Application Requirements Consultation

Do you agree or disagree that CRPO should introduce a minimum number of DCC and supervision hours for application?

- CRPO received 23 responses
 - 14 answered “Strongly agree” (60.87%)
 - 4 answered “Agree” (17.39%)
 - 2 answered “Somewhat agree” (8.7%)
 - 0 answered “Neither agree nor disagree”
 - 0 answered “Somewhat disagree”
 - 2 answered “Disagree” (8.7%)
 - 1 answered “Strongly disagree” (4.35%)
- Most respondents indicated agreement with this proposal – among the 15 respondents who selected “Strongly agree”, “Agree”, or “Somewhat agree” and left a comment, seven respondents cited public protection as their primary consideration, while five emphasized the need to create better outcomes for students. Four respondents added that their program is structured so that students will already have engaged in client contact prior to attaining substantial completion
 - **University Degree granting institution:** “Licensing people without clinical hours in a training program is problematic (and can open up potential for harm) regardless of how many theoretical courses they have taken. Licensing psychotherapists without clinical practice training is akin to licensing a nurse or doctor without practice training. As in every other profession, people should be licensed once they have successfully completed the entirety of their program, including supervised practice hours, which is where we can truly evaluate competence and fit for entry-level practice.”
 - **Private Diploma granting institution:** “RP-Qualifying students in other programs are seeing clients in private practice settings (not a part of education/practicum) having had very little clinical training. This is dangerous. [...] Client well being and student learning in practicum cannot take a backseat to ‘acquiring hours’ without great damage to the process of forming responsible therapists.”
 - **Private Diploma granting institution:** “Generally, our candidates have been able to submit a number of DCC hours and supervision hours when they apply for RP(Q) status. We would prefer this remain the case. It would be preferable to designate a reasonable minimum of hours if CRPO goes ahead with this proposal.”
- Only three respondents disagreed with this proposal. Generally, these respondents suggested that existing provisions are adequate

CRPO Application Requirements Consultation

- **University Degree granting institution:** “For the RP(Q) option I do not see it as being necessary to complete a certain number of hours. The point of having the RP(Q) is to show that the person is "qualifying" and therefore a student. I think this makes sense for the student and also the public and it highlights that the person giving the psychotherapy is a student or someone qualifying. If you require DCC and supervision hours, how are students meant to get these before they start practicum? Simply, this seems unnecessary.”

Do you agree or disagree that CRPO should require an applicant to be within three months of graduation to apply to CRPO?

- CRPO received 23 responses
 - 5 answered “Strongly agree” (21.74%)
 - 2 answered “Agree” (8.7%)
 - 3 answered “Somewhat agree” (13.04%)
 - 2 answered “Neither agree nor disagree” (8.7%)
 - 2 answered “Somewhat disagree” (8.7%)
 - 6 answered “Disagree” (21.74%)
 - 4 answered “Strongly disagree” (17.39%)
- Only four of the respondents who indicated agreement with this proposal left a comment. There was not a predominant focus among this group. One respondent suggested that adoption of this policy would enable better practicum outcomes for students
 - **Private Diploma granting institution:** “This is a terrific improvement and it seems like it will strongly incentivize programs developing more extensive practicum experiences. As someone who has supervised in 3 programs, I can say that developing better practicum is so needed; perhaps the quality of the practicum will be the next step!”
- 12 respondents selected “Strongly disagree”, “Disagree”, or “Somewhat disagree”. Primarily, these respondents found the requirements of this proposal to be incompatible with the structure of their respective programs
 - **Private Diploma granting institution:** “To be within two years of graduation for application, is much more realistic for the professional lives of our candidates [...] Unfortunately, the proposed changes in timelines [...] will make fulfilling the requirements of both [name redacted]’s Program and CRPO’ requirements impossible. [name redacted] can deal with this in future by not accepting students who need to be licensed by the College. However, the students who are embarked on the [name redacted] Program now, fall of 2026, have made

CRPO Application Requirements Consultation

important life choices based on being able to fulfill the requirements of both [name redacted] and CRPO, that are in place now. We hope and expect that the CRPO will decide to change procedures, progressively, not retrogressively, that is, only for new students and after current students have graduated from the [name redacted] Program (and others) and applied to become members of CRPO.”

- **Private Diploma granting institution:** “This will make it very difficult for students who have completed 16 months (512 hours) of in-class training as well as majority of practicum hours (therefore meet entry-to-practice competency) to find employment and support themselves financially while completing the research project.”
- **University Degree granting institution:** “It is impossible to know if a student actually will complete their program and in what timeframe. Many things happen which are out of a program's control. As in every other profession, people should be licensed once they have successfully completed the entirety of their program, including supervised practice hours, which is where we can truly evaluate competence and fit for entry-level practice.”

Is it feasible for your institution to provide a letter for a student upon application, confirming the student will complete the full program including any practicum and/or thesis within three months of applying to CRPO?

- CRPO received 22 responses
 - 16 answered “Yes” (72.73%)
 - 6 answered “No” (27.27%)
- The “Yes” respondents who left a comment offered some program-specific considerations
 - **University Degree granting institution:** “Expected to complete would be truer as statement. However, we do have some part time students who require another 1-2 terms to complete the program after placement.”
 - **Private Diploma granting institution:** “Yes but this will delay registration and employment for many students”
- The “No” respondents generally agreed that between program requirements, the administrative steps involved in generating such a letter, and the difficulty of fully guaranteeing program completion, this proposal would be difficult to implement
 - **Private Diploma granting institution:** “Having to procure a letter for each student in addition to an in-progress transcript, final transcript, and confirmation of DCCH and supervision doesn't seem helpful or necessary. If the

CRPO Application Requirements Consultation

letter would replace one of those steps, then perhaps our answer would be different.”

- **University Degree granting institution:** “I don't think the institution can guarantee the student will complete.”

*Should CRPO move forward with the proposal, what is an appropriate implementation timeline?
A one-year implementation is currently being considered.*

- CRPO received 21 responses
 - 15 respondents (71.43%) agreed that a one-year timeline would be sufficient
 - 3 respondents (14.29%) suggested an immediate implementation of this policy
 - 2 respondents (9.52%) would prefer a two-year implementation timeline
 - 1 respondent (4.76%) suggested a timeline that exceeded two years

Please provide any additional information you would like CRPO to consider

- CRPO received 13 responses
- Four of these respondents used this field to emphasize the importance of practical experience for students while three underlined the value of collaboration between CRPO and educational institutions. Another recurring theme was ensuring public protection by adjusting completion requirements
 - **University Degree granting institution:** “Students are being encouraged to pursue RP (Qualifying) status prematurely by some Registered Psychotherapists. This pressure often appears to be financially motivated and puts clients at risk, as students are not yet have the necessary experience or training to take on that level of clinical responsibility safely and ethically”
 - **Private Diploma granting institution:** “It is important that CRPO and the education partner are in alignment. Currently, there has been much confusion among students and the requirements of substantial completion. Having the Education partner provide the determinants (in accordance with CRPO minimum guidelines) for substantial completion will eliminate this confusion. Also, would it be possible for CRPO to refer applicants back to the Education provider for this confirmation?”
 - **Private Diploma granting institution:** “Flooding the market with graduates with short training programs, lack of clinical requirements, and approving schools that likely are capitalizing on market trends devalues the profession among colleagues in other health professions and the public trust.”

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	7.
Issue:	Artificial Intelligence Guidance
Attachment(s):	DRAFT AI Guidance
References:	-
Action:	Information <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	P. Bialik

Purpose:

As use of AI continues to increase both generally and within the therapeutic space, CRPO should support registrants by drawing connections between the use of the technology and the existing Standards.

Background:

Use of Artificial Intelligence is on the rise, particularly scribe software. The Practice Advisory has received questions regarding the permissibility of using AI, as well as requests for review of specific AI programs for compliance with CRPO expectations. There have also been instances where applicants and registrants have used AI to fulfill regulatory requirements.

Concerns that the use of this technology in practice raise include:

- Erosion of Clinical Judgment**
 RPs must exercise clinical judgment, not outsource it
 CRPO's standards are clear: registrants must interpret and evaluate information using their own clinical reasoning.
- Masking gaps**
 RPs must work within their knowledge, skills and judgement

AI may hide gaps in knowledge or skills

AI 'hallucinations' pose safety risks

Registrants must assess their competence honestly and ensure they understand the tools they're using.

- **Privacy, Recordkeeping & Consent**

AI platforms may breach client confidentiality

Confidentiality, consent and transparency are essential

Using AI without informed consent can violate ethical and legal obligations.

RPs must document AI use in records

- **Advertising, Bias, and Workload**

Marketing must remain truthful and RPs responsible for AI-generated content

AI can introduce bias, reduce cultural safety

Overreliance on technology may signal unmanageable workload

- **AI in Client Support**

RPs are accountable when suggesting AI tools for or as adjuncts to therapy

Exercise caution using AI to interpret Standards or complete regulatory tasks

- **Regulatory Interactions**

Using AI to navigate CRPO's regulatory processes must be done with care to avoid misinformation or misrepresentation.

Review AI-generated outputs used for accessibility or submission purposes

The draft guidance has been crafted to address these concerns and to provide registrants with a framework in which to consider how they use the technology.

Staff anticipate that, given the rapid pace of change of AI technology and availability of platforms and applications, this and any other guidance will need to be reviewed more regularly than our current policy cycle timing of three years. Registrants who choose to use AI in their practices will be encouraged to stay abreast of developments to ensure that they are using the technology in a way that is safe, ethical and effective.

Proposed Decision by Consensus:

Council is asked to consider if they are ready to approve the draft guideline for adoption.



DRAFT Guideline on Artificial Intelligence

Approved by: Council

Date of Initial Approval:

Introduction

CRPO is aware that interest in artificial intelligence continues to grow. While there are opportunities for efficiency, registrants must be cautious to employ the technology in an ethical and competent matter.

As technology continues to evolve, there may be opportunities and situations not described in this Guideline. As always, RPs are expected to ensure their decisions and behaviour align with the [Professional Practice Standards](#) and [Code of Ethics](#).

Definitions

Artificial intelligence (AI): “Is a continuously developing technology that uses computer algorithms to perform tasks, predict results, and create content.”¹ Relevant examples include notetaking or summarization software, and chatbots.

Clinical Judgment

Registrants are obligated to exercise their clinical and professional judgment at all times when working with clients. Registrants must carefully decide whether and how to integrate the use of AI into their practice. RPs must review outputs generated by AI with a critical eye.

RPs may be held accountable for actions based on or determined by AI tools that they use. As noted in [Standard 3.4.7](#), registrants do not rely on information obtained from computer-generated assessments, reports, or statements without exercising their own professional judgment. Further, under [Standard 2.1.3](#), registrants must ensure any clinical advice or information they provide is based on reasonable professional opinion.

¹ Government of Canada. [Cyber security guidance for democratic institutions: artificial intelligence \(ITSAP.00.135\) - Canadian Centre for Cyber Security](#)

Competence

There are three primary concerns for RPs to consider relating to competence and AI.

First, RPs should reflect on their own competence to effectively explain and employ AI in a safe and effective manner. AI technologies can be helpful in a clinical setting, but only when an RP has the necessary competence to use the technology.

Second, if RPs plan to use AI to develop or review treatment plans, they must consider whether they are doing so to enhance their competence or because they lack the ability to treat a particular client or condition. Per [Standard 2.1](#), registrants must understand their professional capabilities and limitations, and must only provide services within their knowledge, skill and judgement.

Finally, registrants must also consider the ‘competence’ of the technology itself. AI technology can “hallucinate”, meaning it may present fictional information as fact.

Privacy, Confidentiality and Consent

Registrants are required to uphold the privacy and confidentiality of clients. Some AI platforms are not confidential and should be reviewed for compliance with PHIPA.

PHIPA requires, among other expectations, that collection, use or disclosure of personal health information is only done with the consent of the individual, or in alignment with exceptions described in legislation². PHIPA also requires personal health information to be stored in a reasonably secure manner³. Entering identifying client information into non-confidential AI platforms or through AI tools without client consent would be a direct violation of PHIPA.

RPs seeking to integrate AI into their practice must verify that sufficient privacy and security measures are in place. This includes whether the AI platform uses what you enter in such a way that it may be viewed by others. If in doubt, do not enter identifying client information into an AI platform.

In the therapeutic space there is an inherent expectation of privacy in addition to basic confidentiality. Clients have the right to know who or what has access to their personal health information, and should have the opportunity to decline the use of AI in their

² [Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A | ontario.ca](#)

³ Section 12(1).

specific circumstances. Use of AI involving client information must be clearly relayed directly to clients in order to ensure informed consent. For example, clients must be asked before a registrant uses an AI note-taking service in session.

Data minimization is another core responsibility for those choosing to use AI. Only relevant information necessary for the desired outputs should be inputted.

Recordkeeping and Transparency

Registrants using AI within their practice must carefully document its use, clearly identifying when AI has been used to produce, review, summarize or otherwise assist in the development of a clinical record.

Individuals should be transparent with clinical supervisors and clients about the use of AI in practice. Use of AI strictly for educational purposes does not need to be disclosed.

Advertising and Marketing

Some individuals choose to use AI outside the clinical sphere, for example, benefitting from its ability to generate marketing plans and content for advertising.

Regardless of the original source of marketing or advertising materials, registrants are expected to abide by CRPO standards. Per [Standard 6.2](#), it is paramount that registrants only advertise in a matter that is “truthful, accurate, factual, and verifiable,” and must not “promise a result that cannot be delivered, use comparisons to others, superlatives or suggest their practice is unique, or appeal to a person’s fears.” Registrants are responsible for advertising content generated by others, including AI.

Bias and Limitations

Registrants should be aware of the limitations of AI, specifically regarding bias or cultural insensitivity. AI learns based on training data, which itself may reflect the biases of the individuals who produced the training data, system, or program.

Any individual using AI must carefully consider the implications of bias and absence of cultural humility on the output. Registrants must carefully examine any information or summaries produced by AI for bias.

Clinician Workload

Registrants who find themselves continuously relying on AI technologies to catch up on clinical responsibilities may need to reexamine their existing workload.

Client Use of AI to Support Therapy

Some registrants may choose to integrate AI as a supportive measure for clients outside therapy, suggesting clients use an AI platform to provide interim care. Individuals suggesting AI for therapeutic purposes may be held responsible for the decision to outsource care to another platform. At a minimum, registrants must research any recommendations they provide and inform clients of associated risks.

Information About CRPO

Some AI systems are able to analyze and summarize data pulled from the internet. Registrants are advised to exercise caution when using AI to answer questions from or about CRPO, the application of Standards or guidelines. Because AI accesses information available online, it may pull information from unofficial or incorrect sources.

Interaction with the College

Public-facing activities

When attending public meetings, webinars, or town halls, some registrants may wish to employ the use of an AI scribe. While these tools can fulfill accessibility needs, the outputs must also be thoroughly reviewed for accuracy and completeness.

Private meetings with the College

When attending private or closed meetings with the College, explicit permission must be sought before implementing the use of any AI tools, including a scribe.

Regulatory functions

Applicants and registrants should exercise caution before using AI in CRPO regulatory programs (e.g., the registration and renewal process; Quality Assurance Program; complaints, reports, compliance and discipline process). Follow any applicable instructions, for example to reflect on a particular situation or document, cite your sources, or use your own words. Where AI use is permitted, carefully review any AI output to ensure it is accurate and complete.

Note:

Guidelines published by CRPO are intended to clarify CRPO's Professional Practice Standards, providing additional information that will help registrants consider or respond to common situations that arise in practice in a manner that accords with the Standards. Information provided in a guideline is to be considered along with other relevant sources of information, such as the Code of Ethics, applicable Standards, regulations, and laws.

Registrants must rely on their knowledge, skill, and judgment to determine when it is appropriate to apply a particular guideline, being mindful that ultimately, registrants are responsible for their own actions.

College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	8.
Issue:	Coroner’s Recommendations on Intimate Partner Violence
Attachment(s):	DRAFT Intimate Partner Violence Guideline
References:	Ontario’s DVRC (University of Western Ontario, Gender-based violence learning network)
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	P. Bialik, S. Teece
Submitted by:	Quality Assurance Committee

Purpose & Public Interest Rationale:

The College has a role in supporting registrants to navigate and understand complex issues related to practice – including intimate partner violence (IPV) which continues to increase in frequency.

The [Office of the Chief Coroner](#) (OCC) investigates deaths and issues recommendations for public safety, which are then sent to relevant regulatory bodies for consideration and response. The OCC does not have the authority to enforce these recommendations, but regulatory bodies are asked to report on how they have considered them and what steps, if any, they have taken

Background:

In July 2025 CRPO and several other HPRO colleges received a letter and case summaries from the [Domestic Violence Death Review Committee](#) (DVDRC), a committee housed within the Office of the Chief Coroner.

The following recommendations were included:

#4. Each respective professional college should develop and distribute comprehensive educational materials on recognizing and responding to risks associated with intimate partner violence and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and intimate partner homicide.

#7. SOLGEN, MAG, MCCSS, OACP, CPSO, CNO, OCSWSSW, CPBAO, and the CRPO should ensure risk assessment tools are being utilized for all IPV situations within their respective sectors and police services.

The Chief Coroner's Office is requesting updates on implementation of the recommendations no later than January 16th, 2026.

In response, CRPO has drafted a guideline¹ outlining data and guidance to assist registrants in understanding IPV. The guideline makes connections to the DVDRC most recent report in order to make registrants aware of the links between aging, declining health, access to firearms and intimate partner homicide.

Staff are working with a number of the other Health Professions Regulators of Ontario (HPRO) colleges to develop a joint educational offering for registrants regarding the Coroner's recommendations.

The Quality Assurance Committee approved the draft guideline to be brought forward to Council for approval.

Proposed Decision by Consensus:

Council is being asked to approve the guideline by consensus so that staff can prepare a 60-day consultation to garner feedback. This feedback will be analyzed and incorporated before the guideline is finalized and disseminated to registrants in response to the recommendations and as part of the broader communication plan being developed through HPRO.

¹ Regarding specific language use, CRPO has elected to use the phrase "experiencing IPV" rather than the terms "victim" or "survivor." This decision was made as both "victim" and "survivor" have been criticized and discomfort has been expressed at times with use of either term by those who have experienced violence.

In documents electing to use "victim," "survivor," or "victim/survivor," the phrase "experiencing IPV" also appears.

The College acknowledges that there is no inherently "right" answer when using language surrounding intimate partner violence, or violence on a wider scale as those experiencing violence will have different preferences.



DRAFT Guideline on Intimate Partner Violence Recognition and Response

Approved by: Council

Date of Initial Approval:

Introduction

Intimate partner violence has been designated as a major health concern by the World Health Organization in recognition of the millions impacted annually and the immediate and potential long-term health, social and financial implications.

Instances of intimate partner violence have steadily increased in Canada since 2014. Between 2014 and 2022, “intimate partner sexual assault increased 163%, intimate partner physical assault increased 14% and indecent or harassing communications increased 38%.”

In Ontario, the police-reported rate of intimate partner violence has increased from 233 instances per 100,000 to 269 instances per 100,000 between 2018 and 2023².

Definitions

Intimate partner violence (IPV): Any form of violence or harassment perpetrated against one’s intimate partner. Intimate partner includes both spousal and non-spousal relationships. It includes “coercive control, criminal harassment, stalking, emotional or psychological abuse, economic abuse, physical abuse, reproductive coercion, sexual violence, spiritual abuse and technology-facilitated violence or cyberviolence.”³

Guidance

Risk Assessments

Risk assessments provide an opportunity to assess a client’s situation and evaluate the level of risk they face. The importance of using risk assessments has been underscored by the Domestic Violence Death Review Committee. While these assessments can be helpful, they are not infallible. The usefulness of a risk assessment depends on the level of openness and vulnerability a client is willing to disclose in order to inform the assessment.

² [Victims of police-reported intimate partner violence, by year and province or territory, 2018 to 2023](#)

³ [Fact sheet: Intimate partner violence - Canada.ca](#)

More information about risk assessments can be found in [CRPO's Jurisprudence Manual](#). (See "Risk Assessment and Safety Planning")

Risk Factors for Experiencing IPV

There is no single profile or identity that describes those who experience IPV. IPV can be experienced by persons of any gender, sexuality, race, religion, class or other unifying characteristic. However, risk factors exist that correlate to higher instances of experiencing IPV.

As noted by the Government of Canada, instances of IPV are highest among women. Indigenous women, 2SLGBTQI+ individuals, women with disabilities, young women and "women belonging to an ethno-cultural group designated as a visible minority"⁴ all also have an increased likelihood of experiencing IPV.⁵

The intersection of these factors can further increase one's likelihood of experiencing IPV. For example, according to self-reported data among 2SLGBTQI+ women with disabilities, almost seven in ten experienced some form of intimate partner violence since the age of 15.⁶

Risk Factors for Perpetrators

Just as there is no single profile of an individual experiencing IPV, there is no single profile of a perpetrator. Individuals of persons of any gender, sexuality, race, religion, class or other unifying characteristic can be perpetrators of violence. However, risk factors exist that increase one's likelihood of becoming a perpetrator of violence.

According to a report published by the Department of Justice,⁷ the following factors are generally taken into consideration when assessing risk:

- A history of violent behaviour toward family members
- A history of abusive behaviour toward intimate partners
- Escalation of violence
- Previous criminality
- General antisocial attitudes
- Substance abuse problems
- Mental health problems

⁴ The Government of Canada has used this language in their data and informational overview

⁵ Ibid

⁶ Ibid

⁷ [Intimate Partner Violence Risk Assessment Tools: A Review](#)

- Relationship problems
- Individual or cultural attitudes that support violence towards women

IPV and Homicide

Canadian police reported 1,125 instances of gender-related homicides of women and girls between 2011 and 2021.⁸ Of these homicides, two-thirds were perpetrated by an intimate partner.⁹

The Ontario Domestic Violence Death Review Committee (DVDRC) has identified¹⁰ a total of 41 predictive risk factors that increase the likelihood of perpetration of lethal violence. Among the most common factors seen in cases reviewed between 2003 and 2023 are the following:

- A history of domestic violence (76.7% of reviewed cases)
- Actual or pending separation (64% of reviewed cases)
- Perpetrator depression (professionally diagnosed or suspected by friends and family) (54.8% of reviewed cases), while “other” perpetrator mental health problems were seen in 31.2% of cases.

A more comprehensive list of factors can be found in the [2022-2023 DVDRC report](#).

Intersecting risk factors further increase the likelihood of perpetration of violence. In cases reviewed in 2022 and 2023, nearly 80% of cases reviewed had seven or more risk factors, and no cases had between zero and three risk factors¹¹.

Access to or possession of firearms is also considered a predictor of lethal IPV, with 28.8% of deceased persons (including both victim and perpetrator) dying by firearm in cases reviewed between 2003 and 2023.¹² Firearms are second to sharp force injury as the cause of death. Involvement of firearms often results in more deaths than non-firearms involved cases, with an average of 1.8 deaths per case involving a firearm compared to 1.3 deaths per case not involving a firearm¹³.

⁸ [Fact sheet: Intimate partner violence - Canada.ca](#)

⁹ Ibid

¹⁰ [Domestic Violence Death Review Committee Annual Report, Office of the Chief Coroner for Ontario](#)

¹¹ Ibid

¹² Ibid

¹³ Ibid

Aging and elderly couples, while at a comparatively lower risk for experiencing IPV than younger individuals, often display risk factors that go unacknowledged. In 50% of DVRDC reviewed cases reported on in the 2022–2023 report, there was a history of serious health and wellness issues for one or both individuals, including memory loss¹⁴. Warning signs often go undetected in this population, with risk factors being witnessed but not recognized as IPV risk.

While predictive risk factors are helpful in assessing risk to clients, they do not inherently mean a homicide is impending.

Identifying Clients Experiencing IPV

IPV often goes unreported to law enforcement, with 80% of those experiencing IPV electing not to report according to self-identified data collected in 2019.¹⁵ Those experiencing IPV may be more comfortable disclosing experiences of violence to their psychotherapist than law enforcement, though many individuals avoid confiding in anyone and may only provide context leading a therapist to believe IPV is occurring rather than direct confirmation.

In the absence of official confirmation, RPs should be vigilant in assessing warning signs from perpetrators and identifying impacts or outcomes of violence experienced by a client.

The following behaviours have been identified by the RCMP¹⁶ as potential warning signs of IPV:

- has unexplained bruises or questionable explanations for injuries
- acts differently when their partner is around (for example, doesn't speak up)
- tries to change the subject if they are questioned about their partner's behaviour
- seems to be controlled by their partner and seems reluctant to make decisions by themselves
- withdraws from their friends and family
- is pressured to have their online activity monitored by their partner

¹⁴ Ibid

¹⁵ Fact sheet: Intimate partner violence - Canada.ca

¹⁶ Intimate partner violence and abuse | Royal Canadian Mounted Police

- has an uncharacteristic change in risk-taking behaviours (for example, doing drugs, drinking alcohol)
- experiences a drop in school or work performance
- is humiliated or criticized by their partner in front of others
- is frequently contacted by their partner wanting to know where they are and what they are doing

IPV has several potential impacts on an individual experiencing IPV¹⁷. The following may occur:

- damage to self-esteem and confidence
- loss of sense of safety
- financial instability
- damage to their personal development and ability to actively participate in society
- physical injury
- depression, anxiety or post-traumatic stress disorder (PTSD)
- sexually transmitted infections (STIs)

Responding to IPV

Reporting IPV to authorities is not [mandatory](#) unless a child is at risk ([Standard 1.3 – Mandatory Reporting](#)).

However, registrants can elect to report to authorities under optional [reporting allowances](#) in the *Personal Health Information Protection Act, (2004) (PHIPA)* (see also [Standard 3.1 – Confidentiality](#)). More information on information-sharing when IPV is occurring can be found in an Information and Privacy Commissioner of Ontario report on [Sharing Information in Situations Involving Intimate Partner Violence: Guidance for Professionals](#).

Fostering client autonomy is paramount in situations involving IPV. Registrants should work on encouraging clients to make their own decisions rather than imposing beliefs or decisions onto clients ([Standard 1.8 – Undue Influence and Abuse](#)). Clients should be involved in decisions regarding their care to the greatest extent possible. Risk assessments and safety plans should be made in collaboration with clients rather than being imposed on clients.

Registrants should become familiar with resources local to the client that can be beneficial or assistive to individuals experiencing IPV. The Government of Canada maintains a [Victim Services Directory](#) that can be accessed by anyone to locate agencies, care centres and other resources.

¹⁷ Ibid.

These resources should be thoroughly integrated into safety plans. Safety plans assist individuals in a crisis by clearly outlining steps and options to pursue for stability or safety. More information about safety planning, including available resources, can be found in [CRPO's Jurisprudence Manual](#). (See "Risk Assessment and Safety Planning" and "[Safety Planning Resources](#)").

Clinical Decision Making

When working alongside clients who are experiencing IPV, or who a therapist suspects is experiencing IPV, RPs should carefully document discussions and any referrals made to community or other resources. When considering making a mandatory or optional report, the thought process and decision should be thoroughly documented in addition to the related conversations with the client.

Registrants may also elect to seek additional support from a clinical supervisor or consultant to inform decision making and support client care.

Additional Resources

[CRPO Standard 3.1: Confidentiality](#)

[Guideline on Disclosing Information to Prevent Harm](#)

[Appendix A - Intimate Partner Violence Risk Assessment Tools: A Review](#)

[Sharing Information in Situations Involving Intimate Partner Violence: Guidance for Professionals | Information and Privacy Commissioner of Ontario](#)

Note:

Guidelines published by CRPO are intended to clarify CRPO's Professional Practice Standards, providing additional information that will help registrants consider or respond to common situations that arise in practice in a manner that accords with the Standards. Information provided in a guideline is to be considered along with other relevant sources of information, such as the Code of Ethics, applicable Standards, regulations, and laws.

Registrants must rely on their knowledge, skill, and judgment to determine when it is appropriate to apply a particular guideline, being mindful that ultimately, registrants are responsible for their own actions.

College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications

may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #:	9.
Topic:	Policy Update: Policy on Council Leaves of Absence
Attachments:	Draft Revised Policy on Council Leaves of Absence
References:	-
Action:	Discussion, Approval
Staff contact:	P. Bialik, A. Fournier
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

A policy on leaves of absence is in the public interest because it ensures continuity in governance, maintains transparency and accountability, and helps prevent disruptions in decision-making. It also promotes fairness by applying consistent rules to all Council members, mitigates risks related to quorum and oversight gaps, and reinforces public confidence in the Council's professionalism and preparedness.

Background:

The policy on Council Leaves of Absence has come due for review under the policy review cycle. A few changes have been made to the policy including:

- Inclusion of by-law article 10.30 (viii) language;
- Copy-edit changes for clarity; and
- Updating links.

The Executive Committee reviewed the proposed changes at their November meeting and recommended that Council approve the updated policy.

Proposed Decision by Consensus:

That Council approves the policy on Council Leaves of Absence as presented (or amended).



Type of Policy: Governance	Approved By: Executive Committee, Council
Date Approved: May 26, 2022	Next Review Date: October 2028
Amendment Dates: October 23, 2025	

DRAFT REVISED Policy on Council Leaves of Absence

Purpose

The purpose of this policy is to provide Council with guidelines for approving leaves of absence for elected and appointed Council members, establish a transparent process for addressing requests for leaves of absence, and establish criteria for what constitutes reasonable cause for failing to attend Council meetings.

Scope

This policy applies to elected and appointed Council members.

Definitions

In-camera session: A meeting closed to the public.

Policy

A Council member who is temporarily unable to continue to meet their commitment to Council and/or committee work may request a leave of absence. Reasons for needing to take a leave of absence might include:

- Personal or family health,
- Other family commitments,
- Parental leave, or
- Transitions in professional status.

Duration of leave is three consecutive Council meetings or 5 months. An extension of one month may be considered should the member request it.

During a leave of absence, a Council member will be listed as 'regrets' in Council meeting minutes.

Council shall disqualify an elected member of Council, if the member, fails without reasonable cause and notice – such as a leave of absence – to attend two consecutive meetings of Council.

Procedure

Council members may request a leave of absence by sending an email to the President, copied to the Registrar, including the effective start date, expected duration, and reason for the leave.

Commented [PB1]: bylaw 10.30 (viii) refers to cause and notice, i added in the specific language about the leave of absence

If the Council member has unfinished work (e.g., review of decisions and reasons), they will notify the President and Registrar.

The Executive Committee may be asked to review the request and decide on Council's behalf, or recommend to Council at an in-camera session whether it should be approved.

The Executive Committee will consider:

- The timing of the leave request relative to the end of the member's term,
- Whether the Council member's absence will impact the ability to achieve quorum, and
- Any other relevant factors, on a case-by-case basis.

Should the request for a leave of absence be declined, the member would be asked to fulfil their role or to resign their position.

If the individual chooses to resign, Council will take appropriate steps as follows:

1. If the individual is a professional member, Council will rely on by-laws to determine the required next steps.
 - a. [10.33 – Filling of Vacancies](#): If the seat of an elected Council member becomes vacant less than twelve (12) months before the expiry of the member's term of office, Council may, (i) leave the seat vacant; (ii) appoint as an elected Council member a member who meets the criteria for eligibility for election set out in article 10.04; or (iii) direct the Registrar to hold a by-election in accordance with this by-law.
 - b. [10.34 – By-Election](#): If the seat of an elected Council member becomes vacant more than twelve (12) months before the expiry of the member's term of office, Council shall direct the Registrar to hold a by-election in accordance with this by-law.
2. If the individual is a public member, Council will make a request to the Public Appointment Secretariat to have their Order in Council revoked and to request that a new appointment be made.
- 3.

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	10.
Issue:	Committee Term Renewals and Recruitment Planning
Attachment(s):	Committee composition slate 2025-2026
References:	By-laws Committee Appointments for Council Members policy Non-Council Member Appointments policy CRPO-appointed Public Members policy
For:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	A. Fournier
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Council and statutory committee members must have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. Appointing non-Council members plays an important role in continuity and succession planning.

Using the competency framework as part of the selection of appointees supports Council in ensuring an adequate mix of skills, knowledge and attributes as well as geographic and modality diversity.

Background:

- Executive Committee reviews CRPO Council's committee composition annually and recommends reappointment or appointment changes to Council.
- College by-laws state that:

- specific composition and selection of committees (section 13), noting the number of professional and public members required on each committee.
- term of office of a committee member lasts approximately one year (13.12)
- Council may appoint non-Council members at its discretion

Key Considerations:

- Consistent committee membership has allowed Council to focus on governance while building capacity at the committee level by allowing committee members to develop depth of knowledge and skill in a particular area.
- Non-Council committee members with terms expiring in 2025 have been offered reappointment for one-year terms. All have indicated that they are interested in serving another term on their committees.
- The Executive Committee discussed existing gaps in knowledge at the committee level for Client Relations and Examination.
- The Examination Committee, with the increase in the number of exam appeals, would benefit from a committee member with experience and training working with individuals with disabilities and accommodating those individuals.
- The Client Relations Committee would benefit from a committee member with experience and training in Gender-Based Violence/Intimate Partner Violence.
- Broader non-Council recruitment for other statutory and non-statutory committees will be required in 2026 following strategic planning.

The Examinations Committee is being asked to review an increasing number of appeals that are related to accommodations for exam writers. Expertise in working with people with disabilities, particularly related to academic accommodations, would support the Committee in making fair decisions in the public interest.

The Client Relations Committee will need to review the policies and procedures related to approving requests for funding for clients who report sexual abuse by a registrant. Expertise in sexual abuse would support the Committee in undertaking this work.

Recommendations:

The Executive Committee is recommending that Council recruit 2 additional non-Council members (one public and one professional) each for the Client Relations and Examination Committee who meet the defined criteria. The Nominations and Elections Committee should be directed to oversee the recruitment process in accordance with the Non-Council Member Appointments policy and the CRPO Appointed Public Member Policy.

Proposed Decision by Consensus:

1. That Council provide direction to staff to recruit individuals to serve on the Examination and Client Relations Committee.
2. That Council approve the committee composition slate as presented for one-year terms effective December 2025–December 2026.

Client Relations

Name	Role
Janet Cullen, RP	Professional Member
Kayleen Edwards, RP	Professional Member
Judy Mord, RP	Chair & Professional Member
Kafui Sawyer, RP	Professional Member
Radhika Sundar, RP	Professional Member
Steven Boychyn	Public Member
Jason King	Public Member
Ahil Nageswaran, RP	Non-Council Committee Member
Riffat Yusaf, RP	Non-Council Committee Member

Discipline / Fitness to Practise

Name	Role
Heidi Ahonen	Professional Member
Janet Cullen, RP	Professional Member
Kayleen Edwards, RP	Professional Member
Anabel Helen, RP	Professional Member
Kathleen (Kali) Hewitt-Blackie, RP	Professional Member
Kenneth Lomp, RP	Professional Member
Judy Mord, RP	Professional Member
Kafui Sawyer, RP	Professional Member
Radhika Sundar, RP	Professional Member
Steven Boychyn	Public Member
Jason King	Public Member
Henry Pateman	Public Member
Kevin Sack	Public Member
Jeffrey Vincent	Public Member
Andrew Benedetto, RP	Non-Council Committee Member
Carol Cowan-Levine, RP	Non-Council Committee Member
Shelley Briscoe-Dimock, RP	Vice Chair & Non-Council Committee Member
Michael Machan, RP	Non-Council Committee Member
Miranda Monastero, RP	Non-Council Committee Member
Raj Anand	Adjudicator
Sherry Liang	Adjudicator
Sophie Martel	Adjudicator
Jennifer Scott	Adjudicator

CRPO Committee composition 2025-26

Jay Sengupta	Adjudicator
David Wright	Chair & Adjudicator

Examination Committee

Name	Role
Kayleen Edwards, RP	Professional Member
Heidi Ahonen, RP	Chair & Professional Member
Anabel Helen, RP	Professional Member
Steven Boychyn	Public Member
Henry Pateman	Public Member
Kevin Sack	Public Member
Aleksei Panov, RP	Non-Council Committee Member
Riffat Yusaf, RP	Vice-Chair & Non-Council Committee Member
Rasha Wahid, RP	Non-Council Committee Member
Kathleen (Kali) Hewitt-Blackie, RP	Professional Member

Executive Committee

Name	Role
Heidi Ahonen, RP	Vice Chair & Professional Member
Kathleen (Kali) Hewitt-Blackie, RP	Chair & Professional Member
Kenneth Lomp, RP	Professional Member
Henry Pateman	Public Member
Jeffrey Vincent	Public Member

Registration Committee

Name	Role
Heidi Ahonen	Professional Member
Anabel Helen, RP	Professional Member
Radhika Sundar, RP	Professional Member
Henry Pateman	Public Member
Kevin Sack	Public Member
Elda Almario, RP	Chair & Non-Council Committee Member

CRPO Committee composition 2025-26

Amanda Carver Bartlett, RP	Non-Council Committee Member
Laurinda Cheng, RP	Non-Council Committee Member
Ahil Nageswaran, RP	Vice Chair & Non-Council Committee Member
Razgar Qaderpour, RP	Non-Council Committee Member
Glenn Ford Walsh, RP	Non-Council Committee Member

Inquiries, Complaints and Reports

Name	Role
Janet Cullen	Professional Member
Kathleen (Kali) Hewitt-Blackie, RP	Professional Member
Kenneth Lomp, RP	Professional Member
Judy Mord, RP	Professional Member
Kafui Sawyer, RP	Professional Member
Steven Boychyn	Public Member
Jason King	Public Member
Henry Pateman	Public Member
Kevin Sack	Public Member
Jeffrey Vincent	Public Member
Darlene Cyrus-Blaize, RP	Non-Council Committee Member
Nicolas El-Kada, RP	Chair & Non-Council Committee Member
DeRoux Jones, RP	Non-Council Committee Member
Christopher Rudan, RP	Non-Council Committee Member
Cindy Stater-Drummond, RP	Non-Council Committee Member
Kevin Uba, RP	Non-Council Committee Member
Leslie Vesely, RP	Vice-Chair & Non-Council Committee Member
Sheldon Kawarsky	CRPO-appointed Public Member
Len Rudner	CRPO-appointed Public Member
Steven Stijacic	CRPO-appointed Public Member

Nominations and Elections Committee

Name	Role
Anabel Helen, RP	Professional Member
Radhika Sundar, RP	Chair & Professional Member

CRPO Committee composition 2025-26

Henry Pateman	Public Member
Kevin Sack	Public Member
Judy Mord, RP	Professional Member
Kafui Sawyer, RP	Professional Member
Alex St. John, RP	Non-Council Committee Member
Adnan Zoubi, RP	Non-Council Committee Member

Quality Assurance Committee

Name	Role
Heidi Ahonen, RP	Professional Member
Janet Cullen, RP	Professional Member
Kayleen Edwards, RP	Chair & Professional Member
Jason King	Public Member
Kathleen (Kali) Hewitt-Blackie, RP	Professional Member
Kenneth Lomp, RP	Vice-Chair & Professional Member
Roman Bina, RP	Non-Council Committee Member
Felipe Cepeda, RP	Non-Council Committee Member
Katharine King, RP	Non-Council Committee Member
Kasi Sewraj, RP	Non-Council Committee Member
Jeffrey Vincent	Public Member

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	11.
Issue:	Committee Terms of Reference Updates
Attachment(s):	<ul style="list-style-type: none"> • DRAFT Examination Committee Terms of Reference • DRAFT Inquiries, Complaints and Reports Committee Terms of Reference • DRAFT Quality Assurance Committee Terms of Reference • DRAFT Registration Committee Terms of Reference
References:	–
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/>
Staff Contact:	A. Fournier
Submitted by:	Executive Committee

Purpose & Public Interest Rationale:

Effective governance is a pre-requisite for effective regulatory outcomes. It creates robust accountability and oversight of CRPO's strategic direction for the committees and working groups in fulfilling the mandate of public protection. Comprehensive terms of reference documents outline and guide how a committee or group will work together to accomplish established goals. The terms of reference create a shared set of expectations, build accountabilities for members and the group and ties the work to be done to the organization's larger mandate.

Background:

In accordance with good governance practices, committees and working groups are expected to annually review their terms of reference to ensure that the terms remain relevant.

Key Considerations:

Four committees made updates to their terms of reference for review by Executive Committee and Council. The updates have to do with ensuring consistency with the current by-laws, in particular around committee composition and eligibility. The recent terminology distinction between Government-appointed and CRPO-appointed public members—currently only applicable to ICRC but potentially usable by other committees—has been reflected in the documents.

The Executive Committee reviewed the updated terms of reference at their November meeting and recommended that Council approve them as presented.

Proposed Decision by Consensus:

That Council approve the Examination; Inquiries, Complaints and Reports; Quality Assurance; and Registration Committees' terms of reference be approved as presented.

Type of document: terms of reference	Approved by: Examination Committee
Dates approved: March 12, 2021, July 5, 2022	Next Review date: November 2026
Amendment dates: November 24, 2023, November 29, 2024, November 26, 2025	

Examination Committee Terms of Reference

Name and type	Examination Committee Non-statutory
Purpose	The Examination Committee is a non-statutory committee required for the College to fulfill its regulatory mandate.
Specific Areas of Responsibility	<p>The Examination Committee will fulfill the following functions:</p> <ol style="list-style-type: none"> 1. Consider appeals regarding failure of the registration examination, where there are alleged grounds of unfairness or other extenuating circumstances. 2. Determine the outcome of appeals and outline the course of action to be taken after an appeal has been granted or denied. 3. Consider time extensions to individuals who, due to extenuating circumstances, are unable to write the examination within the time period set in the Registration Regulation. 4. Determine the outcome of time extension requests and outline the course of action to be taken after a request has been granted or denied. 5. Consider educational upgrading for individuals who fail two exam attempts and outline the course of action to be taken, if any, prior to the third exam attempt. 6. Consider and make recommendations for changes to the registration examination, and related policies and processes. 7. Submit to Council an annual report on the number of and types of matters dealt with, the dispositions of those matters generally, and activities relating to changes to applicable examination related matters.

Committee Composition	<p>Members of the Examination Committee are appointed by Council.¹</p> <p>The Examination Committee must be composed of:</p> <ul style="list-style-type: none"> • at least two (2) registrants; and • at least one (1) Government-appointed public member². <p>Committee composition and recruitment to fill vacancies should be informed by the Committee Composition Matrix.</p>
Panel Composition	<p>Panels are selected by the Chair to perform statute-specific functions.</p> <p>In accordance with the Code, panels must be composed of at least:</p> <ul style="list-style-type: none"> • three (3) Committee members, • at least one (1) of whom must be appointed to the Council by the Lieutenant Governor in Council. <p>Three (3) members of a panel constitute a quorum.</p> <p>The Chair of the Committee shall appoint the Chair of each panel. In the event that the Chair of the panel is unable or unwilling to preside at the meeting, the panel Chair shall designate an acting Chair from among the panel members to preside at the meeting and if the panel Chair is unable to delegate their chairing duties, the panel shall then select an acting Chair to preside at the meeting from among its members.</p>
Committee Competencies	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies.</p> <p>Appointed committee members (i.e., non-council appointments) are required to meet the minimum Committee Competencies and may be required to meet the minimum Council Competencies and Attributes.</p>
Decision-Making Process	<p>Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.</p>

¹ [Eligibility criteria for appointment to a CRPO committee are set out in article 13.15 of the By-laws.](#)

² “Government-appointed public members” refers to those appointed to Council by the Lieutenant Governor in Council. In addition, Council may place CRPO-appointed public members on the committee.

Delegated Authority	The Examination Committee will advise Council with respect to the Committee's specific areas of responsibility.
Reporting	The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.
Appointment of Chair	<p>The Chair, Chairs, and/or Vice Chair of the Committee will be appointed by Council.</p> <p>In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Vice Chair, if Council has appointed a Vice Chair and if the Vice Chair is able and willing, shall preside at the meeting. Otherwise, in the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.</p>
Quorum	<p>The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee must be two (2) members.</p> <p>Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.</p>
Meetings	Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.
Staff Support	The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.

Communication with Council	The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.
Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the by-laws outlines the Rules of Order of Council.

Type of document: Terms of Reference	Approved by: Inquiries, Complaints and Reports Committee [and Council]
Date approved: October 15, 2025 (ICRC);	Next Review date: October 2026

Inquiries, Complaints and Reports Committee Terms of Reference

Name and type	Inquiries, Complaints and Reports Committee Statutory
Purpose	The Inquiries, Complaints and Reports Committee (ICRC) is a statutory committee as defined in the <i>Health Professions Procedural Code (Code)</i> , which is Schedule 2 of the <i>Regulated Health Professions Act, 1991 (RHPA)</i> .
Specific Areas of Responsibility	<p>The ICRC develops policies and processes in order to fulfil its mandate.</p> <p>The ICRC will perform the following functions:</p> <ul style="list-style-type: none"> a. through panels selected by the Chair and in accordance with the Code, applicable regulations, by-laws and policies: <ul style="list-style-type: none"> i. investigate complaints, consider Registrar's Reports, and conduct inquiries into alleged registrant incapacity, professional misconduct and incompetence; ii. request or approve the appointment of investigators; and iii. make fair and reasonable dispositions of all matters brought before it. b. consider and make recommendations for changes to applicable legislation, regulations, by-laws, policies, programs, standards and guidelines that fall within the scope and purpose of the Committee; and, c. submit to Council an annual report on the number of and types of matters dealt with, the dispositions of those matters generally, and activities relating to changes to applicable legislation and policy.

Committee Composition	<p>Members of the ICRC are appointed by Council.¹</p> <p>The Committee must be composed of:</p> <ul style="list-style-type: none"> • at least two (2) registrants; and • at least two (2) Government-appointed public members². <p>The number of Committee members who are also registrants must, wherever possible, equal or exceed the number of public members.</p>
Panel Composition	<p>Panels are selected by the Chair to perform statute-specific functions.</p> <p>In accordance with the Code, panels of the ICRC must be composed of:</p> <ul style="list-style-type: none"> • at least three (3) members of the Committee, • at least one (1) of whom must be a public member appointed by the Lieutenant Governor in Council. <p>Three members of a panel constitute a quorum.</p> <p>The Chair of the Committee shall appoint the Chair of each panel. In the event that the Chair of the panel is unable or unwilling to preside at the meeting, the panel Chair shall designate an acting Chair from among the panel members to preside at the meeting and if the panel Chair is unable to delegate their chairing duties, the panel shall then select an acting Chair to preside at the meeting from among its members.</p>
Committee Competencies	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies.</p> <p>Appointed committee members (i.e., non-Council appointments) are required to meet the minimum Committee Competencies and may be required to meet the minimum Council Competencies and Attributes.</p>
Decision-Making Process	<p>Wherever possible, decisions will be made by consensus. When necessary, formal voting will be used (for example,</p>

¹ Eligibility criteria for appointment to a CRPO committee are set out in article 13.15 of the [By-laws](#).

² “Government-appointed public members” refers to those appointed to Council by the Lieutenant Governor in Council. In addition, Council may place CRPO-appointed public members on the committee.

	<p>whenever a panel makes a final decision on an inquiry, complaint, or report).</p> <p>Unless specifically provided for otherwise under the Code or the by-laws, every motion that properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.</p> <p>The Committee Chair, as a member of the Committee, may vote.</p> <p>In the event of a tie vote, the motion is defeated.</p>
Evaluation	<p>The ICRC will be evaluated through:</p> <ul style="list-style-type: none"> • Regular reports to Council including information on adherence to policies and procedures • Participation in annual committee evaluation
Delegated Authority	<p>The ICRC will advise Council with respect to inquiries, complaints and reports.</p>
Reporting	<p>The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.</p>
Appointment of Chair	<p>The Chair, Chairs, and/or Vice Chair of the Committee will be appointed by Council.</p> <p>In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Vice Chair, if Council has appointed a Vice Chair and if the Vice Chair is able and willing, shall preside at the meeting. Otherwise, in the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members</p>

Quorum	<p>The quorum for the committee or a panel of the committee is three (3) members unless otherwise provided in the Code or the by-laws.</p> <p>Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.</p>
Meetings	<p>Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.</p>
Staff Support	<p>The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.</p>
Communication with Council	<p>The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.</p>
Committee Records	<p>The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.</p>
Conflict of Interest	<p>All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.</p>
Inquiries	<p>Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.</p>
Public Communications	<p>Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar</p>

	and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the By-laws outlines the Rules of Order of Council.

Type of document: Terms of reference	Approved by: Quality Assurance Committee
Date approved: March 11, 2021, March 8, 2024, December 4, 2024	Next review date: Sept./Oct. 2028
Amendment dates: October 17, 2025	

Quality Assurance Committee Terms of Reference

Name and type	Quality Assurance Committee Statutory
Purpose	The Quality Assurance Committee is a statutory committee as set out in the <i>Health Professions Procedural Code (Code)</i> , which is Schedule 2 of the <i>Regulated Health Professions Act, 1991 (RHPA)</i> .
Specific Areas of Responsibility	The Quality Assurance Committee is responsible for the following activities: <ol style="list-style-type: none"> 1. Developing, reviewing and revising the Quality Assurance Program. 2. Monitoring registrant participation in the Quality Assurance Program by: <ol style="list-style-type: none"> a. overseeing systems that facilitate registrants' ongoing participation in the Quality Assurance Program; and b. reviewing cases of registrants whose participation is found to be unsatisfactory. 3. Developing, reviewing and revising standards of practice, which may also include the development of guidelines and policy statements, for consideration by Council.
Committee Composition	Members of the Quality Assurance Committee are appointed by Council. ¹ The Committee must be composed of at least four (4) persons and must include: <ul style="list-style-type: none"> • at least two (2) registrants; and • at least two (2) Government-appointed public members².

¹ Eligibility criteria for appointment to a CRPO committee are set out in article 13.15 of the [By-laws](#).

² "Government-appointed public members" refers to those appointed to Council by the Lieutenant Governor in Council. In addition, Council may place CRPO-appointed public members on the committee.

	<p>The number of Committee members who are also registrants shall, wherever possible, equal or exceed the number of public members.</p> <p>Committee composition and recruitment to fill vacancies should be informed by the Committee Composition Matrix.</p>
<p>Panel Composition</p>	<p>Panels are selected by the Chair to perform statute-specific functions.</p> <p>In accordance with the Code, panels of the Committee must be composed of at least:</p> <ul style="list-style-type: none"> • three (3) Committee members, • one (1) of whom must be a member of the Council appointed by the Lieutenant Governor in Council. <p>Two (2) members of a panel of the Committee constitute a quorum if at least one of the members is a member of the Council appointed by the Lieutenant Governor in Council.</p> <p>The Chair of the Committee shall appoint the Chair of each panel. In the event that the Chair of the panel is unable or unwilling to preside at the meeting, the panel Chair shall designate an acting Chair from among the panel members to preside at the meeting and if the panel Chair is unable to delegate their chairing duties, the panel shall then select an acting Chair to preside at the meeting from among its members.</p>
<p>Committee Competencies</p>	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies.</p> <p>Appointed committee members (i.e., non-council appointments) are required to meet the minimum Committee Competencies and may be required to meet the minimum Council Competencies and Attributes.</p>
<p>Confidentiality of Committee Information</p>	<p>In accordance with the Code, the Quality Assurance Committee must not disclose, to any other committee, information relating to a registrant, except in the following circumstances:</p> <ol style="list-style-type: none"> a. the Quality Assurance Committee may disclose the name of the registrant and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the Registrant may have

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	<p>committed an act of professional misconduct, or may be incompetent or incapacitated; and</p> <p>b. the Quality Assurance Committee may also disclose information about a registrant to another committee for the purpose of showing that the registrant knowingly gave false information to the Quality Assurance Committee or an assessor.</p>
Decision-Making Process	Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.
Evaluation	<p>The Quality Assurance Committee will be evaluated through:</p> <ul style="list-style-type: none"> • Regular reports to Council including information on adherence to policies and procedures • Participation in annual committee evaluation
Delegated Authority	The Quality Assurance Committee will advise Council with respect to the Quality Assurance Program.
Reporting	The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.
Appointment of Chair	<p>The Chair, Chairs, and/or Vice Chair of the Committee will be appointed by Council.</p> <p>In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Vice Chair, if Council has appointed a Vice Chair and if the Vice Chair is able and willing, shall preside at the meeting. Otherwise, in the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.</p>
Quorum	<p>The quorum is three (3) Committee members unless otherwise provided in the Code or the by-laws.</p> <p>Despite anything in the by-laws, a committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee.</p>

Meetings	Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.
Staff Support	The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.
Communication with Council	The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.
Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the by-laws outlines the Rules of Order of Council.

Type of document: terms of reference	Approved by: Registration Committee
Date approved: February 26, 2021	Next review date: October 2026
Review/Amendment dates: January 21, 2022, November 3, 2023, November 1, 2024, October 31, 2025	

Registration Committee Terms of Reference

Name and type	Registration Committee Statutory
Purpose	The Registration Committee is a Statutory Committee as defined in the <i>Health Professions Procedural Code</i> (Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (RHPA).
Specific Areas of Responsibility	<p>The Registration Committee is responsible for the following activities:</p> <ol style="list-style-type: none"> 1. Meeting in the form of panels to make decisions regarding applications for registration in accordance with the Code, the Registration Regulation, and College policy. 2. Considering the requirements of the Office of the Fairness Commissioner in: <ol style="list-style-type: none"> a. The study, review and development of registration policies and protocols that are transparent, objective, impartial and fair; b. The review of the submitted fair registration practices report. c. Addressing any recommendations made by the Office of the Fairness Commissioner. 3. Developing amendments to the Registration Regulation, for approval by Council and the Ministry of Health and Long-Term Care (MOHLTC).
Committee Composition	Members of the Registration Committee are appointed by Council. ¹

¹ Eligibility criteria for appointment to a CRPO committee are set out in article 13.15 of the [By-laws](#).

	<p>The Registration Committee must be composed of:</p> <ul style="list-style-type: none"> • at least two (2) registrants; and • at least two (2) Government-appointed public members². <p>The number of Committee members who are also registrants shall, wherever possible, equal or exceed the number of public members.</p> <p>Committee composition and recruitment to fill vacancies should be informed by the Committee Composition Matrix.</p>
Panel Composition	<p>Panels are selected by the Chair to perform statute-specific functions.</p> <p>In accordance with the Code, panels must be composed of at least:</p> <ul style="list-style-type: none"> • three (3) Committee members, • at least one (1) of whom shall be appointed to the Council by the Lieutenant Governor in Council. <p>Three (3) members of a panel constitute a quorum.</p> <p>The Chair of the Committee shall appoint the Chair of each panel. In the event that the Chair of the panel is unable or unwilling to preside at the meeting, the panel Chair shall designate an acting Chair from among the panel members to preside at the meeting and if the panel Chair is unable to delegate their chairing duties, the panel shall then select an acting Chair to preside at the meeting from among its members.</p>
Committee Competencies	<p>Elected and public members of Council are required to meet the minimum Council Competencies and Committee Competencies.</p> <p>Appointed committee members (i.e., non-council appointments) are required to meet the minimum Committee Competencies and may be required to</p>

² “Government-appointed public members” refers to those appointed to Council by the Lieutenant Governor in Council. In addition, Council may place CRPO-appointed public members on the committee.

	meet the minimum Council Competencies and Attributes.
Decision-Making Process	Wherever possible, decisions will be made by consensus. Where necessary, formal voting will be used.
Delegated Authority	The Registration Committee will advise Council with respect to the Committee’s specific areas of responsibility.
Reporting	The Committee will report to Council at some, though not necessarily all, scheduled meetings. Reports to Council are to be provided in writing with the explicit purpose of informing the work of Council and framed to identify public interest issues.
Appointment of Chair	<p>The Chair, Chairs, and/or Vice Chair of the Committee will be appointed by Council.</p> <p>In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Vice Chair, if Council has appointed a Vice Chair and if the Vice Chair is able and willing, shall preside at the meeting. Otherwise, in the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.</p>
Quorum	<p>The quorum is three (3) members unless otherwise provided in the Code or the by-laws or unless the Committee is composed of only three (3) members, in which case, the quorum for such a Committee must be two (2) members.</p> <p>Despite anything in the by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.</p>

Meetings	Committee meetings will, wherever possible, be held at a place and on a date set in advance and will occur at regular intervals and at such frequency as necessary for the Committee to conduct its business. The Committee will meet at least once per year to ensure proper functioning of the Committee.
Staff Support	The Registrar acts in an ex-officio role as a Committee resource and in a non-voting capacity. Other staff members provide support to the Committee.
Communication with Council	The Committee Chair will report to Council as needed, depending on the nature of the work undertaken by the Committee.
Committee Records	The Committee Chair will ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.
Conflict of Interest	All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the <i>Psychotherapy Act, 2007</i> to regulate the profession of psychotherapy in Ontario, and not to represent the views of advocacy or special interest groups.
Inquiries	Inquiries relating to the work of the Committee should be forwarded to the Registrar or staff member providing support to the Committee.
Public Communications	Media inquiries regarding activities of the Committee, regulation of the profession, or operation of the Council or College shall be forwarded to the Registrar. The Registrar and President act as spokespersons on behalf of the College.
Parliamentary Authority	Schedule 2 of the by-laws outlines the Rules of Order of Council.

Briefing Note for Council

Meeting Date:	December 11, 2025
Agenda Item #	12.
Issue:	Integrated Risk Management Program Update
Attachment(s):	-
References:	Integrated Risk Management Policy-Dec7'23
Action:	Information <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Staff Contact:	M. Pioro

Purpose & Public Interest Rationale:

Maintaining a risk focus allows CRPO to anticipate and respond to potential challenges, better preparing the organization to avoid unnecessary loss and address concerns proactively.

Background:

CRPO continues to maintain its risk register. It sets out approximately 36 risks. More recently, risks have been grouped into the green category (low impact, low likelihood, n=12), and above (medium and above impact or likelihood, n=24). This distinction allows CRPO to focus attention and resources on the most significant risks.

Risk management is presented at a high level in a public forum. Detailed review is undertaken by management staff, Executive Committee, and by Council as part of strategic planning. Urgent and sensitive matters may be discussed by Council *in camera*. Risks are grouped into six broad categories.

Categories of moderate risks being monitored and examples of updates to control measures include:

Risk Topic	Recent Control Measures
Governance/leadership, including strategy, culture, information, system partnership, and personnel resources (Council, committee, and staff)	Personnel recruitment/appointment, November Town Hall, inter-college networking and collaboration
Operations, including contracts, procurement, cybersecurity, staff well-being	Ongoing policy development, staff training and professional development
Regulatory (general), including community, government and media relations; impact of AI	Government approval of 5-year definition of patient to strengthen zero-tolerance approach to sexual abuse of clients by registrants; AI guidance and training in development
Quality Assurance, including maintaining reputation among RPs and the public, preventing unsafe practice, consistently supporting registrants, and maintaining integrity of the QA program	Ongoing CBA case development, responding to AI use in QA program, peer coach training and piloting
Registration, in particular monitoring for gaps in the process or requirements	User system development, multiple policy and process reviews and updates, stakeholder meetings, entry-to-practice competency review underway
Professional Conduct, including volume concerns, harm from the process, and ensuring appropriate public register updates, reliance on service providers	Growing internal capacity, procedure review, procurement of external remediation options

Key Considerations:

From Council's perspective, what risks are significant to address? What suggestions does the Committee have regarding the risk management process?

Next steps:

Staff will maintain and update the risk register.

Registrar's Report to Council

December 11, 2025

Respectfully submitted by Deborah Adams

Public Interest Rationale

The Registrar is responsible for reviewing CRPO's effectiveness in achieving its public interest mandate and the implementation of the Council's strategic plan and directional policies. This report provides Council with a summary update on work that was done between meetings.

Operational Updates

Staffing Update

Since last update, we have:

- hired two registration assistants (one to fill a vacancy and the other as an additional position) to ensure adequate staffing considering the 38% increase in applications over this time last year
- hired a bilingual quality assurance coordinator to fill a vacancy
- hired a professional conduct assistant to increase workforce to address growing volume in complaints and reports

The operations team has been restructured to ensure the right skill set to meet operational and onsite needs as staff numbers grow and IT requirements increase.

Regulatory Developments

Legislative Changes

Since the last report, no further professions have been added to the "as of right" legislation. As of January 1, 2026 - in the professions that are subject to the as of right framework - individuals who are registered in other jurisdictions and meet specific conditions will be permitted to immediately start working in Ontario, without having to first register with one of Ontario's health regulatory colleges.

Quality Assurance Update

Practice Advisory Data

*From October 1 to November 25, we received 535 inquiries.

		2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Q1	Apr-Jun	669	614	760	796	1006	974
Q2	Jul-Sep	505	505	607	823	920	939
Q3	Oct-Dec	612	576	720	904	893	535*
Q4	Jan-Mar	626	765	851	865	1012	

Common topics include:

- Cross border practice
 - RPs working remotely with clients outside Ontario
 - Practitioners outside Ontario working remotely with clients in Ontario
- Advertising
 - Testimonials, Endorsements, and Community Voting Awards
 - Paid advertisements
- Mandatory reporting obligations
- Confidentiality
 - Client files being requested by the client, other members of the family, employers or other stakeholders such as lawyers, insurance companies or WSIB
 - Confidentiality and consent for minor clients
- Seeking Clinical Supervision, Consultation and Referral
 - Determining competency
 - Writing letters and filling out forms for clients

PEER CIRCLES

CRPO hosted two virtual and one in-person peer circle events this Fall:

- virtual September 29, 2025: 60 attendees
- virtual October 9, 2025: 78 attendees
- in person November 14, before the Toronto Town Hall: 38 attendees

QUALITY ASSURANCE PROGRAM

2025 PROFESSIONAL DEVELOPMENT CYCLE

Registrants registered in odd-numbered years (i.e., 2015, 2017, 2019, 2021 and 2023) are due to report their professional development (PD) requirements by December 31, 2025.

Staff are monitoring 7581 registrants.

PEER AND PRACTICE REVIEW / CASE-BASED ASSESSMENT (CBA)

The following table outlines the completion numbers for each administration of the CBA.

CBA	Completed		Outcome			
	First attempt	Reassessment	Successful	Self-directed	Peer assisted	Peer coaching
001_2023 Spring	794	0	668	113	13	n/a
002_2023 Fall	930	8	790	119	28	1
003_2024 Spring	1005	19	926	66	30	2
004_2024 Fall	1008	13	987	28	6	0
005_2025 Spring	1041	16	1025	22	8	2
006_2025 Fall	1883	4	1819	52	15	1

2026 Spring CBA

The 2026 Spring CBA is scheduled from April 24 to May 3, 2026. Staff are monitoring 1701 registrants who were selected to participate in a peer and practice review by completing the 2026 Spring CBA.

Registration Data

Applications:

	August	September	October
Applications started	326	399	341
Total applications submitted	216	220	233
Applications from recognized programs submitted	173	177	183
Applications from non-recognized programs submitted	39	42	48
Labour mobility applications	3	1	2
Indigenous Registration Pathway applications	1	0	0

Total registrants as of November 18, 2025:

- **RP:** 11,099
- **Qualifying:** 5,757
- **Inactive:** 228

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Outcome	
Terms, Conditions and Limitations (TCL)	31
Undertaking	0
Conditional Approval	0
Learning Plan/Educational Upgrading	38
Monitoring	
Clinical Supervision/Monitoring	20
Currency Upgrading	6
Education	7
Competency Self-Assessment / Learning Plan	42
Personal/Group Therapy/Drug Screening	1
Cease the use of the title "Dr" or the claim of holding a degree	3
Practice Restrictions	1
Status	
Active	70
Completed (in the previous quarter)	0
On Hold: Other reasons (e.g. on leave, suspension)	0
Not Completed (result of resignation or revocation)	9
In Breach	1
Inquiries, Complaints and Reports Committee (ICRC):	
Outcome	
Specified Continuing Education and Remediation Program (SCERP)	16
Undertaking	31
Caution (only)	1
Remedial Agreement	4
Terms, Conditions and Limitations (TCL)	1
Interim Order/Interim Suspension	4

Monitoring	
Clinical Supervision/Monitoring:	43
Personal/Group Therapy/Drug Screening	5
Ethics or Education Courses	21
Practice Restrictions	5
Reflective Paper	15
Caution	9
Internet Search (e.g. evidence of practicing psychotherapy while Interim Order is in place, monitoring practice restrictions)	6
Status	
Active	54
Completed (in the previous quarter)	9
On Hold: Currently under review with HPARB	6
On Hold: Other reasons (e.g. on leave, suspension)	0
Not Completed (result of resignation or revocation)	30
In Breach	1
Discipline:	
Monitoring	
Education	4
Clinical Supervision/Monitoring	1
Costs	8
Suspension	2
Status	
Active	8
Completed (in the previous quarter)	1
Not Completed	6
Fitness to Practise (FTP):	
No current files	
QA:	
No current files	

System Partner Engagement

System Partner Meetings

- On November 14, the College hosted in-person town hall meetings in Toronto, Waterloo, Ottawa and Tunder Bay. President Kathleen (Kali) Hewitt-Blackie and I made a presentation from Toronto, which was broadcast to the other locations and live streamed on YouTube. Attendance was solid: 130 in

Toronto, 52 in Waterloo, 45 in Ottawa and 15 in Thunder Bay. More than 700 people watched the livestream during the session and – as of writing – 788 people had accessed the video posted online.

Despite some initial issues with the audio (which have been corrected in the video posted online), the event went well. A lively question and answer period was possible across all four sites. Initial responses to a post event survey suggest that registrants found the session informative and useful, that they valued the opportunity to gather in person and network, and that the information helped to reassure them that the College is fair and effective.

I would like to acknowledge and thank all the staff who were involved, in particular Tamarah Bryan who led the work, as well as Pamela Bialik, Alexandra Brennan, Amy Fournier, Sarah Fraser, Naakai Garnette, Pricilla Gyasi, Mark Piro, Kristina Reyes, Émilie Vanhauwaert, Kristina Reyes, Jenna Smith and Adina Strom. I would also like to thank Council members Heidi Ahonen, Janet Cullen and Anabel Helen who hosted the events outside Toronto.

- Before the town hall meeting, we ran our first in person Peer Circle event. Registration for the event filled on the first day it was posted and we had a very engaged group of 38 registrants working with 5 facilitators to cover two cases.

I would like to acknowledge and thank the QA Team who worked hard to make this event a success: Sonya Teece, Maggie Daniel, Madeleine Lee, Hana Pjetrovic and Monica Zeballos-Quiben.

- I continue to meet with the Ontario Association of Mental Health Professionals (OAMHP) and the Partnership of Registered Psychotherapist Associations on a quarterly basis.
- I also continue to meet with the Canadian Counselling and Psychotherapy Association on a regular basis around specific issues that are of interest to the College and the association.
- I attended a two-day meeting in Calgary (October 16, 17) in my capacity as a member of the CAN-PACT policy committee. CAN-PACT is a national initiative funded by the Canadian Cancer Society, Canadian Institute of Health Research (CIHR) as well as Brain Canada, and led by Dr. Linda Carlson and Dr. Ron Shore. CAN-PACT aims to contribute to the growing international body of evidence in psychedelic therapies. Information about the network

and its initiatives can be found here: [LinkedIn](#), [Instagram](#), and [Facebook](#). I will be participating in regular meetings of the policy committee to help develop policy pathways, guidance and education for clinicians, regulators and funders.

- I presented a case study and participated in a panel discussion at the CNAR conference master class on artificial intelligence. More than 150 people attended the session, which covered emerging research around AI in the health and regulatory sectors, case studies in areas where AI supports or detracts from practice and opportunities to share knowledge and learning with other regulators across jurisdictions and professions.
- Amy Fournier and I presented with Christy Pettit of Pollinate Networks at the main CNAR conference. Our session was entitled *Enhancing Board/Council Member Competencies: An Integrated Approach to Effective Knowledge Transfer* and it covered the College's entire evaluation framework and the lessons we have learned through its development and use. More than 125 people attended the session, which generated lively discussion and question and answer period.
- While at CNAR, I had the opportunity to meet with Michael Radano, Executive Director of BCACC and Dianne Millette who is the registrar of the [College of Health and Health Care Professionals of BC](#), which will be the college that regulates psychotherapy in that province beginning in 2027. I also met with Laura Hahn who is the registrar at the [Association of Counselling Therapy of Alberta](#). Both meetings were productive opportunities to discuss collaboration on issues that will support the regulation of the profession across all three jurisdictions.
- I presented with HPRO Colleagues at the Osgoode Certificate in Professional Regulation & Discipline in the Ontario Health Care Sector. My presentation was an introduction to CRPO and covered such topics as the College's strategic priorities, growth in the profession, core statistics as well as opportunities to modernize governance, support DEI, increase operational capacity, further incorporate a trauma-informed approach and enhance communications with registrants.

Health Profession Regulators of Ontario (HPRO)

- I continue to attend bi-weekly meetings of the HRPO registrars.
- Staff participate in communities of practice for their area of responsibility.

Staff Training & Education

October

- October 10 – One member of the Registration Team attended Achieving Focus – University of Ottawa
- October 15 – One member of the Registration Team attended Writing in Plain Language – University of Ottawa
- October 21 – Thirteen staff members across all departments attended 2025 CNAR 2 day in person Annual Conference in Calgary
- October 21 – One member of the Registration Team attended IQA Query with Confidence – iMIS Users Group
- October 21 – One member of the QA Team attended iMIS Innovations Roadshow – iMIS Users Group
- October 30 – One member of the Registration Team attended Performance Management and Development – University of Ottawa

November

- November 12 – One member of the Operations Team attended Payroll and Year End Compliance – National Payroll Institute
- November 20 – Two members of the Professional Conduct Team & One member of the Registration Team attended The Future of Case Management – iMIS Users Group
- November 20 – One member of the Governance Team attended *Techquity in the digital age: Exploring the intersection of diversity, equity, inclusion, accessibility, and AI driven innovation* webinar presented by Canadian Centre for Diversity and Inclusion.
- November 25 – One member of the Governance Team attended Five Good Ideas on what great non-profit boards get right presented by Maytree Policy School.
- November 28 – Eighteen members of the Professional Conduct Team attended part 1 full day Compassion Fatigue, Secondary and Vicarious Trauma Workshop – led by Ian Robertson, Social Worker

Governance

The Ministry informed us that they had revoked the order in council appointment for Haniyeh Yousofpour, who resigned from her position in May.

Google Analytics Comparison Report November 2025



College of
Registered
Psychotherapists
of Ontario

Time Periods Analyzed

Previous Period (New Website): February 26, 2025–September 18, 2025

Current Period (New Website): September 19–November 24, 2025

Note: As the latter time period is much shorter, there will be significant differences in results.

Overall Traffic Comparison: The first period demonstrated significantly higher engagement, with 748,955 total views, compared to 247,512 views in the second period. This represents a roughly **67% decrease** in overall traffic.

- Period 1: **21,972 emails** were replied to through info@crpo.ca and registration@crpo.ca
- Period 2: **4,967 emails** were replied to through info@crpo.ca and registration@crpo.ca

There are **17,005 fewer emails** received and replied to in the last two months, compared to the previous six months, at a **77% decrease**. The registration team has been collaborating with the communications team to communicate key information on the website.

Key Metrics Comparison:

1. User Engagement (User engagement measures how long people have viewed your content, including pages and screens.)

- Period 1: **7.66 page views per active user, 3m51s average engagement time**
- Period 2: **6.75 page views per active user, 4m13s average engagement time**
 - Given recent events with the Peer Circles and Town Hall event, there has been more sustained engagement with the website.

2. Most Visited Pages

Period 1 Top Pages:

- Homepage (128,855 views)
- Login (105,804 views)
- Application Overview (34,802 views)

Period 2 Top Pages:

- Homepage (35,264 views)
- Login (24,363 views)
- Professional Practice Standards (13,135 views)



Notable Changes:

- In the last two months, we have seen more traffic directed to CRPO's Professional Practice Standards and Recognized & Non-Recognized Programs pages. A lot of communication on the website has been dedicated to clarifying application deadlines, which may explain the decline in traffic.

Traffic Patterns:

- Both periods show regular cyclical patterns with weekly peaks and troughs
- Again, the first period covers six months, with more spikes in traffic in early May and September.
- The second period shows regular engagement, with peak traffic from mid-October to early November.

The data suggests that website traffic is following a steady pattern, with registrants engaging in the application process, practice standards, and the differentiation between recognized and non-recognized programs.

Total Event Activity:

- Period 1: **1,582,026 total events**
- Period 2: **549,120 total events**
 - This represents a 65% decrease in total event activity.

Key Event Metrics Comparison:

1. User Engagement Events (an event indicates clicks, scrolls, or viewing multiple pages)

- Period 1: **290,416 events (3.88 per user)**
- Period 2: **94,645 events (3.18 per user)**
 - User engagement events showed a marked decrease both in total volume and per-user engagement.

2. Session Metrics (A session starts when a user opens a page)

- Period 1: **318,854 session starts**
- Period 2: **108,680 session starts**
 - Session volume decreased by 66%.

3. First-time Visitors

- Period 1: **85,373 first visits**
- Period 2: **29,317 first visits**
 - The number of new visitors decreased by 65%.

Notable Patterns:

1. File Downloads

- Period 1: **41,491 downloads (2.75 per user)**
- Period 2: **19,228 downloads (2.66 per user)**

- The total downloads have decreased, with a slight dip in the per-user download rate.

2. Search Activity

- Period 1: **1,136 search result views**
- Period 2: **312 search result views**
 - Search activity decreased in the last two months. The majority of searches have connected to definitions, as well as self-evaluations.

This comparison suggests that overall site usage has decreased over the second period. There is strong engagement in the latter period in terms of our session metrics and user engagement. In the new year, a strategy will need to be developed to address how we can best optimize the website for the best user experience.

REQUIREMENT	KPI	TARGET	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Q3 Fiscal 2025-26 PERFORMANCE
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Strategic alignment: EFFECTIVE INFRASTRUCTURE
- support timely registration decisions
- ensure that those who meet the registration requirements receive a certificate to practice

ONTARIO REGULATION 508/22: REGISTRATION REQUIREMENTS

Timely decisions and responses

2. (1) The Registrar shall, within 15 days after receiving an application for registration, provide the applicant with a written acknowledgment of receipt of the application along with either,

- (a) confirmation that the applicant has submitted all of the required materials and information; or
- (b) details regarding what other materials or information are required from the applicant in order to complete the application.

(2) If an applicant provides materials or information in response to a notice under clause (1) (b), the Registrar shall, within 15 days after receiving the materials or information, provide the applicant with a written acknowledgement of receipt along with either,

- (a) confirmation that the applicant has submitted all of the required materials and information; or
- (b) details regarding what other materials or information are required from the applicant in order to complete the application.

(3) The Registrar shall make their decision under subsection 15 (1) of the Code to register an applicant or refer the application to the Registration Committee within 30 days.

(4) Subsection (3) does not apply if the Registrar needs to verify the authenticity or accuracy of the materials and information or assess an applicant's educational program or prior learning experience for equivalency with programs or experiences that have already been approved, but,

- (a) the Registrar must complete their verification or assessment within a reasonable period of time; and

• This will monitor whether CRPO is in compliance with the regulation requiring staff to review applications within legislated timelines.

- time between applicants' submission of materials and Registrar's response						
within first 15 days						
Recognised program	80%	76%	8%	20%		
Mapping tool	80%	29%	31%	15%		
Labour mobility	100%	100%	100%	100%		
Temporary	100%	None submitted	None submitted	None submitted		
within second 15 days						
Recognised program	90%	75%	86%	83%		
Mapping tool	90%	40%	18%	9%		
Labour mobility	100%	100%	100%	100%		
Temporary	100%	None submitted	None submitted	None submitted		

• This will monitor whether CRPO is in compliance with the regulation requiring an application approval or referral to panel within 30 days after an application is deemed complete for recognized, labour mobility and temporary applications.

- time for a Registrar's decision on an application						
within 30 days						
Recognised program	100%	63%	6%	76%		
Labour mobility	100%	100%	86%	100%		
Temporary	100%	None submitted	None submitted	None submitted		

(4) Subsection (3) does not apply if the Registrar needs to verify the authenticity or accuracy of the materials and information or assess an applicant's educational program or prior learning experience for equivalency with programs or

• This will monitor whether CRPO is taking a reasonable time to verify or assess an applicant's educational program or prior learning experience for equivalency.

-time to complete verification or assessment of an applicant's educational program or prior learning experience for equivalency						
within 30 days						
	95%	50%	73%	85%		

REQUIREMENT	KPI	TARGET	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Q3 Fiscal 2025-26 PERFORMANCE
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• This will monitor whether CRPO is in compliance with the regulation requiring an application approval or referral to panel within 15 days after a completing the verification or assessment.

- time for a Registrar's decision on an application						
within 30 days		95%	50%	58%	82%	

# deemed to be substantially equivalent	% +/- from standard set by approval rates in mapping tool		+22%	+6%	-11%	
at staff level	% +/- from standard set by approval rates in mapping tool		+0%	+6%	+0%	
at panel level	% +/- from standard set by approval rates in mapping tool		22%	0%	-11%	
# conditional approvals	% +/- from standard set by approval rates in mapping tool		+0%	-2%	+0%	
# required TCL	% +/- from standard set by approval rates in mapping tool		-18%	+4%	+7%	
# refusals	% +/- from standard set by approval rates in mapping tool		-4%	-8%	+4%	

REQUIREMENT	KPI	TARGET	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Q3 Fiscal 2025-26 PERFORMANCE
Strategic alignment: TRUSTED AUTHORITY and CLEAR COMMUNICATIONS						
- regulate in a transparent, principled, proportionate, unbiased, proactive manner						
- promote confidence in professional regulation						

SCHEDULE 2
HEALTH PROFESSIONS PROCEDURAL CODE
Appeal to Board

21 (1) An applicant who has been given a notice under subsection 20 (1) of an order may require the Board to hold a review of the application and the documentary evidence in support of it, or a hearing of the application, by giving the Board and the Registration Committee notice in accordance with subsection (2).

Disposal by Board

(6) The Board shall, after the hearing or review, make an order doing any one or more of the following:

1. Confirming the order made by the panel.
2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify.
3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.
4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate. 1991, c. 18, Sched. 2, s. 22 (6); 2007, c. 10, Sched. M, s. 27 (3).

• This will monitor whether CRPO is making enforceable decisions and providing clear and adequate reasons

- percent of confirmed decisions by the Health Professions Appeal and Review Board (HPARB).						
% confirmed decisions	100%	100%	100%	100%	100%	

REQUIREMENT	KPI	TARGET	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Q3 Fiscal 2025-26 PERFORMANCE
Strategic alignment: EFFECTIVE INFRASTRUCTURE, TRUSTED AUTHORITY and CLEAR COMMUNICATIONS - communications with stakeholders are clear, transparent and dynamic - resource for the provision of safe, ethical and competent psychotherapy care - registrants have clarity about the role and purpose of CRPO						

CPMF Suitability to Practice Measure:

10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

• This will monitor whether CRPO's practice advisory has the resources to respond to the number of inquiries being received within a reasonable timeframe

- time to provide an initial response to non-urgent email and telephone inquiries						
within 3 business days	85%	100%	99%	99%		
- time to provide a substantive response to non-urgent email and telephone inquiries						
within 5 days of assignment	85%	97%	84%	80%		
- time to provide a substantive response to urgent email and telephone inquiries						
within 3 business days	85%	100%	80%	(14 of 18 inquiries) 77%		
• This will monitor whether users understand the scope and aim of CRPO's practice advisory service.						
% in indicating that they found the PA service response 'useful' or 'very useful'	75%	(6 of 7 responses) 86%	(41 of 57 responses) 72%	74%		
% of questions that are in scope	85%	86%	87%	90%		

REQUIREMENT	KPI	TARGET	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Q3 Fiscal 2025-26 PERFORMANCE
Strategic alignment: EFFECTIVE INFRASTRUCTURE and TRUSTED AUTHORITY - 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. - Council decisions are made in the public interest.						

CPMF Governance Measure:

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

• This will monitor engagement with the evaluation framework.

- percent of Council members receiving full orientation within 3 months of term start	100%	n/a		100%	100%	
- percent Council members completing Annual Council Effectiveness evaluation	100%	100%	n/a	n/a		
- percent Council members completing Annual competence self-reflection	100%	n/a		90%	n/a	
- percent Council and committee members completing Meeting Pulse Evaluations	95%	93%	87%	79%		
plenaries		87%	98%	100%		
panels		83%	83%	83%		
working groups		71%	38%	40%		

• This will monitor changes in effectiveness in each of the evaluation categories.

- Council Effectiveness evaluation category with 'disagree' responses	<10%	<10%	n/a			
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REQUIREMENT	KPI	TARGET	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Q3 Fiscal 2025-26 PERFORMANCE
Strategic alignment: EFFECTIVE INFRASTRUCTURE and CLEAR COMMUNICATIONS - the College has the reserves it needs in order to meet its legislative requirements - public can locate information about Regulated Psychotherapists and access CRPO's services - registrants have clarity about the role and purpose of CRPO						

CPMF Governance Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

•This will monitor the College's management of restricted reserve funds to ensure adequate budget to appropriately dispose of all complaints and reports.

- accuracy of annual complaints and reports budget allocation	< 20% variance
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•This will monitor improvements in website quality of information and ease of navigation.

- percent of users indicating that they found what they were looking for on most-used pages of crpo.ca website	75%	*will be available following website overhaul completion				
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REQUIREMENT	KPI	Q2 Fiscal 2024-25 PERFORMANCE	Q3 Fiscal 2024-25 PERFORMANCE	Q4 Fiscal 2024-25 PERFORMANCE	Q1 Fiscal 2025-26 PERFORMANCE	Q2 Fiscal 2025-26 PERFORMANCE	Anomaly explanation / Notes
Strategic alignment: EFFECTIVE INFRASTRUCTURE							
- support timely registration decisions							
- ensure that those who meet the registration requirements receive a certificate to practice							

Table 1: Ontario-Educated Applicants

Completed Applications	73	66	108	85	98
Applications Approved	80	88	67	215	234
Applications Denied	5	6	4	5	4
Registrations Issued	86	86	65	206	226
Average Number of Days from Completed Application to Approval	44	29	16	60	62
Average Number of Days from Completed Application to Denial	355	302	253	295	266
Average Number of Days from Completed Application to Registration	44	33	27	63	65
Applications Pending Decision: Requires Further Verification/Assessment	19	29	94	47	31
Applications Pending Decision: Referred to Registration Committee	13	15	11	11	14
Applications Pending Decision: Other	0	0	0	0	0

Table 2: Labour Mobility Applicants

Completed Applications	3	4	4	7	4
Applications Approved	4	4	4	7	9
Applications Denied	0	0	0	0	0
Registrations Issued	4	4	3	7	9
Average Number of Days from Completed Application to Approval	2	2	6	6	6
Average Number of Days from Completed Application to Denial	N/A	N/A	N/A	N/A	N/A
Average Number of Days from Completed Application to Registration	3	3	8	9	14
Applications Pending Decision: Requires Further Verification/Assessment	0	0	3	0	0
Applications Pending Decision: Referred to Registration Committee	0	0	0	0	0
Applications Pending Decision: Other	0	0	0	0	0

Table 3: Canadian-Educated (Not Labour Mobility) Applicants

Completed Applications	436	442	118	203	376
Applications Approved	421	543	88	516	803
Applications Denied	2	0	1	1	2
Registrations Issued	429	539	82	473	791
Average Number of Days from Completed Application to Approval	24	28	26	60	44
Average Number of Days from Completed Application to Denial	288	N/A	134	314	204
Average Number of Days from Completed Application to Registration	26	31	38	62	47
Applications Pending Decision: Requires Further Verification/Assessment	52	19	113	114	44
Applications Pending Decision: Referred to Registration Committee	2	2	5	5	5
Applications Pending Decision: Other	0	0	0	0	0

Table 4: Internationally Educated Applicants

Completed Applications	38	22	0	0	8
Applications Approved	32	66	9	40	22
Applications Denied	7	6	2	4	3
Registrations Issued	35	66	10	39	21
Average Number of Days from Completed Application to Approval	44	50	71	88	71
Average Number of Days from Completed Application to Denial	373	261	288	338	299
Average Number of Days from Completed Application to Registration	49	51	70	89	75
Applications Pending Decision: Requires Further Verification/Assessment	16	54	11	8	26
Applications Pending Decision: Referred to Registration Committee	9	6	6	10	15
Applications Pending Decision: Other	0	0	0	0	0

Table 5: Total Applicants

Completed Applications	550	534	230	295	486
Applications Approved	537	701	168	778	1068
Applications Denied	14	12	7	10	9
Registrations Issued	554	695	160	725	1047
Average Number of Days from Completed Application to Approval	28	31	25	61	48
Average Number of Days from Completed Application to Denial	354	283	246	314	263

Average Number of Days from Completed Application to Registration	30	33	29	63	51
Applications Pending Decision: Requires Further Verification/Assessment	87	102	221	169	101
Applications Pending Decision: Referred to Registration Committee	24	23	22	26	34
Applications Pending Decision: Other	0	0	0	0	0



DRAFT Council Minutes

October 1, 2025

9:30 p.m. to 2:45 p.m.

ZOOM

Council Members Present	Staff Members
<ul style="list-style-type: none"> ○ Heidi Ahonen, RP (Vice-Chair) ○ Janet Cullen, RP ○ Kayleen Edwards, RP ○ Anabel Helen, RP ○ Kathleen (Kali) Hewitt-Blackie, RP (Chair) ○ Jason King, Public Member ○ Kenneth G. E. Lomp, RP ○ Henry Pateman, Public Member ○ Kevin Sack, Public Member ○ Kafui Sawyer, RP ○ Radhika Sundar, RP ○ Jeffrey Vincent, Public Member 	<ul style="list-style-type: none"> ○ Pamela Bialik, Policy Analyst ○ Tamarah Bryan, Manager, Communications ○ Sue Duarte, Payroll and Accounting Specialist ○ Amy Fournier, Manager, Governance (Recorder) ○ Mark Pioro, Deputy Registrar & General Counsel
Council Member Regrets	Guests
<ul style="list-style-type: none"> ○ Steven Boychyn, Public Member ○ Judy Mord, RP 	<ul style="list-style-type: none"> ○ Jessica Cashmore, RP (Qualifying), DEIWG member ○ Alex Zebeljan, RP, DEIWG co-Chair ○ Kyungsoo Yoon, Senior Manager, Welch LLP

01. Land Acknowledgment

Kali Hewitt-Blackie, Chair, provided a land acknowledgment and reflection.

02. Welcome and opening remarks

K. Hewitt-Blackie called the meeting to order at 9:40 a.m. and welcomed all present. Outgoing President Kenneth Lomp was recognized for his long service and leadership.

She also noted the resignation of non-Council committee appointment, Kevin VanDerZwet-Stafford and thanked him for his contributions to the Inquiries, Complaints and Reports Committee. Kevin resigned from the committee in September.

03. Outgoing President Remarks

K. Lomp made his remarks and thanked Council and committee members and staff for their support over the years of his tenure

04. Approval of Agenda

K. Hewitt-Blackie presented the draft agenda for approval.

MOTION C-01OCT2025-M01

That the agenda of the October 1, 2025, meeting of the Council be approved as amended. The item regarding the Health Professions Discipline Tribunal was added.

Moved: K. Edwards

Seconded: J. Cullen

CARRIED

05. Conflict of Interest

None declared.

06. Succession Planning By-laws and Past President Policy

M. Pioro, Deputy Registrar and General Counsel, presented the proposed by-law amendment and draft policy.

MOTION C-01OCT2025-M02

Council makes the following changes to the by-laws, effective immediately:

- Repeal article 6.01 and replace it with: 6.01 Eligibility for Nomination, Only a member of Council with one year of experience serving on Council by the time they would take office, is eligible for nomination or election as an officer of the College. One year of experience serving on Council is not required if the nomination is made from the floor in accordance with Schedule 1.
- Enact the following article: 7.04 -- Past President, Council may, by a majority vote conducted by secret ballot of those present and voting, appoint the current, outgoing President as Past President. The Past President is a non-voting officer. Notwithstanding article 5.03, the maximum term for the Past President is

one consecutive term of approximately one year. The Past President shall not hold another office of the College. Articles 6.01, 6.04 and Schedule 1 of the by-laws do not apply to the appointment or office of Past President.

- Amend article 9.04, deleting the word “immediately”, and replacing it with “on the day of the second regular Council meeting.”

Moved: H. Pateman
Seconded: J. Vincent
CARRIED

MOTION C-01OCT2025-M03

Council approves the draft Past President Policy as presented.

Moved: H. Ahonen
Seconded: K. Sack
CARRIED

07. Remuneration of Council and Committee Members Policy

K. Hewitt-Blackie presented the proposed remuneration rate increase and revised policy. Council raised some concerns regarding public member compensation and diversity. Compensation and appointment of Order-in-Council public appointees is paid by the Health Board Secretariat. The CRPO continues to raise these issues with the Ministry. Staff was directed to study an equity-based amount for the President annual honorarium.

MOTION C-01OCT2025-M04

That the revised Remuneration of Council and Committee Members policy and rates be approved with the effective date of April 1, 2026.

Moved: K. Sack
Seconded: R. Sundar
CARRIED

08. Council Conduct By-law Correction

M. Pioro, Deputy Registrar and General Counsel, introduced the item and noted that a correction to the by-laws is proposed to address a gap regarding Council or committee members who receive a caution or SCERP (Specified Continuing Education or Remediation Program) during their term. The by-laws that were revised effective January 1, 2025, introduced a 6-year waiting period for individuals who received a caution or SCERP before they can run for Council or be appointed to a committee;

however, the by-laws are silent on what happens if such a measure is imposed during a member's term.

Discussion favoured a case-by-case approach over a uniform rule.

MOTION C-01OCT2025-M05

Council enacts, within article 10.30: "(iii.5) is required by the Inquiries, Complaints and Reports Committee a. to complete a specified continuing education or remediation program as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code, or b. to attend before a panel of that committee to be cautioned as authorized by paragraph 3 of subsection 26(1) of the Code;".

Moved: J. Vincent

Seconded: K. Lomp

DEFEATED

Direction was given to staff to review the by-law article for alignment with a remedial supportive approach.

09. Committee Chair and Vice-Chair Appointments and new public member appointments

K. Hewitt-Blackie presented the recommended committee chair and vice-chair slate as well as recommended committee appointments for new public member, Jason King.

MOTION C-01OCT2025-M06

That Council approves the following appointments for a term of approximately one year:

- Nicolas El-Kada, RP, as Chair of the Inquiries, Complaints and Reports Committee
- Leslie Vesely, RP, as Vice-Chair of the Inquiries, Complaints and Reports Committee
- Kayleen Edwards, RP, as Chair of the Quality Assurance Committee
- Elda Almario, RP, as Chair of the Registration Committee
- Ahilaruban Nageswaran, RP, as Vice-Chair of the Registration Committee
- Riffat Yusaf, RP, as Vice-Chair of the Examination Committee

Moved: K. Sawyer

Seconded: R. Sundar

CARRIED

MOTION C-01OCT2025-M07

That Council approves the appointment of Jason King, Public Member, to the Client Relations, Inquiries, Complaints and Reports, ORPDT/FTP and Quality Assurance Committees for a term of approximately one year.

Moved: H. Ahonen

Seconded: J. Cullen

10. CRPO–appointed Public Members

K. Hewitt–Blackie introduced the item noting that three current CRPO–appointed public members have been working with the ICRC for the last six months to support the committee workload. Council supported continuing the program of appointing CRPO public members.

MOTION C–01OCT2025–M08

That Council approves the appointment of Sheldon Kawarsky, Len Rudner, and Steven Stijacic to the ICRC for a period of approximately one year.

Moved: R. Sundar

Seconded: K. Sawyer

CARRIED

11. Health Professions Discipline Tribunal (HPDT)

M. Piro introduced the item. Council expressed support to continue with the HPDT citing efficiency and fairness.

12. Annual Report and Audited Financial Statements

Welch LLP presented the CRPO’s audited financial statements. The Annual Report will be presented to the Minister of Health and will be made available on the CRPO website.

13. Terms of Reference Updates

K. Hewitt–Blackie introduced the updated terms of reference for the Nominations and Elections Committee and the Diversity, Equity and Inclusion Working Group. Radhika Sundar, Nominations and Elections Committee Chair, provided an additional summary of the changes to the terms of reference. Both were due for annual review, and consensus was reached to approve the revised terms of reference.

14. Mentorship Program Update

K. Hewitt-Blackie provided an update regarding the succession planning mentorship program. The separate orientation mentorship program launched in the summer and is currently underway. Training for succession planning mentors will take place in November.

15. Q1 Meeting Pulse Report

K. Hewitt-Blackie presented the reports and invited discussion.

16. Q1 KPI Report

K. Hewitt-Blackie presented the Q1 KPIs and invited discussion.

17. Registrar's Report

Council reviewed the Registrar's Report. Council was invited to pose questions regarding any of the items raised in the report. K. Hewitt-Blackie presented an oral update regarding CRPO's current office lease and future options.

18. 2026 Council Meeting Scheduling

Council meetings dates for 2026 were announced and will be posted to the CRPO website.

19. Consent agenda

- Draft Minutes 12JUN2025
- Committee Reports to Council

MOTION C-01OCT2025-M09

That Council approve the consent agenda as presented.

Moved: J. Vincent

Seconded: K. Lomp

CARRIED

20. Adjournment

MOTION C-01OCT2025-M10

That the meeting be adjourned at 2:00 p.m.

Moved: J. Vincent

Seconded: H. Ahonen

CARRIED

Ontario Registered Psychotherapists Discipline Tribunal (ORPDT) & Fitness to Practise Committee Report to Council

December 11, 2025

Professional Members:	Public Members / Adjudicators:
<p>Professional:</p> <ul style="list-style-type: none"> • Heidi Ahonen, RP • Kayleen Edwards, RP • Kathleen (Kali) Hewitt-Blackie, RP • Janet Cullen, RP • Anabel Helen, RP • Kenneth G. E. Lomp, RP • Judy Mord, RP • Kafui Sawyer, RP • Radhika Sundar, RP <p>Non-Council:</p> <ul style="list-style-type: none"> • Andrew Benedetto, RP • Shelley Briscoe-Dimock, RP (Vice-Chair) • Carol Cowan-Levine, RP • Miranda Monastero, RP • Michael Machan, RP 	<p>Public:</p> <ul style="list-style-type: none"> • Steven Boychyn • Henry Pateman • Jeffrey Vincent • Kevin Sack • Jason King <p>Adjudicators:</p> <ul style="list-style-type: none"> • Raj Anand • Sherry Liang • Sophie Martel • Jennifer Scott • David Wright (Chair)

Referral(s):

Since the last Council meeting of October 1, 2025, there have been no new referrals to Discipline.

Hearing(s) Held:

Since the last Council meeting of October 1, 2025, one (1) hearing occurred:

1. LEBEAU: Uncontested hearing held on 10/6/2025

Scheduled Hearing(s):

At the time of preparing this report, two (2) matter have been scheduled:

CRPO v FEAVER (1) & (2) on December 1, 2025.

CRPO v MASUD on December 17, 2025.

Case Management Conferences, Hearing Management Conferences & Motions:

Since the last Council meeting of October 1, 2025, five (5) case management conferences took place. At the time of preparing this report, six (6) case management conferences have been scheduled to take place on November 20, 2025, November 24, 2025, November 25, 2025, November 27, 2025, December 15, 2025, and December 17, 2025

Discipline Decisions with Reasons Issued:

One Decision with reasons has been issued since the last Council meeting on October 1, 2025:

CRPO v LEBEAU

Decisions and Reasons Pending:

No Decision with reasons is under reserve as of the date of this report.

Training:

One (1) committee training, the Health Professions Discipline Tribunals annual conference, occurred on November 6, 2025.

Fitness to Practise Committee:

There are no new open files and there has been no activity by the Fitness to Practise Committee.

Recommendation:

That the ORPDT and Fitness to Practise Committee report to Council be accepted as presented.

Respectfully submitted,

David Wright

Chair, ORPDT and Fitness to Practise Committee

Examination Committee Report to Council

December 11, 2025

Professional Members:	Public Members:
<p>Professional:</p> <ul style="list-style-type: none"> • Heidi Ahonen, RP (Chair) • Kayleen Edwards, RP • Anabel Helen, RP • Kathleen (Kali) Hewitt-Blackie, RP <p>Non-Council:</p> <ul style="list-style-type: none"> • Aleksei Panov, RP • Rasha Wahid, RP • Riffat Yusaf, RP (Vice-Chair) 	<p>Public:</p> <ul style="list-style-type: none"> • Steven Boychyn • Henry Pateman • Kevin Sack

Committee Meetings	Panel Meetings
<ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • September 25, 2025 • October 29, 2025 (2)

Panel Meetings

One full-day panel meeting took place on September 25 via videoconference. One half-day panel meeting and a 1-hour ad-hoc panel meeting took place on October 29 via videoconference. Below are the outcomes of those meetings:

Total files reviewed	36
Exam extension approved for first attempt	21
Exam extension denied for first attempt	1
Exam extension approved for first attempt upon submission of satisfactory documentation/ information	2
Examination appeal granted	1
Learning plan approved	6
Learning plan not approved	4

Formal Motions to Council:

n/a

The Committee Recommends:

That the Examination Committee's Report to Council be accepted as presented.

Attachments:

n/a

Respectfully submitted,

Heidi Ahonen, RP
Chair, Examination Committee

Executive Committee Report to Council

December 11, 2025

Professional Members:	Public Members:
Professional: <ul style="list-style-type: none"> • Heidi Ahonen, RP (Vice-Chair) • Kathleen (Kali) Hewitt-Blackie, RP (Chair) • Kenneth G. E. Lomp, RP 	Public: <ul style="list-style-type: none"> • Henry Pateman • Jeffrey Vincent

Committee Meetings
<ul style="list-style-type: none"> • October 23, 2025 • November 20, 2025

Governance & Policy

Policies

- The Executive Committee reviewed the updated Policy on Council Member Leaves of Absence. The policy has come due in accordance with the policy review cycle. See agenda item 9.

Terms of Reference reviews

- Committees review their terms of reference annually in accordance with best practices in effective governance. When changes are proposed, they are submitted to the Executive Committee for review. The Registration, Examination, Inquiries, Complaints and Reports, and Quality Assurance Committee terms of reference were reviewed at the October meeting. See agenda item 12.

Committee Appointments

- The Executive Committee discussed non-Council recruitment. See agenda item 10.
- The Executive discussed the Ontario Registered Psychotherapists Discipline Tribunal/Fitness to Practise non-Council recruitment process and the potential role of the Health Professions Discipline Tribunal staff to oversee the reappointment and recruitment process for the ORPDT. This item will come forward to Council for discussion and consideration at a future meeting.

Risk Register

- The Executive Committee received an update on key developments in the Q2 risk register. See agenda item 12.

Public Consultation Updates

- The Executive Committee received an update on the results of public consultations that took place over the summer months.

Council Member Complaints Appeals

- The Executive Committee discussed whether an ICRC member who is the subject of a complaint or report can return to sitting on panels after the ICRC has issued their decision, but the decision has been appealed to HPARB. The Committee recommended that ICRC members can return to sitting on panels during an HPARB review given the nature of the appeals process, how long HPARB reviews take and that HPARB has historically confirmed CRPO's ICRC's decisions. The Committee also noted that if an ICRC decision were overturned by HPARB, then that could trigger a registrant needing to again recuse themselves from ICRC panel decisions.

Council Evaluations

Q2 Meeting Pulse Report

- The Executive Committee reviewed the Q2 meeting pulse aggregate reports and discussed the feedback that was received.

Mentorship Program Update

- The Executive Committee and newly appointed committee chairs and vice-chairs participated in succession mentorship education with Pollinate Networks. See agenda item 13.

Annual Council Effectiveness Survey

- The Executive Committee reviewed the questions that were added to the evaluation in 2024 regarding strategy and diversity, equity and inclusion. The Committee provided direction to remove or update those questions in the 2025 survey to focus on governance modernization. The survey will launch in December 2025.

Formal Motions to Council:

- Indicated in briefing notes.

The Committee Recommends:

- That the Executive Committee's Report to Council be accepted as presented.

Attachments:

Respectfully submitted,

Kathleen (Kali) Hewitt-Blackie, RP

Chair, Executive Committee

Inquiries, Complaints and Reports Committee Report to Council

December 11, 2025

Professional Members:	Public Members:
<p>Council:</p> <ul style="list-style-type: none"> • Kathleen (Kali) Hewitt-Blackie, RP • Kenneth G. E. Lomp, RP • Judy Mord, RP • Kafui Sawyer, RP • Janet Cullen, RP <p>Non-Council:</p> <ul style="list-style-type: none"> • Darlene Cyrus-Blaize, RP • Nicolas El-Kada, RP (Chair) • DeRoux Jones, RP • Christopher Rudan, RP • Cindy Stater-Drummond, RP • Kevin Uba, RP • Leslie Vesely, RP (Vice-Chair) 	<p>OIC-appointed:</p> <ul style="list-style-type: none"> • Steven Boychyn • Henry Pateman • Jeffrey Vincent • Kevin Sack • Jason King <p>CRPO-appointed:</p> <ul style="list-style-type: none"> • Sheldon Kawarsky • Len Rudner • Steven Stijacic

Committee Meetings	Panel Meetings
<ul style="list-style-type: none"> • October 15, 2025 	<ul style="list-style-type: none"> • October 9, 2025 • October 22, 2025 • November 3, 2025 • November 13, 2025 • November 19, 2025 • November 27, 2025

Calendar Year (Jan.-Dec.)	# of Registrants	# of Complaints	# of Reports	# of Registrar's Reports
2025 (Jan1'25 – Nov25'25)	17,114	168	146	23

2024	15,315	155	104	14
2023	13,300	106	90	17
2022	11,386	76	64	14

The Professional Conduct department continues to grow. Warm welcome to Russell Smith, Assistant, Professional Conduct! R. Smith will assist the Reports & Incapacity team. We are also pleased to welcome Jason King, a new government-appointed public member!

In October, the Committee met for a full-day plenary meeting. The Committee received an update on the recommendations from the Trauma-Informed Review and reviewed the ICRC’s Terms of Reference. Staff shared related research and gathered the Committee’s feedback on developing a social media policy for CRPO registrants. They also provided an overview of the new regulation regarding the patient definition for sexual contact with clients, and sought input on proposed revisions to the existing policy.

In addition, staff presented a draft process for receiving anonymous reports, proposed updates to the ICRC preparation worksheets, and shared data to help establish benchmarks for the decision review process. Finally, staff presented an overview of the remediation process and outlined the steps that follow once a decision had been disclosed.

Formal Motions to Council:

N/A

The Committee Recommends:

That the Inquiries, Complaints and Reports Committee Report to Council be accepted as presented.

Attachments:

N/A

Respectfully submitted,

Nicolas El-Kada, RP

Chair, Inquiries, Complaints & Reports Committee

Quality Assurance Committee Report to Council

December 11, 2025

Professional Members:	Public Members:
<p>Council:</p> <ul style="list-style-type: none"> • Heidi Ahonen, RP • Kathleen (Kali) Hewitt-Blackie, RP • Janet Cullen, RP • Kayleen Edwards, RP (Chair) • Kenneth G. E. Lomp, RP (Vice-Chair) <p>Non-Council:</p> <ul style="list-style-type: none"> • Felipe Cepeda, RP • Roman Bina, RP • Kasi Sewraj, RP • Katharine King, RP 	<p>Public:</p> <ul style="list-style-type: none"> • Jason King • Jeffrey Vincent

Committee Meetings	Panel Meetings
<ul style="list-style-type: none"> • October 17, 2025 	<ul style="list-style-type: none"> • October 17, 2025

The Quality Assurance Committee held a combined plenary and panel meeting on October 17, 2025. At this meeting, the Committee reviewed O. Reg. 260/18 under the *Psychotherapy Act, 2007*, and approved revising the definition of “client” in Standard 1.8 for Council review. The Committee also reviewed feedback results from the 2025 Spring Case-based Assessment (CBA); the Committee Terms of Reference; a draft Guideline on Intimate Partner Violence; and discussed a social media policy.

The panel reviewed one CBA deferral request beyond 2 years:

Total files reviewed	1
CBA deferrals granted	1

Since the last Council meeting, one new Council member was appointed to the Quality Assurance Committee:

- Jason King

The Committee Recommends:

That the Quality Assurance Committee's Report to Council be accepted as presented.

Respectfully submitted,

Kayleen Edwards, RP
Chair, Quality Assurance Committee

Registration Committee Report to Council

December 11, 2025

Professional Members	Public Members
<p>Professional:</p> <ul style="list-style-type: none"> • Heidi Ahonen, RP • Anabel Helen, RP • Radhika Sundar, RP <p>Non-Council:</p> <ul style="list-style-type: none"> • Elda Almario, RP (Chair) • Amanda Carver, RP • Laurinda Cheng, RP • Ahil Nageswaran, RP (Vice Chair) • Razgar Qaderpour, RP • Glenn Walsh, RP (Indigenous Registration Pathway appointment) 	<ul style="list-style-type: none"> • Henry Pateman • Kevin Sack

Committee Meetings	Panel Meetings
<ul style="list-style-type: none"> • October 31, 2025 	<ul style="list-style-type: none"> • September 19, 2025 • October 24, 2025 • November 21, 2025

October 31 Plenary

Terms of Reference and Work Plan

- The Committee reviewed and approved the revised [Terms of Reference](#) and proposed work plan for 2026–27. See agenda item 11.

Entry-to-Practice Competencies Review

- The Committee continued the process of reviewing and drafting revisions to the Entry-To-Practice Competencies.

Substantial Completion

- The Committee reviewed public consultation feedback. The Committee recommended that Council approve changes to the minimum requirements for substantial completion of education and training for applying for registration with CRPO, effective January 1, 2027 (see agenda item 6).

Program Recognition Renewal

- The Adler Graduate Professional School – Master of Psychology program’s academic and clinical experience recognition was renewed.
- The Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy – Diploma for Child and Adolescent Psychoanalytic Psychotherapist program’s academic recognition was renewed.
- The Toronto Centre for Psychotherapy and Counselling Education – Certificate in Psychotherapy program’s academic recognition was renewed.
- The Vancouver Art Therapy Institute – Graduate Level Diploma in Art Therapy program’s academic and clinical experience recognition was renewed.
- The Yorkville University – Master of Arts in Counselling Psychology program’s academic and clinical experience recognition was renewed.
- The Committee approved the 2026 program recognition renewal forms.

Committee Education

- K. Reyes, Manager, Registrant Requirements, presented to the Committee on the Inactive category of registration.

Indigenous Registration Pathway

- The Committee approved the proposed project plan by consensus.

Office of the Fairness Commissioner (OFC) Fair Registration Practices Report

- The Committee reviewed the submitted [2024 Fair Registration Practices Report](#) and the outcome of the OFC’s risk assessment process, which placed CRPO in the low-risk category for April 1, 2024 to March 31, 2027.

Key Performance Indicators

- The Committee was updated on key performance indicators for Q1 and Q2 2025–26 (April–September 2025).
- The Committee directed staff to report the following key performance indicators moving forward:
 - The metrics required by the Ministry of Health, which reflect the volume of applications being received and provide a breakdown by

- Ontario-educated, labour mobility, Canadian-educated, and internationally-educated applicants
- The number of applicants seeking assessment of equivalence of international education and training and the outcome of those assessments
- The number of confirmed decisions by the Health Professions Appeal and Review Board (HPARB)

Panel Meetings

All meetings were a half day in length and took place via video conference.

Outcome	Number of Applications
Approved	1
Terms, Conditions & Limitations (TCL)	9
Conditional approval	0
Requests for more information	0
Refused	12
Total applications reviewed	22

Applications that meet the registration requirements can be approved at the staff level. The majority of applications are approved by staff without requiring review by the panel. Applications that do not appear to meet the requirements are referred to panel for further review. Only the panel has the ability to refuse applications (staff do not). Because of this, the number of applications refused by the panel is typically higher than the number of applications approved by the panel.

Health Professions Appeal and Review Board Update

Since the October 1, 2025 Council meeting update, the Health Professions Appeal and Review Board (HPARB) has not issued any decisions.

Formal Motions to Council

N/A

The Committee Recommends:

That the Registration Committee's Report to Council be accepted as presented.

Respectfully submitted,

Elda Almario, RP
Chair, Registration Committee