College of Registered Psychotherapists of Ontario

Council Agenda

DATE: OCTOBER 1, 2026

TIME: 9:30 A.M. TO 3:30 P.M.

LOCATION: ZOOM

CHAIR: KATHLEEN (KALI) HEWITT-BLACKIE, RP

ITEM	TIME	TOPIC + MATERIALS	ACTION
1.	9:30	**Land Acknowledgment**	
2.	9:35	**Welcome and introductory remarks** (K. Hewitt-Blackie)	
3.	9:37	**Approval of Agenda** (K. Hewitt-Blackie)	
4.	9:38	**Conflicts of Interest** (K. Hewitt-Blackie)	
5.	9:40	**Strategic Plan 2027-2030** (K. Hewitt-Blackie, D. Adams) Council is being presented (for review and approval) with two documents that result from the June Strategic Planning meetings. <u>Materials</u>: - Briefing Note - DRAFT 2027 – 2030 Strategic Priorities - CRPO Strategic Plan: Implementation and Governance Pathways	Discussion Decision by consensus
6.	10:00	**DEIWG Report to Council**	Information

ITEM	TIME	TOPIC + MATERIALS	ACTION
		Council is being presented with a report from the DEI Working Group to help inform the development of a standing committee as part of governance modernization and the implementation of the DEI Roots Framework. <u>Materials</u>: - Briefing Note - DEI report (to follow)	Discussion Direction
7.	10:20	**Governance Modernization: Foundation and Proposed Direction (summary report)** Council is being presented with a summary report of the work that has been done and that is being proposed as preparation for the implementation of the governance modernization initiatives that are required to achieve the College's strategic priorities. <u>Materials</u>: - Briefing note - Governance Modernization: Foundation and Proposed Direction	Information Discussion Decision by consensus
8.	10:40	**Registration Regulation Amendments** (K. Hewitt-Blackie, S. Fraser) Council is asked to approve the proposed amendments to the Registration Regulation for 60-day public consultation. <u>Materials</u>: - Briefing note - Consultation Documents: Registration Regulation Amendments	Decision by motion
	10:55	**BREAK**	
9.	11:10	**Psychedelic-Assisted Psychotherapy (PAP) Guidance** (K. Hewitt-Blackie, D. Adams, P. Bialik)	Information Discussion

ITEM	TIME	TOPIC + MATERIALS	ACTION
		Council is asked to approve the draft PAP guiding documents. <u>Materials</u>: - Briefing Note - DRAFT PAP Guideline - DRAFT Guideline on Psychedelic-Assisted Psychotherapy Preparation - DRAFT Guideline on Psychedelic-Assisted Psychotherapy Integration	Decision by consensus
10.	11:25	**Committee Appointments** Council is asked to ratify the appointment of newly elected and appointed members of Council to committees. <u>Materials</u>: - Briefing Note	Decision by consensus
11.	11:40	**Policy Updates** (K. Hewitt-Blackie, P. Bialik) Council is asked to approve the updated policies Materials: - Briefing Note - DRAFT Policy on Posting Non-College Conduct to the Public Register - DRAFT Policy on Reporting Information on Possible Criminal Acts - DRAFT Policy on Review cycle for policies and guidelines	Discussion Decision by consensus
	12:00	**LUNCH**	
12.	1:00	**Education: Decision Making & Aprio Resource Library** (D. Adams, A. Fournier) Staff will provide a brief education session on critical friendship, the consensus model and decision-making and will introduce the updated Aprio resource library.	Information Discussion

ITEM	TIME	TOPIC + MATERIALS	ACTION
13.	1:45	**Q1 Meeting Pulse Report** (K. Hewitt-Blackie) Council is being presented with the Q1 meeting pulse report. Materials: - Q1 Meeting pulse report	Information Discussion
14.	1:55	**Annual Report** (K. Hewitt-Blackie) Council is being presented with the Annual Report 2025-26.	Information
	2:05	**BREAK**	
15.	2:20	**Communications Update** (J. Prodaniuk, D. Adams,) Council is being presented with information regarding the launch of the CRPO's LinkedIn profile.	Information
16.	2:35	**Executive Committee Report to Council** (K. Hewitt-Blackie) The Chair will present the Executive Committee report to Council including information on activities, decisions and initiatives undertaken by the committee since June 2026. Materials: - Executive Committee Report to Council	Information Discussion
17.	2:50	**Registrar's Report** (D. Adams) The Registrar will present their report to Council including information on registration activity, compliance, and operational trends. Materials: - Registrar's Report - Google Analytics Report	Information Discussion

ITEM	TIME	TOPIC + MATERIALS	ACTION
18.	3:15	**Consent Agenda** (K. Hewitt-Blackie) Consent agenda items are routine, non-controversial matters addressed at each meeting. Members with questions should contact the Chair in advance. Items may be moved to the regular agenda if needed, and the consent agenda is approved in a single motion. Draft Minutes: - June 11, 2026 Committee Reports: - Client Relations - ORPDT/FTP - Examination - Inquiries, Complaints and Reports - Quality Assurance - Registration	Motion
19.	3:30	**Adjournment** (K. Hewitt-Blackie) - Meeting pulse evaluation - Confirm meeting and prep time - Motion to adjourn **Next Council Meetings:** - December 2, 2026 (in person ORPDT education) - December 3, 2026 (in person Council meeting) **NEW! Council Meetings 2027:** - March 25, 2027 (virtual) - June 16 & 17, 2027 (in-person education + meeting) - September 23, 2027 (virtual) - December 8 & 9, 2027 (in person education + meeting)	Motion to adjourn

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Conflict of Interest Disclosure Form

Meeting Date:	October 1, 2026
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.

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Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	
Topic:	Strategic Plan Reporting
Attachments:	• 2027 – 2030 Strategic Priorities • CRPO Strategic Plan: Implementation and Governance Pathways
References:	• June 2026 Strategic Planning Session Summary Report
Action:	Discussion, Approval by Consensus
Staff contact:	D. Adams, A. Fournier

PURPOSE & PUBLIC INTEREST RATIONALE:

Council is being asked to approve the CRPO Strategic Plan 2027–2030 and the Strategic Implementation and Governance Pathway. Publishing the two documents provides a clear, public account of the College's strategic direction and how it intends to translate that direction into action. This supports transparency, accountability and public confidence.

BACKGROUND:

A copy of the planning day summary report, prepared in cooperation with the Pollinate Inc. facilitation team is provided for information about the approach taken over the one and half day session and the resulting discussions Council undertook.

Council's strategic planning work established the direction for CRPO's next three-year planning period. The *Strategic Plan* sets out three strategic outcomes: Regulatory Excellence, Modern Governance and Public Trust, together with the foundational commitments that will guide the College's work.

The *Strategic Implementation and Governance Pathway* accompanies the strategic plan document and translates that direction into a coordinated implementation framework, including phased priorities and performance measures.

The two documents are intended to be read together. The *Strategic Plan* describes what CRPO intends to achieve over the 2027–2030 period and the principles that will guide its work. The *Strategic Implementation and Governance Pathway* describes how the organization will translate those outcomes into phased implementation priorities and monitor progress They are intended to connect Council's long-term direction to organizational planning, implementation and evaluation.

KEY CONSIDERATIONS:

Publishing both documents makes CRPO's priorities visible to registrants, applicants, the public, government and system partners. It also establishes a clear basis for reporting on progress and demonstrating how organizational activity connects to the public interest outcomes Council has established.

Executive Committee has reviewed both documents and recommends that Council approve them. The separate governance preparation work that will inform subsequent implementation will be presented for Council's understanding and input as its own agenda item.

NEXT STEPS:

Subject to Council's decision and direction, staff will:

- make the strategic priorities public
- continue work on planning to support budget and work plan development in anticipation of a fiscal 20027-2028 launch

College of Registered Psychotherapists of Ontario

CRPO Strategic Plan 2027–2030

Our shared direction for strengthening public protection through effective regulation and trusted governance.

APPLYING ALL THREE FOUNDATIONAL COMMITMENTS

Integrated in everything we do

STRATEGIC OUTCOMES

REGULATORY EXCELLENCE

Delivering effective, evidence-informed regulation that advances public protection.

MODERN GOVERNANCE

Strengthening governance structures, capabilities and practices to support effective oversight.

PUBLIC TRUST

Building and maintaining trust through transparency, engagement and accountability.

STRATEGIC IMPLEMENTATION STREAMS

1. Governance Structure & Board Transition
2. Council & Committee Participation
3. Governance Competencies & Development
4. Elections, Appointments & Recruitment
5. Communications, Engagement & Change Management
6. Performance, Data and Evaluation

IMPLEMENTATION TIMELINES

NEXT 12 MONTHS

Build the foundation by establishing priorities, clarifying roles and launching key initiatives.

18 TO 24 MONTHS

Implement and embed changes, strengthen capabilities and align systems and processes.

FUTURE STATE

Achieve the desired governance state and continuously adapt to emerging needs.

ORGANIZATIONAL OUTCOMES

- STRONGER GOVERNANCE
- BETTER DECISION-MAKING
- INCREASED PUBLIC CONFIDENCE
- ENHANCED PUBLIC PROTECTION

OUR FOUNDATIONAL COMMITMENTS WORK TOGETHER AND INFORM EVERYTHING WE DO



EVIDENCE-INFORMED DECISION-MAKING

We use data, research and governance evidence to guide decisions, support right-touch regulation and drive continuous improvement.

EQUITY, ACCESSIBILITY & CULTURAL SAFETY

We integrate equity, accessibility and cultural safety into governance, policies and practices to ensure fair, inclusive and respectful outcomes for all.

ENGAGEMENT, COMMUNICATION & CONTINUOUS IMPROVEMENT

We engage meaningfully, communicate openly and use feedback and experience to learn, adapt and improve.

Working together to regulate effectively and protect the public interest—today and into the future.

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CRPO Strategic Implementation and Governance Pathway

Supporting the CRPO Strategic Plan 2027-2030

The CRPO Strategic Plan 2027-2030 establishes the College's long-term strategic direction by identifying the outcomes the organization intends to achieve over the next three years.

This Strategic Implementation and Governance Pathway translates those outcomes into a coordinated program of implementation. It provides Executive, Council and staff with a structured approach to sequencing governance modernization activities, establishing organizational priorities and monitoring progress.

The Pathway focuses primarily on governance modernization because Council identified this as the principal organizational change required to strengthen the College's ability to fulfil its public protection mandate while responding to an evolving regulatory environment. Comprehensive committee workplans will be developed as usual and will include ongoing core regulatory work as well as the work required to achieve the strategic objectives established by Council.

The Pathway is intended to:

- provide a clear line of sight between the Strategic Plan and annual organizational priorities
- organize implementation activities into logical workstreams
- establish phased implementation over short, medium and longer-term horizons
- support consistent decision-making and organizational accountability
- provide a common framework for Executive, Council and committees to monitor progress

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Relationship to the Strategic Plan

The Strategic Plan and the Strategic Implementation and Governance Pathway are complementary documents.

The Strategic Plan identifies **what** CRPO intends to achieve.

The Pathway identifies **how** the organization will achieve those outcomes.

Strategic Plan	**Strategic Implementation and Governance Pathway**
Defines long-term strategic direction	Defines the implementation approach
Establishes Strategic Outcomes	Organizes implementation activities
Identifies Foundational Commitments	Applies the Foundational Commitments throughout implementation
Describes organizational direction	Identifies phased implementation priorities
Intended for public, Council and system partners	Intended primarily for Executive, Council and staff

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Together, the two documents provide a clear line of sight from Council's strategic direction through to implementation.

Implementation Approach

Implementation will proceed deliberately and in phases, building on the considerable work already undertaken by the College while preparing the organization for future governance and regulatory needs.

The Pathway reflects several principles that emerged consistently throughout Council's strategic planning discussions.

Implementation will:

- maintain an unwavering focus on public protection
- build upon existing organizational strengths
- proceed in manageable phases
- support evidence-informed decision-making
- strengthen governance capacity before structural change
- integrate equity, accessibility and cultural safety throughout implementation
- strengthen communication and engagement throughout the modernization process.

Governance modernization is not viewed as an end in itself. Rather, it is the means through which the College will strengthen its ability to regulate effectively, make better decisions and maintain public confidence.

Applying the Foundational Commitments

The Strategic Plan identifies three Foundational Commitments that guide all aspects of the College's work. These commitments are intentionally **not** presented as separate implementation streams. Instead, they are integrated throughout every implementation activity contained within this Pathway.

Evidence-Informed Decision-Making

Implementation activities will be informed by data, governance evidence, performance measures, risk information and ongoing evaluation. Decisions will reflect the principles of right-touch, risk-based regulation and support continuous organizational learning.

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Diversity, Equity and Inclusion

Governance modernization activities will be planned, implemented and evaluated through an equity, accessibility and cultural safety lens. Recruitment, governance development, policy review, communications and performance measurement will incorporate Equity Impact Assessments and the principles established within the DEI ROOTS Framework.

Engagement, Communication and Continuous Improvement

Implementation will be supported by meaningful engagement with Council, committees, registrants, applicants, system partners, government and the public. Progress will be communicated transparently and implementation will be refined as new information, evidence and experience emerge.

Strategic Implementation Framework

The Strategic Plan establishes three Strategic Outcomes.

Each implementation stream contributes to one or more Strategic Outcomes while applying all three Foundational Commitments.

Implementation Streams

Council identified six implementation streams through the strategic planning process. These streams provide the organizational structure for implementation over the life of the Strategic Plan. They reflect the phased approach to governance modernization endorsed during the strategic planning session and organize implementation activities into three planning horizons:

- Next 12 Months
- 18 to 24 Months
- Future State

The following sections describe each implementation stream in detail.

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Implementation Stream - Governance Structure and Board Transition

Purpose

To establish a modern governance structure that strengthens strategic oversight, clarifies governance responsibilities, and positions CRPO to respond effectively to changing regulatory expectations while maintaining a clear focus on public protection. This implementation stream supports Council's direction to evolve from the current Council model toward a modern Board governance model through a deliberate, phased approach.

Strategic Outcome Alignment

Strategic Outcome	Governance Structure & Board Transition
Regulatory Excellence	○
Modern Governance	●
Public Trust	○

Legend ● Primary contribution ○ Supporting contribution

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Applying the Foundational Commitments

Evidence-Informed Decision-Making

Governance modernization will be informed by governance performance measures, regulatory evidence, implementation experience and emerging governance practices across Ontario's health regulatory sector.

Equity, Accessibility and Cultural Safety

Governance structures, Board composition, committee structures and governance policies will be reviewed to ensure they support fair, transparent and inclusive governance. Equity considerations will be integrated into governance design rather than addressed separately.

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Engagement, Communication and Continuous Improvement

Governance modernization will be implemented through ongoing communication with Council, committees, government and system partners. Implementation will be evaluated regularly and refined as experience is gained.

Next 12 Months

The first phase of implementation focuses on establishing the governance framework required to support future transition while maintaining organizational stability and continuity.

Key priorities include:

- adopt Board governance terminology throughout governance documentation
- develop a succession strategy to support the separation of Board and committee responsibilities
- define the future governance model, including Board and committee structure
- clarify the respective roles of the Board, committees and Executive
- establish clear governance accountabilities
- determine the preferred Board size and committee structure within current legislative requirements and restrictions
- identify future governance positions and transition opportunities as vacancies occur
- undertake a comprehensive governance structure review
- review and begin updating CRPO's by-laws to support the future governance model
- identify by-law provisions requiring revision to support equity, role clarity and modern governance
- prepare a phased governance modernization implementation plan informed by Council direction and system partner feedback

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18 to 24 Months

The second phase focuses on implementing the approved governance model and establishing governance structures that support effective strategic oversight.

Key priorities include:

- establish governance-level committees to support Board oversight
- complete the transition from the current Council model toward the Board governance model
- establish committees responsible for:
    - Governance
    - Finance and Audit
    - Risk Management
    - Communications
    - Nominations and Elections
- complete implementation of the approved governance structure
- review financial, governance and operational implications of the transition
- ensure governance changes continue to reflect the principles of equity, accessibility and public protection throughout implementation

Future State

Once the governance model has been implemented, attention will shift toward refinement, evaluation and continuous improvement.

Long-term priorities include:

- continue refining governance competencies as organizational needs evolve
- periodically review governance structures and evaluate effectiveness to allow adjustments that ensure they remain effective

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- pursue legislative changes where appropriate to support governance modernization
- prepare for future governance evolution as opportunities emerge
- ensure governance structures remain responsive to emerging risks, changing public expectations and future regulatory reform.

How we will measure success

Progress in this implementation stream will be demonstrated through:

- Board governance model established
- governance roles clearly defined and understood
- updated governance structure implemented
- by-law amendments completed
- governance committees established and functioning effectively
- governance evaluation demonstrates improved strategic oversight
- governance modernization milestones achieved according to the approved implementation schedule

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Implementation Stream - Council and Committee Participation

Purpose

To strengthen governance capacity by establishing clearer distinctions between governance and committee responsibilities, increasing the participation of non-Council members and ensuring governance participants contribute where their knowledge, skills and experience provide the greatest value.

This implementation stream recognizes that effective governance depends not only on organizational structure but also on ensuring that governance participants have clearly defined roles, appropriate workloads and opportunities to contribute strategically. Council identified governance capacity as a critical element of modernization and recognized that reducing overlap between governance and regulatory committee responsibilities will strengthen decision-making while improving succession planning and governance continuity.

Strategic Outcome Alignment

Strategic Outcome	Council & Committee Participation
Regulatory Excellence	○
Modern Governance	●
Public Trust	○

Legend ● Primary contribution ○ Supporting contribution

Applying the Foundational Commitments

Evidence-Informed Decision-Making

Changes to governance participation will be informed by governance performance measures, committee effectiveness, succession planning data and organizational experience.

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Equity, Accessibility and Cultural Safety

Recruitment and participation will continue to support competency-based appointments while broadening opportunities for individuals with diverse knowledge, lived experience and perspectives. Equity considerations will be integrated into governance participation, succession planning and committee composition.

Engagement, Communication and Continuous Improvement

Changes to governance participation will be implemented through ongoing communication with Council, committees and governance participants. Feedback will be incorporated throughout implementation to support continuous improvement.

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Next 12 Months

The initial phase focuses on strengthening governance capacity while preparing for longer-term governance modernization.

Key priorities include:

- reduce direct Council participation on standing and statutory committees where appropriate and practical
- revise the Nominations & Elections Committee composition and mandate to support increased appointment of non-Council committee members
- establish a standing DEI Committee to contribute to equity, accessibility and cultural safety across regulatory and governance functions
- embed equity, accessibility and cultural safety into the mandates and workplans of governance bodies and committees
- recruit additional non-Council committee members to support governance transition and succession planning
- continue moving toward competency-based appointments while maintaining appropriate governance representation.

18 to 24 Months

The second phase focuses on clarifying governance responsibilities following implementation of the new governance structure.

Key priorities include:

- strengthen Council's strategic governance role
- reduce Executive Committee responsibilities as governance functions transition to the Board
- clarify Board and committee responsibilities
- establish effective liaison mechanisms between the Board and committees
- continue reducing Council participation in committee decision-making while strengthening governance oversight.

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Future State

The long-term objective is a governance model in which Board members focus on strategic oversight while committees provide specialized expertise and fulfil statutory responsibilities.

Long-term priorities include:

- continue reducing direct Board participation in committee work as appropriate
- support increased specialization among governance participants
- maintain strong relationships between the Board and committees through ongoing communication and shared learning
- periodically review governance participation to ensure governance capacity continues to support organizational effectiveness and public protection.

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How we will measure success

Progress in this implementation stream will be demonstrated through:

- increased participation by qualified non-Council professional and public committee members
- improved clarity of Board and committee responsibilities
- reduced duplication between governance and committee functions
- strengthened succession planning
- governance participants report improved understanding of their respective roles
- governance capacity supports effective oversight while maintaining strong committee expertise.

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Implementation Stream – Governance Competencies and Development

Purpose

To strengthen governance effectiveness by ensuring Board members, committee members and staff possess the knowledge, competencies and support required to fulfil their governance responsibilities effectively. This implementation stream recognizes that governance modernization depends not only on structural change but also on developing the individual and collective competencies required to govern strategically, oversee organizational risk and make informed decisions in public interest. Building governance capacity will strengthen accountability, support succession planning and improve the quality and consistency of governance decision-making.

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Strategic Outcome Alignment

Strategic Outcome	Governance Competencies & Development
Regulatory Excellence	○
Modern Governance	●
Public Trust	○

Legend ● Primary contribution ○ Supporting contribution

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Applying the Foundational Commitments

Evidence-Informed Decision-Making

Governance development will be informed by governance competency assessments, Council evaluation results, governance key performance indicators, organizational priorities and emerging governance practices across the regulatory sector.

Equity, Accessibility and Cultural Safety

Learning, succession planning and competency development will reflect equitable governance practices and support broad participation, accessibility and culturally responsive leadership. Governance education will continue to include learning related to equity, accessibility, cultural safety and anti-discrimination.

Engagement, Communication and Continuous Improvement

Governance learning will be continuous throughout a member's term. Mentorship, onboarding, professional development, peer learning and the College's evaluation framework will support continuous improvement and knowledge sharing across the organization.

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Next 12 Months

The first phase focuses on further establishing a comprehensive governance development framework tied specifically to the transition to modern governance.

Key priorities include:

- strengthen governance education for Chairs, Vice-Chairs, Council, committee members and staff
- establish an integrated governance development framework incorporating mentorship, structured onboarding, succession planning and knowledge transfer
- embed equity, accessibility, cultural safety and anti-discrimination throughout governance education and leadership development
- strengthen committee learning, collaboration and relationship building
- define and refine competency frameworks for the Board, the Nominations and Elections Committee and future governance roles

18 to 24 Months

The second phase focuses on embedding competency-based governance throughout the organization.

Key priorities include:

- further strengthen governance education
- refine governance competency requirements based on implementation experience
- integrate governance competencies into recruitment, orientation and succession planning
- continue developing governance capability across Board members
- align governance development with the future governance model.

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Future State

Governance learning becomes an established component of organizational culture.

Long-term priorities include:

- periodically review governance competencies to ensure they remain aligned with organizational needs
- support specialization based on knowledge, expertise and experience
- maintain continuous governance education
- use governance evaluation to inform future learning priorities
- ensure governance development evolves alongside changing regulatory expectations.

How we will measure success

Progress in this implementation stream will be demonstrated through:

- governance competency framework implemented
- structured onboarding program further established
- mentorship program fully supporting succession planning
- governance education completed across Board and committees
- governance evaluations demonstrate increasing competency and effectiveness
- succession planning supports leadership continuity.

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Implementation Stream – Elections, Appointments and Recruitment

Purpose

To strengthen governance by ensuring recruitment and appointment processes are transparent, competency-based and capable of attracting individuals with the knowledge, experience and perspectives required to govern effectively. This implementation stream supports governance modernization by balancing competency, diversity, transparency and accountability while maintaining confidence in elections and appointment processes.

Strategic Outcome Alignment

Strategic Outcome	Elections, Appointments & Recruitment
Regulatory Excellence	○
Modern Governance	●
Public Trust	○

Legend ● Primary contribution ○ Supporting contribution

Applying the Foundational Commitments

Evidence-Informed Decision-Making

Recruitment and appointment processes will be informed by competency frameworks, governance needs, organizational evidence and ongoing evaluation.

Equity, Accessibility and Cultural Safety

Recruitment will continue to support competency-based appointments while broadening participation by individuals with diverse knowledge, lived experience and perspectives. Equity considerations will be integrated into recruitment, appointment and succession planning rather than addressed through separate initiatives.

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Engagement, Communication and Continuous Improvement

Recruitment processes will remain transparent, accessible and regularly evaluated. Communication with prospective applicants, registrants and government will support continual refinement.

Next 12 Months

The first phase focuses on strengthening recruitment and appointment processes within the existing governance model.

Key priorities include:

- revise the Nominations and Election Committee mandate to support recruitment
- review current appointment processes and further revise to establish transparent and rigorous recruitment processes
- streamline recruitment for Board and committee appointments
- continue recruiting non-Council committee members from the profession
- expand recruitment of non-Council committee members from the public
- encourage applications from individuals with diverse competencies and lived experience
- strengthen communications supporting participation in elections and appointments
- provide recommendations regarding public member appointments
- continue discussions regarding public member compensation to support broader participation
- establish recruitment and communications KPIs.

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18 to 24 Months

The second phase aligns recruitment processes with the future governance model.

Key priorities include:

- review election processes to better support competency-based governance
- determine future relationships between Board and committee appointments
- continue recruiting non-Council committee members
- develop engagement strategies that broaden participation while maintaining governance competencies
- ensure recruitment supports both competency and equity objectives.

Future State

Recruitment and appointment processes support a mature governance model that is transparent, competency-based and sustainable.

Long-term priorities include:

- periodically review election and appointment processes
- continue strengthening competency-based appointments
- continue broadening participation in governance
- ensure recruitment remains responsive to changing governance needs
- evaluate recruitment outcomes and refine processes accordingly.

How we will measure success

Progress in this implementation stream will be demonstrated through:

- recruitment processes aligned with governance competencies
- increased participation by qualified professional and public committee members
- transparent recruitment processes understood by applicants

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- governance appointments reflect identified competency requirements
- recruitment supports succession planning and governance continuity
- appointment processes contribute to effective governance and increased public confidence.

Implementation Stream – Performance, Data and Evaluation

Purpose

To strengthen evidence-informed governance by ensuring that strategic decisions are informed by reliable evidence, meaningful performance measures and ongoing evaluation. This implementation stream supports the College's commitment to evidence-informed decision-making by strengthening the collection, interpretation and use of governance, regulatory and organizational information to evaluate performance, monitor emerging risks and support continuous improvement.

Recognizing that good governance is data-informed rather than data-driven, this implementation stream will continue to strengthen the College's ability to use multiple sources of evidence to support strategic oversight. These include enterprise Key Performance Indicators (KPIs), enterprise risk reporting, College Performance Measurement Framework (CPMF) reporting, governance evaluations, regulatory performance data and stakeholder feedback. Together, these sources provide Council with a more complete understanding of organizational performance, emerging risks and opportunities for improvement.

Strategic Outcome Alignment

Strategic Outcome	Performance, Data & Evaluation
Regulatory Excellence	●
Modern Governance	●
Public Trust	●

Legend ● Primary contribution ○ Supporting contribution

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Applying the Foundational Commitments

Evidence-Informed Decision-Making

Performance reporting will integrate multiple sources of governance and regulatory evidence, including enterprise KPIs, enterprise risk reporting, CPMF reporting, governance evaluations, regulatory trends and system partner feedback. Decisions will continue to be informed by evidence while recognizing that effective governance also depends upon professional judgement, statutory responsibilities, procedural fairness and proportionality.

Equity, Accessibility and Cultural Safety

Performance measures and evaluation activities will consider equity, accessibility and cultural safety across governance and regulatory functions. Data collection and analysis will continue to evolve to better understand diverse experiences, identify systemic barriers and support equitable regulatory outcomes. Equity Impact Assessments and relevant qualitative information will complement quantitative measures to support balanced decision-making.

Engagement, Communication and Continuous Improvement

Evaluation will extend beyond measuring activity to understanding outcomes. Performance reporting will incorporate system partner engagement, governance feedback and organizational learning to support transparency, accountability and continuous improvement throughout implementation.

Next 12 Months

The first phase focuses on strengthening the College's performance measurement framework and improving the use of evidence to support governance oversight and implementation of the Strategic Plan.

Key priorities include:

- establish governance KPIs to monitor governance modernization activities and support implementation of the Strategic Plan
- continue strengthening enterprise KPI reporting

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- further strengthen Council and committee data literacy to support evidence-informed oversight
- improve integration of registration, Quality Assurance, professional conduct and governance reporting
- strengthen use of enterprise risk information to support strategic oversight and decision-making
- monitor implementation of the Strategic Plan and Strategic Implementation and Governance Pathway.

18 to 24 Months

The second phase focuses on using performance information to evaluate implementation, strengthen governance oversight and support continuous organizational improvement.

Key priorities include:

- evaluate governance modernization using established KPIs and governance measures
- refine governance performance measures based on implementation experience
- strengthen integration of qualitative and quantitative evidence across governance and regulatory functions
- expand governance dashboards to support strategic oversight and decision-making
- evaluate organizational performance against the Strategic Outcomes
- strengthen organizational capacity to identify, assess and respond to emerging risks.

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Future State

By the conclusion of the Strategic Plan period, evidence-informed decision-making will be fully embedded within governance. Strategic decisions will routinely draw upon multiple sources of evidence; governance performance will be evaluated through mature performance measures and organizational learning will support continuous improvement across governance and regulatory functions.

Long-term priorities include:

- routinely use multiple sources of evidence to inform governance and strategic decision-making
- maintain mature governance dashboards that support strategic oversight
- refine governance structures and practices through ongoing evaluation
- use performance reporting to strengthen transparency, accountability and public confidence
- ensure organizational learning informs future strategic planning and governance modernization
- regularly review and refine performance measures to ensure they remain aligned with organizational priorities and emerging regulatory risks.

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How we will measure success

Progress in this implementation stream will be demonstrated through:

- governance KPIs established and routinely reported
- governance dashboards supporting effective Board oversight
- Council and committee members demonstrate increased confidence in interpreting governance and regulatory information
- strategic decisions routinely reference multiple sources of evidence
- governance evaluations demonstrate increasing organizational effectiveness
- governance modernization is evaluated using measurable outcomes

- performance reporting supports transparency, accountability and increased public confidence

Conclusion

This Strategic Implementation and Governance Pathway translates Council's strategic direction into a coordinated program of action that will guide implementation over the life of the CRPO Strategic Plan 2027-2030. It provides a structured approach to governance modernization while ensuring that the College continues to deliver on its core responsibility of protecting the public through fair, transparent and evidence-informed regulation.

The Pathway recognizes that governance modernization is an ongoing process rather than a single initiative. By organizing implementation into six interconnected workstreams with phased implementation timelines, the College can strengthen governance capacity, build organizational capability and implement change in a deliberate, manageable and sustainable manner.

Success will depend not only on completing individual initiatives, but also on maintaining the discipline to evaluate progress, learn from experience and adapt as the regulatory environment evolves. Throughout implementation, decisions will continue to be informed by multiple sources of evidence, guided by the principles of right-touch regulation and supported by meaningful engagement with registrants, applicants, system partners, government and the public.

This Pathway is intended to be a living implementation document. It will continue to evolve as implementation progresses, governance matures and new evidence becomes available. Regular review will ensure that implementation remains aligned with Council's strategic direction, responsive to emerging risks and opportunities, and focused on achieving the Strategic Outcomes established in the CRPO Strategic Plan.

Working together, the Strategic Plan and the Strategic Implementation and Governance Pathway provide a clear line of sight from Council's long-term vision to organizational action. Together, they position CRPO to strengthen governance, make better-informed decisions, foster public trust and continue protecting the public through modern, trusted and evidence-informed regulation.

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College of Registered Psychotherapists of Ontario

2027 - 2030 STRATEGIC PRIORITIES

STRATEGIC OUTCOME: REGULATORY EXCELLENCE

Strategic priorities

- Modernize regulation using evidence-informed approaches
- Strengthen integrated regulation across registration, QA and professional conduct
- Ensure regulatory standards remain responsive to emerging practice
- Improve organisational performance and evaluation

STRATEGIC OUTCOME: MODERN GOVERNANCE

Strategic priorities

- Modernize governance structures
- Strengthen governance capability
- Improve governance participation and succession
- Enhance governance accountability

STRATEGIC OUTCOME: PUBLIC TRUST

Strategic priorities

- Increase transparency
- Strengthen engagement
- Improve public understanding of CRPO's role
- Demonstrate accountability through evidence

We regulate psychotherapy in the public interest through modern, trusted and evidence-informed regulation.

College of Registered Psychotherapists of Ontario

CRPO Strategic Plan 2027-2030

Protecting the Public Through Modern, Trusted and Evidence-Informed Regulation

Strategic Vision

A trusted regulator advancing safe, ethical and competent psychotherapy in the public interest.

Purpose and Context

The College of Registered Psychotherapists of Ontario (CRPO) regulates the practice of psychotherapy in the public interest. Through fair, transparent and proportionate regulation, the College ensures that Registered Psychotherapists practise safely, ethically and competently while supporting public confidence in the profession.

The regulatory environment continues to evolve. Public expectations, technology, models of care and the practice of psychotherapy are changing rapidly. At the same time, governments, regulators and the public increasingly expect regulation to be evidence-informed, accountable and responsive to emerging risks.

This Strategic Plan builds on the significant progress achieved through the College's previous strategic plans. It continues CRPO's evolution as a modern regulator by strengthening governance, further embedding evidence-informed decision-making throughout the organization and integrating equity, accessibility and cultural safety into all aspects of regulation. Rather than introducing a fundamentally new direction, this plan deepens and builds upon work already underway while preparing the College to respond effectively to future opportunities and challenges.

The Strategic Plan establishes the long-term outcomes the College intends to achieve over the next three years. A separate Strategic Implementation and Governance Pathway translates these outcomes into phased implementation activities, annual priorities and performance measures.

This Strategic Plan has been informed by a growing body of governance and regulatory evidence developed over successive planning cycles. Council regularly considers a broad range of information, including enterprise risk assessments, College Performance Measurement Framework reporting, Key Performance

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Indicators, governance and competence assessment findings, registration, quality assurance and professional conduct trends, system partner consultation feedback and changes across the regulatory environment. Together, these sources demonstrate that the College has made significant progress in strengthening its regulatory systems while highlighting opportunities to further modernize governance, strengthen organizational capacity and make more effective use of evidence in decision-making. As a result, this Strategic Plan reflects an evolution of the College's strategic direction, building on what has been learned while preparing CRPO to respond to emerging risks, changing public expectations and future regulatory needs.

Our Approach

The Strategic Plan is guided by three foundational commitments. These commitments are not separate strategic priorities. Rather, they describe how the College will approach every aspect of its work and provide the foundation upon which all strategic outcomes will be achieved.

Evidence-Informed Decision-Making

CRPO is committed to making decisions that are informed by evidence, proportionate to risk and focused on achieving the greatest benefit for public protection.

The College will continue to strengthen its use of data, research, performance measurement and evaluation to identify emerging risks, guide strategic priorities and support continuous improvement. Evidence-informed regulation enables resources to be directed where they will have the greatest impact while maintaining fairness, accountability and transparency.

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The College will:

- strengthen the use of data and research to inform strategic and regulatory decisions
- continue developing meaningful performance measures and governance indicators
- support right-touch, risk-based regulation across all regulatory functions
- use evaluation to guide policy development and organizational improvement
- strengthen governance and organizational data literacy

Equity, Accessibility and Cultural Safety

CRPO is committed to integrating equity, accessibility, and cultural safety throughout all governance, policy, and regulatory decision-making.

Weaving these values into its regulatory and governance fabric will allow the College to fully realize diversity, equity and inclusion, fostering true belonging and safety for the public, registrants, Council and committee members and staff.

The College recognizes that fair regulation requires an understanding of how regulatory processes affect different individuals and communities. Embedding equity considerations into everyday decision-making strengthens public protection, improves accessibility and helps ensure that regulation remains responsive to Ontario's diverse population.

The College will:

- integrate equity considerations into governance and regulatory decision-making
- strengthen accessibility across College programs, services and communications
- continue meaningful engagement with Indigenous communities and other equity-deserving groups

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- apply Equity Impact Assessments and the DEI ROOTS Framework to planning, implementation and evaluation
- remove unnecessary barriers while maintaining rigorous standards that protect the public

Engagement, Communication and Continuous Improvement

CRPO is committed to listening, learning and continually improving.

Effective regulation depends upon meaningful engagement with registrants, applicants, system partners, government and the public. Through transparent communication, collaboration and ongoing evaluation, the College will continue to strengthen public understanding, improve regulatory effectiveness and respond to emerging issues. Communication and engagement are essential components of accountability and public confidence.

The College will:

- strengthen communication with registrants, applicants, system partners and the public
- engage system partners to inform policy development and organizational improvement
- foster collaboration across Ontario's health regulatory and mental health systems
- promote transparency through reporting and performance measurement
- regularly evaluate progress and adapt to changing risks, expectations and opportunities

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Strategic Outcomes

The following strategic outcomes describe what CRPO intends to achieve over the life of this Strategic Plan.

Strategic Outcome - Regulatory Excellence

CRPO delivers fair, proportionate and evidence-informed regulation that protects the public by ensuring Registered Psychotherapists practise safely, ethically and competently.

The College's core responsibility is to regulate the profession in the public interest. This includes establishing and maintaining rigorous entry-to-practice requirements, supporting ongoing competence, responding appropriately to concerns about professional conduct, and continually reviewing regulatory approaches to ensure they remain effective, relevant and proportionate.

Regulatory excellence requires balancing consistency with flexibility. Regulatory requirements must remain rigorous and defensible while evolving to reflect changes in professional practice, public expectations and evidence. The College will continue to review its regulatory framework to ensure it maintains high standards without creating unnecessary barriers that do not contribute to public protection.

Over the next three years, CRPO will:

- maintain rigorous, competency-based entry-to-practice requirements
- ensure registration processes remain fair, transparent and evidence-informed
- strengthen Quality Assurance as a learning-centred, risk-informed program
- continue modernizing professional conduct processes through a trauma-informed approach to support fairness, timeliness and public protection
- review standards, guidance and regulatory policies to ensure they remain current and responsive to emerging practice issues
- strengthen integration across registration, quality assurance and conduct to support a coordinated regulatory approach

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Success will look like:

- safe, ethical and competent practitioners entering and remaining in the profession
- fair, consistent and transparent regulatory decisions
- effective oversight of registrant competence and conduct
- regulatory processes that are responsive, proportionate and trusted
- continued public confidence in CRPO's regulatory role

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Strategic Outcome - Modern Governance

CRPO has a governance system that provides effective strategic oversight, strong accountability, and the leadership capacity needed to respond to an evolving regulatory environment.

Good governance leads to good regulation. As expectations of health profession regulators continue to evolve, governance must increasingly focus on strategy, risk, organizational performance, and accountability while supporting clear separation between governance and regulatory decision-making. Modern governance enables the College to remain agile, sustainable and responsive without losing sight of its public protection mandate.

Building on work already undertaken, the College will continue to modernize its governance model through clearer governance structures, competency-based appointments, stronger succession planning and increased use of evidence to support governance decision-making. Governance modernization will occur in a deliberate and phased manner, building on existing strengths while preparing the organization for future needs.

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Over the next three years, CRPO will:

- strengthen governance structures and role clarity
- continue developing competency-based governance and leadership
- strengthen succession planning and governance continuity
- enhance governance education and development
- improve governance accountability through meaningful performance measures
- continue modernizing governance in a manner that supports public protection, transparency and organizational effectiveness

Success will look like:

- governance structures that support effective strategic oversight
- clearly defined governance and committee responsibilities
- strong governance competencies and leadership capacity
- improved governance effectiveness supported by meaningful performance measures
- governance practices that reinforce public trust and accountability

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Strategic Outcome - Public Trust

The public, registrants, applicants, system partners and government understand and have confidence in CRPO's role as Ontario's regulator of Registered Psychotherapists.

Public trust is earned through consistent, transparent and accountable regulation. It is strengthened when regulatory decisions are fair, communication is clear, and all system partners understand both the College's role and the reasons behind its decisions.

As the profession continues to evolve, CRPO will strengthen relationships with registrants, applicants, education providers, Indigenous communities, health

regulators, government and other system partners. The College will continue to communicate openly, evaluate its performance, and demonstrate how its work contributes to safe, ethical and competent psychotherapy practice. Communication, engagement and transparency are essential components of effective regulation and support confidence in both the profession and its regulator.

Over the next three years, CRPO will:

- strengthen communication with registrants, applicants and the public
- engage meaningfully with system partners to inform regulatory improvement
- strengthen collaboration across Ontario's health regulatory community and Canada's psychotherapy regulators
- improve transparency through reporting, performance measurement and public education
- continue to demonstrate accountability through evidence-informed governance and regulatory decision-making

Success will look like:

- increased understanding of CRPO's regulatory role
- meaningful engagement with registrants, applicants, system partners and the public
- trusted relationships with government, regulators and community partners
- increased confidence in CRPO as a fair, transparent and accountable regulator

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How we will measure success

Achievement of the Strategic Plan will be evaluated through a combination of quantitative and qualitative measures that reflect both regulatory performance and organizational effectiveness.

Progress will be monitored through:

- governance performance measures
- enterprise Key Performance Indicators (KPIs)
- the College Performance Measurement Framework (CPMF)
- enterprise and regulatory risk reporting
- system partner engagement and feedback
- regulatory performance measures across registration, quality assurance and conduct
- annual review of strategic priorities and organizational outcomes

Together, these measures will support continuous learning, accountability and evidence-informed decision-making while allowing the College to adapt to changing risks, public expectations and opportunities.

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From Strategy to Implementation

This Strategic Plan establishes the direction for the organization over the next three years. It identifies what the College intends to achieve and the principles that will guide its work.

Implementation will occur through a separate **Strategic Implementation and Governance Pathway**, which translates the Strategic Outcomes into phased implementation priorities, annual workplans and performance measures.

The Pathway will:

- identify the major implementation streams required to achieve each Strategic Outcome

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- establish phased priorities over the short, medium and longer term
- identify organizational accountabilities
- support annual corporate and departmental planning
- establish performance measures and reporting expectations
- provide a framework for monitoring progress and adjusting implementation as circumstances evolve

Together, the Strategic Plan and the Strategic Implementation and Governance Pathway provide a clear line of sight from Council's long-term direction through to organizational planning, implementation and evaluation.

Looking Ahead

The regulatory environment will continue to evolve. Advances in technology, changing models of care, increasing public expectations and emerging regulatory risks will require the College to remain responsive, adaptable and focused on continuous improvement.

This Strategic Plan positions CRPO to respond to those changes while remaining grounded in its public protection mandate. By strengthening regulatory excellence, modern governance and public trust through evidence-informed decision-making, equity, accessibility and cultural safety, and meaningful engagement, the College will continue to build a modern regulatory system that protects the public and supports confidence in the profession.

The success of this Strategic Plan will be measured not simply by the completion of individual initiatives, but by the College's continued ability to regulate fairly, make informed decisions, respond effectively to change and maintain the confidence of the public it serves.

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Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	6.
Topic:	DEI Working Group Report to Council
Attachments:	DEI WG Report to Council:
References:	• DEI Roots Framework
Action:	Discussion, Direction
Staff contact:	D. Adams, A. Fournier

Purpose & Public Interest Rationale:

Council is being asked to consider the Diversity, Equity and Inclusion Working Group's (DEI WG, Working Group) forthcoming report and provide high-level direction to the Executive Committee for the transition to a standing DEI Committee. The intended purpose of this transition to an internal governance structure is to preserve and strengthen CRPO's capacity to identify equity impacts, bring relevant expertise and lived experience into regulatory and governance work and support accountability for the College's DEI commitments. Council is not being asked at this stage to approve detailed Terms of Reference, final membership or operating procedures; these activities will follow the finalization of the DEI WG's forthcoming recommendations report, which will be informed by Council's input on it at the October 1, 2026 meeting.

Background:

CRPO's DEI Roots Framework was adopted in 2025 to support an integrated approach to diversity, equity and inclusion across the College's regulatory, governance and organizational work. The Framework deliberately treats DEI as a set of principles and practices that are embedded throughout CRPO's organizational structure rather than as a separate initiative or add-on. Its Leadership, Diversity and Accountability Root anticipates a sustainable advisory structure that could evolve into a standing collaborative body with a mandate to provide strategic DEI guidance across CRPO governance.

As its name suggests, the DEI Working Group was designed as a temporary structure and explicitly intended to sit external to the Committees as an advisory body. This approach was recommended by the “Proto group”, which was a collection of members of equity-denied RPs who, in advance of the formal establishment of the DEI WG, designed foundational elements of the DEI WG, including its Terms of Reference.

Following its establishment and over three terms, the DEI WG has provided equity-centred advice to Council and committees. Its work has informed recruitment and appointment practices, policy review, committee diversity, self-identification data initiatives and the development of the DEI Framework itself. In 2026, the Working Group heard a proposal from CRPO, asking it to consider if and how its current temporary working group-based model could transition to a more permanent structure.

Since January 2026 and over four sessions (January, May, July, September), DEI WG members have engaged in focused discussions on the risks and opportunities of transitioning into an internal structure. Notably, Council at its June 2026 meeting reviewed preliminary input and identified the October meeting as the next point for considering direction.

DEI WG members have now come to a consensus that they support moving forward with this transition, citing both cautiousness about the nature of that change and concern for establishing conditions that will support the continued meaningful integration of DEI across all functions of CRPO. In an effort to support this transition, DEI WG members have developed a series of recommendations that reflect the spirit and intent of their concerns, their work over the last three terms and the DEI Framework.

The DEI WG last met on September 14, 2026 to discuss and provide further input on the forthcoming report. This input is being integrated and will be provided to Council in advance of the October 1, 2026 meeting, but not in this current package.

The forthcoming report is intended to inform Council's direction rather than prescribe a final governance structure, the design of which will also necessarily require input from incoming members of the new internal committee.

Key Considerations:

- This work builds on decisions Council has already made. Council adopted the DEI Framework in 2025 and has since been working toward an approach in which equity, accessibility and cultural safety are integrated across CRPO’s regulatory and governance work. The proposed standing committee is one element of putting that approach into practice, not a new or separate DEI initiative.

- The committee should be considered within the broader governance modernization work now underway. Council is also considering how to clarify governance roles, strengthen committee participation and make greater use of competency-based non-Council members. Direction on the DEI Committee should therefore establish its intended role and place within that evolving governance model without prematurely fixing detailed structure.
- The DEI WG report is advice to Council, not a proposed Terms of Reference. It captures the experience and recommendations of the current DEI WG and identifies issues that should inform the next stage of design. Council is being asked to consider that advice and set the high-level parameters for the permanent structure, rather than approve each recommendation individually. The report itself expressly describes its recommendations as foundations rather than a prescriptive design specification.
- The decision now is whether to proceed and what should guide the next phase. Council does not need to determine detailed membership, committee procedures or final Terms of Reference at this meeting. Its direction should provide enough clarity for staff and the Executive Committee, with input from the DEI WG, to develop a detailed model for subsequent approval.

Next Steps:

Subject to Council's direction, staff would use the DEI WG report, the DEI Framework and Council's discussion to develop a proposed, detailed standing committee model. This could include proposed membership and selection criteria, reporting and accountability arrangements as well as a transition plan from the current Working Group. Accordingly, next steps include:

- share Council's direction with the DEI WG and orient its November 2026 meeting towards obtaining further input on the transition
- develop a transparent membership and selection approach that reflects the competency, diversity, lived-experience and anti-tokenism considerations identified in the report
- return any matters requiring Council approval before the standing committee becomes operational, with transition targeted for early 2027

Diversity, Equity and Inclusion Working Group Report to Council: DEIWG Recommendations on Transition to a Standing DEI Committee

Prepared for: CRPO Council and DEI Working Group
Date: October 1, 2026
Prepared by: Decibel DEI Consulting on behalf of the DEI Working Group
Action: For Discussion and Decision

Purpose

This report presents the Diversity, Equity and Inclusion Working Group's (DEIWG) recommendations on the proposed transition from the current Working Group model to a standing DEI Committee embedded within CRPO's internal governance structure. It draws on input gathered across facilitated sessions on January 20, May 19, and July 21, 2026, including real-time Mentimeter responses, breakout group discussions, and verbal report-backs.

The DEIWG developed these recommendations through a deliberate, member-led process, and offers them to Council as substantive input into a decision that remains Council's to make. The shape, terms of reference, and operational design of the incoming structure will be informed by further consultation involving Council, staff, and the DEIWG.

Council Context

This recommendations report is being provided to Council in the context of CRPO's active governance modernization. Notably, the Draft Strategic Plan 2027–2030 and the Draft Strategic Implementation and Governance Roadmap identify equity, accessibility and cultural safety as Foundational Commitments integrated throughout modernization and name the establishment of a standing DEI Committee as a near-term priority. The DEIWG's recommendations are offered in that spirit: as substantive input into a decision that both advances Council's strategic direction and reflects the Working Group's accumulated expertise.

DEIWG Background

The following section provides a historical overview of the DEIWG's tenure, leading to today.

As a first step, and prior to the DEIWG's establishment, CRPO convened a Proto Group in 2022 to develop the membership and recruitment approach for what would become the Working Group. The Proto Group was composed of diverse equity-denied practitioners and members of the public, deliberately kept separate from Council to ensure objectivity in designing the new body. Its recommendations shaped the DEIWG's foundational terms, and the DEIWG was established shortly thereafter, with a mandate to provide equity-centred advice to CRPO Council and Committees.

Over three terms, DEIWG members provided policy advice that has had lasting effect.

Their work supported enhancements to recruitment processes, including the development of an objective appointment matrix, and informed policy review and development that attends to the impact of CRPO's work on equity-denied registrants and members of the public. This includes two equity-based professional practice standards currently in development that will support the delivery of ethical, competent psychotherapy care to vulnerable Ontarians. Members also contributed to increased diversity across CRPO's committees, the advancement of self-identification data collection and measurement, and advisory input that directly informed the development and adoption of CRPO's DEI Framework in May 2025.

This work was made possible by CRPO's sustained investment in DEI governance, including dedicated resources, staff support, and the willingness of Council and leadership to invest in an innovative model of DEI governance. The DEIWG's contributions built on that foundation.

The question of what comes next has been live since at least January 2026, when DEIWG members were provided with a transition proposal and were invited to provide early input. This proposal was a reflection of the DEI Framework's Leadership Root: it describes an advisory structure that could, over time, evolve into a standing collaborative body tasked with providing strategic DEI guidance across all levels of CRPO governance. The proposed transition is the direct expression of that vision.

Council reviewed preliminary input from the DEIWG at its June 10, 2026, meeting, confirmed support for continuing discussions, and identified the October 1, 2026, Council meeting as the point at which it would consider next steps as part of the consideration of broad strategic direction for the College’s work over the next three years.

DEIWG Engagement Process

The DEIWG has engaged with the transition question across three sessions in 2026, each structured to gather genuine member input.

January 20, 2026, DEIWG Meeting. The DEIWG began an initial discussion on how the Working Group will know when its work is complete, and what indicators would signal that DEI goals are sufficiently embedded in the organization. This question, raised by members, set the frame for subsequent sessions.

May 19, 2026, DEIWG Meeting. A formal presentation on the proposal was introduced, including indicators of readiness, a proposed transition model, and discussion topics. Members participated in a Mentimeter-facilitated session and breakout discussions organized around three questions: what has been learned through the DEIWG model that should inform the new structure; what work remains unfinished and how should it be carried through; and what could go wrong and how do we guard against it. At the close of the session, members submitted direct messages for Council, reproduced below. Initial reactions across the group ranged from cautiously optimistic to uncertain, with some

support and some concern. The session identified four areas requiring further discussion: pace, structure and membership, tokenism, and accountability.

What DEIWG Members Want Council to Know

At the close of the May 19 session, members were asked to submit one message for Council. Their responses are reproduced here without paraphrase, as they were offered directly for Council's consideration:

- "DEI work is not done."
- "We have a VAST amount of DEI knowledge in this group that has influenced the direction of CRPO these past few years."
- "Their reaction to our proposal shows their understanding and commitment to EDI as a concept to be continued in the CRPO."
- "DEI work is ongoing."
- "DEI progress can easily be lost if we do not maintain our commitment to it."
- "The pace is critical for DEI's survival. Accountability, responsibility and implementation processes need to be timely."
- "Build on what's already working."
- "Don't stop taking the medicine because you feel better."

These messages were gathered at the beginning of the deliberative process. They reflect the DEIWG's core commitments, and those commitments held through to the closing vote in July. The recommendations in the next section are their more structured expression.

June 10, 2026, Council Strategic Planning Meeting. Council members, at the June 10 session, offered parallel input when asked what was most important to them as they considered the proposal. Their responses emphasized true integration, real impact tied to public protection and fairness, the need for members of the new structure to be competent regulators, the importance of ongoing communication, and concrete accountability. Several raised questions about how equity-denied expertise would be embedded, how power dynamics within committees would be managed, and how intersectionality and demographic diversity would be measured over time. These concerns and the DEIWG's recommendations below are well-aligned.

July 21, 2026, DEIWG Meeting. The session was structured specifically to work through each of the four concerns members had identified in May. For each concern, the facilitator presented current thinking, gathered real-time Mentimeter input, and opened the floor. At the close of the session, members indicated their position on moving forward. A majority were in full support. The remaining members supported the direction while noting they still have concerns. No member indicated they were not ready to proceed, and no member was opposed. The concerns raised by members who indicated conditional support are reflected throughout the recommendations below.

September 15, 2026, DEIWG Meeting. The final member review session was structured to gather input on the draft report before its submission to Council. Members participated in a Mentimeter-facilitated session covering four questions: the appropriate pace of transition; the proposed structure and membership design; the report's treatment of tokenism; and accountability mechanisms. Members' responses on pace and structure were aligned with the report's approach. Members' responses to tokenism and accountability produced further input, which has been incorporated into the recommendations below.

Recommendations

The following recommendations draw directly from member input across all four sessions. They are offered not as a prescriptive design specification but as the substantive foundations the incoming structure and Council should build from.

Like the DEI Framework, these recommendations function as a root system. They are interconnected and mutually reinforcing: selection criteria support meaningful membership; a clear mandate gives members real work to do; adequate resourcing allows that work to happen; and accountability ensures findings reach Council and inform decisions. These recommendations are designed to hold together, because the DEIWG's experience demonstrated that they must.

1. Pace and Transition Process

Members were clear that their concern about pace was about ensuring accountability and design quality keep up with structural change, not about slowing the process. The DEIWG recommends:

- A clear transition plan with defined milestones is confirmed and communicated to the DEIWG, including the membership selection process and the date on which the new structure becomes operational.
- Council's feedback and any updates on next steps are reported back to DEIWG members at the November 2026 meeting.

2. Structure and Membership

Member input on structure and membership was the most substantive area of response across both facilitated sessions.

- **Designation.** The body should be formally designated as a standing committee, not a working group. Members were explicit on this point: being called a working group signals temporariness, and that is not the intent. Permanence of designation matters especially at a moment when many organisations are stepping back from DEI commitments.
- **Cross-committee connection.** CRPO has prior experience with bodies that draw membership from across existing committees to connect expertise that would otherwise remain siloed. The standing DEI Committee offers a similar opportunity:

members embedded in their respective committees and connected to each other, creating a network of DEI capacity across the governance structure.

- **Membership criteria.** Membership should reflect the breadth of equity-denied identities currently represented within the DEIWG, with selection assessing experience, knowledge, skills, and lived experience across multiple intersecting identities, not demographic representation alone. The selection process must be rigorous, transparent, and clearly documented. Lived experience is a non-negotiable criterion, to be assessed substantively and distinctly from demographic representation; both expertise and lived experience are required and are not interchangeable.
- **Composition review.** Membership should be reviewed annually, with a clear mechanism for refreshing composition when it no longer reflects appropriate diversity.
- **Influence.** The structure should work bidirectionally: not only receiving and responding to work referred from committees, but also proactively raising DEI considerations within committee deliberations. This is what distinguishes a genuinely embedded structure from an advisory body operating at a distance from committee work.
- **Meeting frequency.** The structure should meet often enough to sustain meaningful DEI focus, with provisions for additional meetings when specific issues require it.
- **Adaptability.** The structure should be designed with sufficient flexibility to respond to emerging issues and evolve as CRPO's organisational context changes. Rigidity in the terms of reference or operational design risks constraining the structure's effectiveness over time.
- **Continuity of expertise.** Terms of reference should address whether current DEIWG members who are also committee members may be eligible for appointment to the incoming structure, to preserve institutional knowledge built across three terms of the Working Group. The DEIWG recommends that terms of reference address each of the above.

3. Guarding Against Tokenism

Members indicated that tokenism is a significant concern and suggested that this report describe its dynamics in order to add further context the below recommendations.

Tokenism is a structural risk that can cause real harm, and the incoming internal body should be designed to prevent it. It occurs when individuals from equity-denied communities are included in structures or processes in a manner that creates the appearance of diversity without substantive representation or influence. In governance contexts, tokenism can manifest through selection processes that prioritise demographic visibility over expertise, through structures that position individuals as sole representatives of their communities, and through norms that place disproportionate

labour on members with equity-denied identities. Designing against tokenism requires intentionality in how the structure is composed, how work is distributed, and how accountability for DEI is shared.

Thus, members of the internal structure should be appointed as contributors of DEI expertise, not only as representatives of particular communities. One member put it plainly: being called to speak on issues as an individual is challenging, and the structure should be designed so that no one has to navigate that alone.

The DEIWG recommends that terms of reference and operational design address the following:

- No individual should be positioned as the sole representative of any equity-denied community. Selection should assess substantive DEI knowledge and lived experience across multiple intersecting identities, not demographic representation alone.
- The selection process itself is a site of tokenism risk. Selection processes and appointment decisions should be documented, transparent, and subject to review to ensure they are not reproducing the representational dynamics the structure is designed to prevent.
- Diversity of perspective within identity groups is worth recognising explicitly. The structure would benefit from an approach that does not assume members sharing an identity share a perspective.
- Shared responsibility for DEI across all committee members, not only those formally designated to the structure, would help ensure the work does not rest on too few shoulders. Ongoing DEI learning for all committee members supports this practice of shared responsibility.
- The structure should be empowered to raise DEI considerations proactively in committee work, not only to respond when items are referred to it.
- Formal peer support mechanisms, including a co-chair model adopted by the DEIWG or equivalent anchor role, would help ensure members are not navigating difficult conversations without backup.
- Where individual members of the structure sit on other committees, a mechanism for collective reporting back to Council would help ensure DEI positions are carried forward as a shared view rather than resting on one or two people to represent the group.

4. Accountability

Research presented to Council in June 2026 confirmed that the structure of a governing body shapes whether DEI outcomes persist or recede. CRPO already has that infrastructure, which includes the College Performance Measurement Framework (CPMF) and Council Key Performance Indicators. DEIWG Members recommended building on what exists rather than creating parallel processes. Their input was practical: they named specific mechanisms, not only principles. The recommendations below are designed to

make accountability real and visible, building on the infrastructure Council has already endorsed.

The DEIWG recommends:

- Regular public reporting on whether CRPO is meeting its DEI commitments, building on existing CPMF reporting. Members suggested accessible formats such as web updates or short video communications that make accountability visible to registrants and the public, not only within governance.
- A clear process for raising DEI concerns within committee work, so that members who flag an issue are not also solely responsible for resolving it.
- Transparency about the manner in which concerns are addressed. When a DEI concern is raised, those who raised it should be able to know how it is being handled and by whom, so that accountability processes are visible and issues are not quietly set aside.
- Ongoing internal reflection within the structure on whether its own practices are equitable, including whether it risks reproducing the inequities it is designed to address.
- Feedback mechanisms that reach beyond the structure's own members to gather input from the communities CRPO is mandated to serve.
- A design presumption of ongoing change: equity issues arise continuously, and the structure should be built to be proactive rather than reactive, with processes that can flex as new concerns emerge rather than being limited to a fixed mandate.
- Explicit monitoring for tokenism-related harms within the structure itself, including whether members from equity-denied communities are bearing disproportionate interpretive or advocacy labour, whether composition reflects appropriate diversity over time, and whether the selection process is being applied equitably.
- The incoming structure should be encouraged to develop an accountability framework as one of its first substantive tasks, drawing on these principles and on the existing CPMF infrastructure.

It is also worth noting that the four recommendation areas above are not independent. Like roots interacting, these recommendations support and sustain each other: a paced transition plan produces a strong and intentional structure; a deliberately designed structure with clear membership criteria is better positioned to guard against tokenism; and real, visible accountability sustains all three over time. Where these elements are addressed together, the structure stands stronger. Where any one is left unattended, the others bear greater risk.

Proposed Working Plan

The following table is offered as a suggested sequence of next steps for Council's consideration.

Recommended action	Suggested timing
DEIWG met to review the draft report and gather final member feedback. Input from this session has been incorporated into the recommendations as presented in this report.	September 15, 2026
Council considers direction to proceed with transition planning and communicates this to the DEIWG	October 1, 2026
DEIWG to meet and discuss outcomes of Council direction and advice, consider membership selection, and supporting planning,	November 17, 2026
Following Council feedback, executive, staff and consultant to revise draft report based on DEIWG and Council feedback. Implementation of membership and planning processes begins.	November 2026 - January 2027
Operational launch: Internal structure meets with DEIWG to share perspectives and opportunities for moving forward. DEIWG formally concludes.	January - February 2027
The development of the Terms of Reference of the internal structure begins in advance of new fiscal year.	March 31, 2027

Next Steps

As indicated in the Proposed Working Plan above, on October 1, 2026, Council considers direction to proceed with transition planning and communicates this to the DEIWG.

College of Registered Psychotherapists of Ontario

Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	7.
Topic:	Governance Modernization Foundation and Proposed Direction (summary report)
Attachments:	• Governance Modernization: Foundation Findings and Proposed Direction • Modernization Infographic
References: *Note that these are provided for Council members who wish to review more in depth materials to further their understanding of the work that is being done.*	• Governance Modernization DRAFT Preparation Workplan • Current-State Governance Map & Accountability Matrix • Governance Gap, Overlap & Capacity Analysis • Legislative, By-law & Authority Constraints Matrix • Governance Workforce, Participation & Succession Profile • Recruitment Planning
Action:	Discussion, Direction
Staff contact:	D. Adams, A. Fournier

PURPOSE & PUBLIC INTEREST RATIONALE:

Council is being asked to confirm the direction, principles and timing for the next phase of CRPO's governance modernization. The purpose of the work is to strengthen CRPO's ability to regulate in the public interest through clearer governance roles, stronger accountability, appropriate governance capacity and planned succession. Council is not being asked to approve a detailed future governance structure at this meeting.

BACKGROUND:

Council's June strategic planning work identified modern governance as a strategic outcome and pointed to clearer governance and committee responsibilities, stronger governance capacity, competency-based participation and succession as

priorities. The Strategic Plan and Strategic Implementation and Governance Pathway being considered at this meeting translate that direction into a phased modernization program.

Since June, staff has completed foundational analysis of CRPO's current governance structure, gaps and overlaps, legislative and by-law constraints, participation and succession, recruitment requirements and proposed design principles. Executive Committee, in its delegated governance stewardship role, reviewed this work and recommends that Council now provide high-level direction for the next phase. The detailed preparatory analyses are available as reference materials. Council is not being asked to approve the analyses themselves or a complete future governance model. The decision at this stage is whether the proposed principles, direction and staged approach provide the appropriate basis for the next phase of work.

Council members may review them if they wish, but they are not required reading for this item. The attached summary brings forward the principal findings, proposed design principles and decisions that require Council direction.

KEY CONSIDERATIONS:

- CRPO's current model is workable and statutory regulatory decision-making is generally appropriately separated from administration, but strategic governance and regulatory committee participation remain closely intertwined because the same Council members frequently perform both roles
- Executive carries a broad concentration of governance functions, including finance/audit, risk, strategic planning, governance development and Registrar oversight, which supports testing whether some functions should be assigned to specialist governance-level oversight
- CRPO already has substantial non-Council participation and examples of non-Council committee and panel leadership, providing a practical base for reducing structural reliance on Council members where legally possible
- Significant modernization can occur within existing authority, while Council composition, Executive's statutory role and certain statutory panel requirements remain fixed
- A staged transition is preferable so that vacancies, term expiries and recruitment cycles can be used to protect continuity, preserve institutional knowledge and build the competencies required for the future model whether any material risks or constraints should be added before the package goes to Council

- The proposed direction establishes the parameters for detailed design. It does not approve a future governance architecture, committee structure or specific by-law amendments
- As Council participation on regulatory committees decreases, future design will need formal Board-to-committee reporting, assurance and risk-escalation mechanisms so that reduced overlapping membership does not reduce oversight
- Recruitment and succession decisions need to be sequenced now because upcoming vacancies and terms affect 2027-2028 planning and because potential recruitment, education, legal and governance costs need to be identified during the December to February business-planning and budget cycle
- Any future changes reserved to Council, including by-law changes and material changes to governance structures or committee mandates, will return to Council for approval

RECOMMENDATIONS:

Executive recommends that Council confirm the following direction:

1. Clearer separation of roles
   Confirm that future governance design should provide clearer separation between strategic Council/Board governance and specialized regulatory committee work, within existing statutory requirements.

2. Competency-based participation
   Confirm that CRPO should continue to expand competency-based non-Council participation and leadership and reduce reliance on Council members for committee participation where legally and operationally appropriate.

3. Staged transition
   Confirm that modernization should proceed in stages, using vacancies, term expiries, succession opportunities and recruitment cycles to protect continuity and organizational capacity.

4. Detailed future-state development
   Authorize Executive and staff to develop detailed future-state governance options, including governance-level oversight functions, formal Board-to-committee assurance mechanisms, competency and recruitment requirements, succession and transition planning and any required by-law or Terms of Reference changes for subsequent Council consideration and approval.

5. Near-term recruitment and succession planning
   Authorize 2027-2028 recruitment and succession planning where needed to preserve transition options, provided this work does not pre-empt Council's later decisions about the final governance structure.

Direction is needed at this meeting because detailed design should follow Council direction and support planning for the next fiscal year, when the plan will be implemented. Waiting until the future-state model is fully developed before beginning recruitment and succession planning would create avoidable implementation risk. Upcoming vacancies and term changes provide natural transition opportunities that can be lost if recruitment decisions are made without a clear direction.

Potential governance-level roles, external expertise, recruitment, education, legal and transition support will also have financial implications. Direction now allows those requirements to be identified during the December 2026 to February 2027 business-planning and budget process, with the 2027-2028 budget presented to Council in March.

NEXT STEPS:

Subject to approval and direction from Council. Executive will oversee staff work to:

- refine future-state governance options using Council-endorsed design principles
- develop a detailed 2027-2028 competency, recruitment, succession and transition plan
- identify governance, recruitment, education, legal and other resource implications for the 2027-2028 business plan and budget
- return to Council with the detailed future-state model and any approvals required for implementation at subsequent meetings

Governance Modernization
Foundation and Proposed Direction

Purpose

This document synthesizes the governance modernization foundation work completed since Council's June 2026 strategic planning session. It is intended to give Council a clear view of the evidence, the governance issues that the next phase is intended to address and the direction required before detailed future-state design begins.

Background

Council's strategic planning work identified modern governance as one of CRPO's three strategic outcomes. The accompanying Strategic Implementation and Governance Pathway anticipates a deliberate, phased modernization program that strengthens governance capacity before structural change and uses evidence, evaluation and succession planning to support implementation.

Executive Committee, as Council's delegated steward of governance, has reviewed the foundation work and recommends that Council now set the parameters for detailed design. Direction in October also allows recruitment and succession planning to be sequenced around upcoming vacancies and terms and allows potential resource implications to be incorporated into the 2027-2028 business-planning and budget cycle.

Foundation work completed

The following have been included as references to this item:

- Current-State Governance Map & Accountability Matrix: where authority, accountability and reporting relationships currently sit
- Governance Gap, Overlap & Capacity Analysis: role overlap, concentrations of responsibility, connectivity and capacity pressures
- Legislative, By-law & Authority Constraints Matrix: what can be changed within current authority and what is constrained by legislation
- Governance Workforce, Participation & Succession Profile: current participation, leadership capacity, terms, vacancies and natural transition opportunities
- Governance Competency, Recruitment & Succession Requirements: preliminary future competency and recruitment needs and decisions that cannot wait for the complete future-state model
- Future Governance Design Principles: proposed principles against which detailed options can be developed and assessed

Foundation Key Considerations

1. The current model is workable, but strategic governance and regulatory participation overlap

The analysis does not identify a failure of the current governance model or ineffective regulatory decision-making. Statutory regulatory decision-making and operational administration are reasonably distinct. The principal structural issue is that the same

relatively small group of Council members frequently performs both strategic governance and regulatory committee or panel work.

CRPO's own competency architecture already treats these as different functions. Council competencies focus on strategic direction, stewardship and accountability, while committee competencies emphasize statutory authority, evidence assessment, impartiality, right-touch regulation and defensible decision-making. The future structure can more clearly reflect that distinction.

2. The current model places a broad concentration of governance functions in Executive

Executive currently carries governance reform and effectiveness, finance and audit oversight, risk oversight, strategic planning, Registrar oversight and aspects of succession and committee composition. This is not a finding that Executive is acting outside its mandate. It is a concentration issue that supports testing whether specialist governance-level functions, particularly governance and finance/audit and the appropriate location of risk oversight, would strengthen Council oversight while preserving Executive's statutory continuity role.

3. CRPO has a practical base for increased non-Council participation and leadership

CRPO already uses substantial non-Council participation across core regulatory functions and has examples of non-Council Chairs, Vice-Chairs and panel leadership. ICRC, Registration and Examination provide evidence that consequential regulatory work can be supported by qualified non-Council professional and public members. The recruitment analysis (in the Committee Diversity Report) also identifies a viable applicant pipeline. This creates an opportunity to reduce structural dependence on Council membership without requiring wholesale change.

4. Workload and succession support a more deliberate participation model

Aprio board portal activity analysis confirms that governance and committee work is highly document-intensive and that Council participants absorb substantial committee and panel information-processing demands in addition to strategic governance. The workforce analysis also identifies succession risk when the same individuals hold multiple governance, committee and leadership roles. A staged transition can use vacancies and term expiries to build capacity while protecting continuity and institutional knowledge.

5. Modernization can largely proceed within current authority

The legislative and by-law analysis indicates that significant changes to committee participation, appointment practices, Terms of Reference and governance arrangements can be explored within CRPO's existing authority. Council composition, Executive's statutory existence and role and specified statutory panel-composition requirements remain constraints that future design must respect.

Proposed future governance design principles

Executive recommends that the following principles guide development and assessment of future-state options. They are intended to establish guardrails for detailed design rather than predetermine the final structure.

Design principle	What it means for future design
Public protection first	Design around CRPO's public-interest mandate. Structural change should improve oversight, regulatory effectiveness, decision quality, accountability or public confidence.
Separate strategic governance and regulatory decision-making more clearly	Council/Board should increasingly focus on strategy, risk, performance, stewardship and accountability while regulatory committees focus on statutory or delegated work.
Explicit authority and accountability	Each body should have a clear purpose, decision rights, reporting relationship and boundary with Council, Executive, committees and the Registrar.
Compliance with Executive Committee statutory role	Preserve Executive's mandatory continuity function while testing whether routine specialist oversight is better located elsewhere.
Competency-driven participation	Differentiate the competencies required for Council/Board, governance-level oversight, regulatory committees and leadership roles.
Deliberate use of non-Council participation and leadership	Expand non-Council participation and leadership where permitted, using vacancies and term expiries to support transition.
Phased transition and knowledge continuity	Avoid destabilizing regulatory decision-making. Sequence change around terms, vacancies and recruitment cycles and use mentorship, onboarding and knowledge transfer.
Increased information sharing	Use structured reporting, liaison and risk-escalation mechanisms so Council receives the assurance it needs

Design principle	What it means for future design
	without interfering with statutory committee independence.
Integrated equity, accessibility and cultural safety	Apply the Strategic Plan's foundational commitments and the DEI Framework's approach to structure, recruitment, participation, accessibility, succession and evaluation.
Proportionate and sustainable governance	Match structures to CRPO's size, regulatory risks and available governance capacity and avoid unnecessary layers.
Built-in performance and continuous improvement	Evaluate modernization by outcomes and use evidence and experience to refine the model.
Working within current authority while monitoring legislative opportunities	Design the first phase within current law and treat legislative reform as a longer-term dependency where required.

Next Steps:

The Executive Commitee and staff will use the Council-endorsed principles and direction as the framework for detailed design. The next phase will not be to implement structural changes automatically; it would be used to develop options, test them against the evidence and return the matters requiring Council approval.

Work would include:

- Future-state governance architecture
  Develop detailed options for the allocation of strategic governance, statutory/regulatory committee and governance-level oversight functions.
- Governance-level oversight
  Develop concepts for governance and finance/audit functions and determine the appropriate location and form of risk oversight.
- Council/committee participation and transition
  Develop staged participation options that reduce unnecessary overlap while maintaining quorum, statutory composition, continuity and knowledge transfer.
- Competency, recruitment and succession

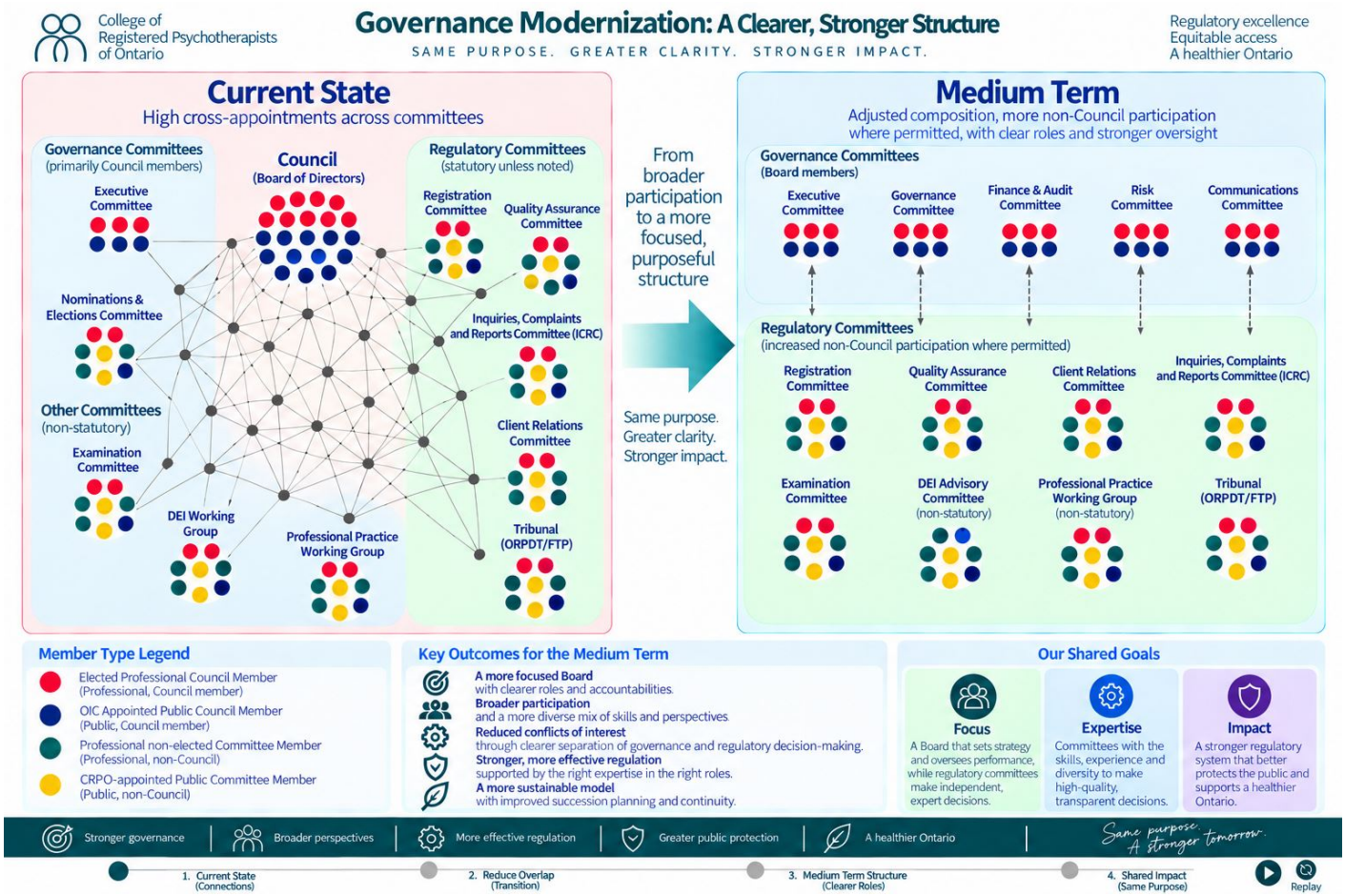
  Develop further differentiated competency profiles, a 2027-2028 recruitment forecast, leadership pipelines and succession requirements.
- Assurance and connectivity
  Design formal aggregate reporting, escalation and liaison mechanisms to replace reliance on overlapping membership as the principal source of Council assurance.
- Legal and governance documentation
  Identify and draft the by-law, Terms of Reference, policy and related changes required to implement the preferred model.
- Implementation and evaluation
  Develop a phased implementation plan with governance measures, reporting expectations and review points so Council can monitor outcomes and adjust the approach as needed.

Council retains responsibility for the strategic direction of the College and for decisions reserved to it by legislation, by-laws or policy. Executive's stewardship role supports preparation, testing and oversight of the work but does not displace Council's authority. Material structural changes, required by-law amendments and other matters reserved to Council will return for Council approval before implementation.

Progress would also be reported through the Strategic Implementation and Governance Pathway so Council can assess whether modernization is improving role clarity, governance capacity, accountability, succession and strategic oversight rather than simply whether individual structural changes have been completed.

Recommended Council direction

That Council endorse the governance modernization design principles and direction set out in this document and authorize Executive Committee and staff to proceed with detailed future-state design, recruitment and succession planning, transition planning and the development of associated by-law and Terms of Reference changes for subsequent Council consideration and approval.


College of Registered Psychotherapists of Ontario
Governance Modernization: A Clearer, Stronger Structure
SAME PURPOSE. GREATER CLARITY. STRONGER IMPACT.
Regulatory excellence
Equitable access
A healthier Ontario
Current State
High cross-appointments across committees
Governance Committees
(primarily Council members)
Executive Committee
Nominations & Elections Committee
Other Committees
(non-statutory)
Examination Committee
DEI Working Group
Council
(Board of Directors)
Professional Practice Working Group
Regulatory Committees
(statutory unless noted)
Registration Committee
Quality Assurance Committee
Inquiries, Complaints and Reports Committee (ICRC)
Client Relations Committee
Tribunal (ORPDT/FTP)
From broader participation to a more focused, purposeful structure
Same purpose. Greater clarity. Stronger impact.
Medium Term
Adjusted composition, more non-Council participation where permitted, with clear roles and stronger oversight
Governance Committees
(Board members)
Executive Committee
Governance Committee
Finance & Audit Committee
Risk Committee
Communications Committee
Regulatory Committees
(increased non-Council participation where permitted)
Registration Committee
Quality Assurance Committee
Client Relations Committee
Inquiries, Complaints and Reports Committee (ICRC)
Examination Committee
DEI Advisory Committee
(non-statutory)
Professional Practice Working Group
(non-statutory)
Tribunal (ORPDT/FTP)
Member Type Legend
Elected Professional Council Member (Professional, Council member)
OIC Appointed Public Council Member (Public, Council member)
Professional non-elected Committee Member (Professional, non-Council)
CRPO-appointed Public Committee Member (Public, non-Council)
Key Outcomes for the Medium Term
A more focused Board with clearer roles and accountabilities.
Broader participation and a more diverse mix of skills and perspectives.
Reduced conflicts of interest through clearer separation of governance and regulatory decision-making.
Stronger, more effective regulation supported by the right expertise in the right roles.
A more sustainable model with improved succession planning and continuity.
Our Shared Goals
Focus
A Board that sets strategy and oversees performance, while regulatory committees make independent, expert decisions.
Expertise
Committees with the skills, experience and diversity to make high-quality, transparent decisions.
Impact
A stronger regulatory system that better protects the public and supports a healthier Ontario.
Stronger governance
Broader perspectives
More effective regulation
Greater public protection
A healthier Ontario
Same purpose. A stronger tomorrow.
1. Current State (Connections)
2. Reduce Overlap (Transition)
3. Medium Term Structure (Clearer Roles)
4. Shared Impact (Same Purpose)
Replay

College of Registered Psychotherapists of Ontario

Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	8.
Topic:	Registration Regulation Amendments
Materials:	Consultation and Draft Amendments
References:	O. Reg. 67/15: REGISTRATION REQUIREMENTS
Action:	Decision ✓ Discussion Information
Staff Contact:	S. Fraser
Submitted by:	Registration Committee

PURPOSE & PUBLIC INTEREST RATIONALE:

The Registration Committee is recommending amendments to Ontario Regulation 67/15: Registration to clarify and strengthen several entry-to-practice requirements.

The proposed changes address requirements that directly affect eligibility for registration, including education, clinical experience, examination requirements and eligibility for independent practice. Setting these requirements in regulation provides greater clarity and consistency for applicants and supports transparent, fair and defensible registration decisions.

The proposed amendments are intended to ensure that registration requirements remain aligned with the competencies and experience needed for safe, competent practice while also removing provisions that are no longer necessary or consistent with the College's current registration approach.

BACKGROUND & CONTEXT:

The Registration Committee's 2026-27 workplan included considering changes to the Registration Regulation. The Registration Committee proposes the following five amendments to the Registration Regulation:

- Adding Independent Practice Requirement for RP (Temporary) Registrants
- Removing RP (Qualifying) Upgrading After Two Exam Failures
- Removing Substantial Completion of Education Option for Initial Registration for RP (Qualifying)
- Adding Minimum Clinical Experience Hours (125 direct client contact hours and 30 clinical supervision hours) for Recognized Education Programs
- Removing Currency Option of Completing Clinical Experience Requirement (450 direct client contact hours and 100 clinical supervision hours)

KEY CONSIDERATIONS & ANALYSIS:

Details regarding the current requirements, proposed changes, and key considerations are included in the attached Consultation and Draft Amendments which covers:

- the current regulatory requirement
- the proposed change
- the rationale for the amendment
- key considerations and anticipated impacts

The Registration Committee reviewed the proposed amendments and recommended that they proceed to public consultation.

NEXT STEPS:

Council is being asked to approve the draft amendments for the required 60-day public consultation. Council will be asked to consider the proposed amendments again following consultation and review of the feedback received.

Following approval:

- The consultation and draft amendments will be posted for 60 days for circulation and comments.
- The Registration Committee will review feedback and determine if the proposed draft can be submitted to Council for approval as circulated or with amendments based on the responses received during circulation.
- Staff will prepare the regulation submission package for government.
- Council will vote on the regulation.
- If approved, staff will submit the regulation package to government.

PROPOSED DECISION BY MOTION:

That Council approve proposed amendments to Ontario Regulation 67/15: Registration for 60-day public consultation.

College of Registered Psychotherapists of Ontario

Consultation

Registration Regulation Amendments

Introduction

This consultation document is released on behalf of the College of Registered Psychotherapists of Ontario (CRPO) to seek feedback from applicants, registrants, system partners, and stakeholders about the following five proposed amendments to the Registration Regulation (https://www.ontario.ca/laws/regulation/150067) under the *Psychotherapy Act, 2007*:

- Adding Independent Practice Requirement for RP (Temporary) Registrants
- Removing RP (Qualifying) Upgrading After Two Exam Failures
- Removing Substantial Completion of Education Option for Initial Registration for RP (Qualifying)
- Adding Minimum Clinical Experience Hours (125 direct client contact hours and 30 clinical supervision hours) for Recognized Education Programs
- Removing Currency Option of Completing Clinical Experience Requirement (450 direct client contact hours and 100 clinical supervision hours)

The proposed draft amendments to the Registration Regulation are attached as Appendix A.

Adding Independent Practice Requirement for RP (Temporary) Registrants

Current Requirement

- RP (Temporary) registrants are not required to practise with clinical supervision.
- See this link for more information: https://crpo.ca/apply-to-crpo/how-to-apply/temporary-category/

Proposed Change

- Add requirement that RP (Temporary) registrants must receive regular clinical supervision if they have not met the independent practice requirement of 1000 direct client contact hours and 150 clinical supervision hours.

Key Considerations

- Requiring clinical supervision if an RP (Temporary) registrant has not met the independent practice requirement ensures there is oversight of client work and support to the registrant while they work in Ontario for up to nine months.
- Applicants that register through other application types, including labour mobility, are required to meet the independent practice requirement. This change ensures consistency in supervision requirements across registration categories.

Removing RP (Qualifying) Upgrading After Two Exam Failures

Current Requirement

- CRPO's Examination Committee may require an RP (Qualifying) registrant to complete upgrading after two exam failures and before they may make their third attempt at the exam.
- See this link for more information: https://crpo.ca/wp-content/uploads/2024/09/Third-Exam-Attempt-Policy-Jun2124.pdf

Proposed Change

- Remove the requirement to complete upgrading after two exam failures.

Key Considerations

- The upgrading process has evolved over the years into the development of the Supervision Tool (https://crpo.ca/wp-content/uploads/2026/02/Supervision-Tool-June1424.pdf) intended to be used by an RP (Qualifying) registrant and their clinical supervisor who is best positioned to support their supervisee in identifying gaps in competence or experience and creating a plan with activities to address those gaps.
- There is currently a significant administrative burden for CRPO staff and the Examination Committee to approve learning plans for upgrading and monitor completion of activities.
- The Examination Committee has observed an increased prevalence of AI-generated learning plans by RP (Qualifying) registrants, reducing the impact and value of upgrading activities.

- Other safeguards remain in place for public protection including the requirement for all RP (Qualifying) registrants to practise with clinical supervision, actively pursue the requirements to transfer to RP, and make a third exam attempt within five years of the date of registration.

Removing Substantial Completion of Education Option for Initial Registration for RP (Qualifying)

Current Requirement

- Applicants can apply and register in the RP (Qualifying) category once they have substantially completed their education and training program and before they have graduated.
- See this link for more information: https://crpo.ca/apply-to-crpo/how-to-apply/application-overview/#substantial-completionof-education

Proposed Change

- Remove the option to apply and register in the RP (Qualifying) category prior to graduating.

Key Considerations

- Most other regulatory bodies, including other provinces that regulate psychotherapy in Canada, require graduation to apply for registration.
- Applicants often apply to CRPO too early and find the substantial completion of education definition confusing. Making this change improves clarity and ensures consistency across education programs regarding eligibility to apply to CRPO.
- Removing the option to apply prior to graduation eliminates the risk of a student registering with CRPO and then not completing their education program.
- There is a significant administrative burden with maintaining a substantial completion of education option for initial registration. Two program letters/transcripts must be sent from the educational institution and reviewed by CRPO staff. Removing the substantial completion option also eliminates the need for CRPO to track whether a registrant has graduated and has become eligible to write the exam. CRPO would no longer need to send tailored communication based on whether a final transcript has been received. This change would also eliminate registration expiries where the registrant fails to submit a final transcript by a deadline, resulting in interruption to client care while they re-apply to CRPO.

Adding Minimum Clinical Experience Hours (125 direct client contact hours and 30 clinical supervision hours) for Recognized Education Programs

Current Requirement

- It has been set out in policy that recognized programs must include a clinical placement with direct client contact and clinical supervision hours. Recently, the policy has been updated to specify that recognized programs have a minimum of 125 direct client contact hours and 30 clinical supervision hours.
- See this link for more information: https://crpo.ca/wp-content/uploads/2026/09/Program-Recognition-Policy-1.pdf

Proposed Change

- Add a requirement to the Registration Regulation that recognized programs must provide students with a minimum of 125 direct client contact hours and 30 clinical supervision hours.

Key Considerations

- Adding minimum clinical experience hours for recognized programs to the Registration Regulation promotes public confidence in the profession.
- The minimum hours work out roughly to four direct client contact hours and one clinical supervision hour per week for an eight-month practicum. The minimum hours balance developing competence and experience at a rate that allows for sufficient oversight and support from a clinical supervisor.
- The requirement for non-recognized program applications remains that the education and training must be substantially equivalent to a recognized program. CRPO is receiving a high number of applications where the applicant completed a program that did not include a clinical placement in psychotherapy. Adding minimum clinical experience hours for recognized programs to the Registration Regulation helps to ensure that decisions made by panels of the Registration Committee to refuse applications with no clinical placement are defensible on appeal to the Health Professions Appeal and Review Board.

Removing Currency Option of Completing Clinical Experience Requirement (450 direct client contact hours and 100 clinical supervision hours)

Current Requirement

- Applicants are required to demonstrate currency in one of the following ways:

    - Education and training program completed within the past 12 months from the date of application.
    - Currently completing education and training program.
    - Completed 450 direct client contact and 100 clinical supervision hours within the past 12 months from the date of application.
    - Completed 750 currency hours within the three years immediately prior to the date of application. Currency hours includes any activity related to psychotherapy.
- See this link for more information: https://crpo.ca/apply-to-crpo/how-to-apply/application-overview/#registration-requirements

Proposed Change

- Remove the currency option: Completed 450 direct client contact and 100 clinical supervision hours within the past 12 months from the date of application.

Key Considerations

- This currency option is not necessary and historically has not been used by applicants. Applicants that have graduated from their education and training program more than 12 months from the date of their application rely on the 750 currency hours within the three years immediately prior to the date of application because it is a more flexible option that can include any activity related to psychotherapy (e.g., direct client contact, record-keeping and preparation, providing clinical supervision, receiving clinical supervision, professional development, managing, teaching, other professional activities).
- Removing this option improves clarity for applicants.

Appendix A

Amendments to Ontario Regulation 67/15: Registration DRAFT 0.1

Section 16

16. ~~It is an additional term, condition and limitation on e~~Every Temporary certificate of registration is subject to the following terms, conditions and limitations~~that~~:

(a) the member's certificate of registration expires on the earlier of the expiry date noted on their certificate of registration and the day that is nine months after the date on which the certificate was issued, and

(b) The member must practise psychotherapy with clinical supervision until such time that they,

i. have completed at least 1000 hours of direct patient contact; and

ii. have completed at least 150 hours of clinical supervision related to the 1000 hours of direct patient contact referred to in subparagraph i.

Section 6, paragraph 4

(4) Subject to subsections (5) and (6), the requirement in paragraph 2 of subsection (1) is not considered to have been met unless the applicant,

(c) successfully completes the examinations~~,~~

~~(i)~~ within ~~two~~ three attempts~~, or~~

~~(ii) on a third attempt after having first successfully completed such further upgrading, if any, required by a panel of the Examination Committee~~.

Section 10

10. It is a non-exemptible registration requirement for a Qualifying certificate of registration that the applicant must have met all the requirements for the issuance of a Registered Psychotherapist certificate of registration except for,

(a) paragraph 2 of subsection 6 (1); or

(b) paragraphs 2 and 3 of subsection 6 (1)~~; or~~

~~(c) paragraphs 1, 2 and 3 of subsection 6 (1), where the applicant is actively engaged in satisfying the requirement in paragraph 1 of subsection 6 (1) after having already substantially completed the requirements of that paragraph~~.

Section 6, paragraph 3

(3) No program may be approved under paragraph 1 of subsection (1) unless:

(a) one of the core components of the program is designed to develop competency in the safe and effective use of self in a psychotherapeutic relationship, and

(b) the program provides students with at least 125 hours of direct patient contact and at least 30 hours of clinical supervision.

Section 6, paragraph 2

(2) Except in the case of an applicant to whom subsection 9 (1) applies, if the applicant has not completed ~~all~~ the ~~applicable~~ requirement~~s~~ set out in paragraph 1 ~~or 3~~ of subsection (1) within the one-year period immediately before the date that the applicant submitted their application, the applicant must,

(a) have completed at least 750 currency hours during the three-year period that immediately preceded the date that the applicant submitted their application; or

(b) have successfully completed such upgrading activities as approved by a panel of the Registration Committee.

College of Registered Psychotherapists of Ontario

Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	9.
Topic:	Psychedelic-Assisted Psychotherapy (PAP) Guidance
Materials:	• DRAFT PAP Guideline • DRAFT Guideline on Psychedelic-Assisted Psychotherapy Preparation • DRAFT Guideline on Psychedelic-Assisted Psychotherapy Integration
References:	-
Action:	Decision ✓ Discussion ✓ Information
Staff Contact:	D. Adams, P. Bialik
Submitted by:	Quality Assurance Committee

PURPOSE & PUBLIC INTEREST RATIONALE:

- To provide guidance to registrants on a growing area of practice that offers substantial risks to clients
- Psychedelic-assisted psychotherapy (PAP) poses unique risks to clients, with the potential for serious and dangerous outcomes if not conducted properly. Even with proper training and deployment of technique, clients remain at risk for destabilization.

BACKGROUND & CONTEXT:

- CRPO has received questions about conducting psychedelic-assisted psychotherapy through the practice advice, with upticks generally occurring with associated media coverage.

- In the 2025 strategic planning survey that was broadly distributed, PAP was identified as an area of growth and opportunity for the profession by respondents.
- A request for PAP guidance was submitted to CRPO's open Professional Practice Guidance Request survey.
- CRPO worked alongside Dr. Ron Shore on the development of guidance. Ron Shore (MPA, PhD) is currently an Assistant Professor in the Department of Psychiatry at Queen's University, a Senior Scientist at the Centre for Psychedelics Health and Research at Providence Care in Kingston, Ontario, and a Co-Principal Investigator at the Canadian Network for Psychedelic-Assisted Cancer Therapy.

KEY CONSIDERATIONS & ANALYSIS:

- PAP offers unique risks to clients, including destabilization following dosing/sitting sessions.
- The other psychotherapy-enabled regulatory Colleges in Ontario have not released guidance on PAP, leaving practitioners with little regulatory guidance from any source.
- Registrants have demonstrated interest in learning more about how to safety provide PAP.
- Releasing guidance could give the impression the College is inherently endorsing PAP, knowing that many providers are working outside the legal systems in place for access
- The College typically does not release guidance on specific practice areas, instead generally focusing on broader issues and concerns that are more widely applicable

RECOMMENDATIONS:

- The Quality Assurance Committee approved all three guidance documents by consensus to move forward to Council for final approval for distribution.

NEXT STEPS:

- CRPO will socialize the guidance with Registrants through the Communique

- CRPO will share the guidance with staff at other psychotherapy-enabled Colleges who have demonstrated interest in information sharing

PROPOSED DECISION BY CONSENSUS:

That Council approves the PAP Guideline, Guideline on Psychedelic-Assisted Psychotherapy Preparation and Guideline on Psychedelic-Assisted Psychotherapy Integration for approval, by consensus.

DRAFT Guideline on Psychedelic-Assisted Psychotherapy

Approved by:

Date of Approval:

PREAMBLE

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations for the application of Professional Practice Standards to the provision of psychedelic-assisted psychotherapy (PAP). This guideline may be used alongside the Guidelines on preparation and integration.

PAP is a form of therapy that utilizes psychedelic substances to aid the therapeutic process. Psychedelic substances are substances that produce hallucinations including, but not limited to, psilocybin, MDMA, ayahuasca and LSD. While ketamine and cannabis are not classified as psychedelics, CRPO has decided to include it in this guideline due to the similarity of consideration and requirements. Registrants should be aware that ketamine and cannabis differ in legal status from traditional psychedelics. Cannabis is available for recreational purchase and use for individuals over the age of 19 in Ontario, while medical cannabis can also be prescribed. Ketamine can be prescribed for use by an authorized medical professional.

The College is aware that public interest in the use of psychedelics and in PAP has been increasing for several years.

There are several existing legal frameworks through which PAP may be conducted. This includes in a Health Canada approved clinical trial, through access granted by the federal Special Access Program (SAP), through access granted by a section 56(1) exemption, in a legal ketamine clinic, or using cannabis.

Health Canada may approve applications for clinical trials that test new drugs (including vaccines), new uses of approved drugs on humans to understand their safety, efficacy, and other effects on health outcomes. You can ensure the clinical trial in which you're working is Health Canada approved by searching in the existing database: Health Canada's Clinical Trials Database - Canada.ca

The SAP is a program run by Health Canada that allows for health care professionals to request access to a drug that is not available for sale in Canada. The request must be for treating a patient with a serious or life-threatening condition where conventional treatments have failed, are unsuitable or are not available in Canada. More information is available here: Health Canada's special access programs: Request a drug - Canada.ca

Section 56(1) exemptions allow the Minister of Health to exempt a person or class of persons, controlled substances or precursors from the provisions of the Controlled Drugs and Substances Act or its regulations for a medical purpose. Individual submissions for exemptions are considered on a case-by-case basis. More information is available here: Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada - Canada.ca

In clinical settings where substances are administered through legal pathways, the role of a Registered Psychotherapist is limited to the provision of psychotherapy within their scope of practice. This may include providing psychological support during medically supervised dosing/sitting sessions and helping maintain a safe and supportive therapeutic environment. RPs may also provide preparation or integration sessions to help clients clarify goals and reflect on their experiences.

RPs do not prescribe, recommend, administer or supply controlled substances; these functions remain the responsibility of authorized professionals.

CRPO is actively monitoring the legal landscape and will update guidance should circumstances change.

INTRODUCTION

Registered Psychotherapists are obligated to provide safe, ethical, and competent services to clients at all times. The following guidelines discuss what registrants should consider before providing PAP. As always, all CRPO standards continue to apply; this guidance document highlights standards that have particular relevance and should be considered in any provision of PAP.

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DEFINITIONS

The College acknowledges that the language used in this guideline may differ from other resources on PAP as the language-scape continues to evolve rapidly. If you have concerns about the language used, please reach out at info@crpo.ca to share any suggestions.

Sessions: Sometimes referred to as sitting or dosing sessions, these are non-psychotherapeutic sessions when the client is actively under the influence of a psychedelic substance. Therapy is not undertaken at this time, with professionals being on hand for guiding and client safety. Depending on the context or framework in which PAP is being administered, there might be more than one session.

Integration sessions: Psychotherapy sessions occurring after a dosing/sitting session. During sessions the practitioner and client discuss and integrate the experience and insights that arose from using the psychedelic substance and leverage increased neuroplasticity to develop and encourage healthy habits.

Preparation sessions: Occurring prior to dosing/sitting session(s), these sessions focus on assisting clients to ensure they are informed about the decision being made to pursue PAP and are appropriately prepared for the experience.

Psychedelic assisted psychotherapy (PAP): A form of therapy that utilizes psychedelic substances to aid the psychotherapeutic process. PAP includes preparation sessions, dosing sessions and integration sessions. In some cases and clinical trials, clients may undergo administration of a substance without complimentary psychotherapeutic support.

Psychedelic substance: Hallucinogenic substances including, but not limited to, psilocybin, MDMA, ayahuasca and LSD. While not a traditional psychedelic, CRPO considers ketamine assisted therapies to be part of PAP.

Safety touch: Use of touch for the purposes of protecting a client or de-escalating a situation.

Set and setting: "Set" refers to a client's mindset including thoughts and expectations during dosing/sitting sessions, while "setting" refers to the physical and social space where these sessions are occurring. Both are crucial factors that strongly impact one's reaction to the psychedelic substance.

Therapeutic touch: Use of touch for therapeutic use or to provide comfort.

MEDICAL MONITORING AND OVERSIGHT

Psychedelics should never be administered without the presence of a medical professional on site to ensure appropriate screening for participation, obtaining informed consent to medical aspects of treatment, and the ability to provide onsite medical monitoring and intervention in the event of an adverse reaction.

Individuals considering participation in psychedelic consumption must be fully informed of potential adverse reactions and medical risks.

Adverse effects of psychedelic consumptions may include cardiac events - including arrest, -psychosis, nausea, and anxiety attacks, among other risks. These risks are heightened and more common in individuals who have contraindications for psychedelic usage, but also occur in individuals who are considered "safe" or appropriate participants.

RPs are not in a position to independently support clients during medical events and require a support team to ensure clients are appropriately protected.

Participants must be medically monitored throughout the entirety of the dosing session by someone with the authority to prescribe and dispense medication in emergency situations.

Medical professionals may also need to be involved in integration sessions to ensure clients experience no short-term or long-term medical effects from psychedelic consumption.

LIMITATIONS AND PROHIBITIONS

Per the RHPA, "no person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them."[1]

RPs who offer psychedelic assisted psychotherapy should work alongside and closely collaborate with prescribers and other members of the health team to ensure clients are receiving adequate support (Standard 3.3 - Communicating Client Care).

In all circumstances, the scope of practice for RPs is psychotherapy (Standard 1.4 - Controlled Acts). Registered Psychotherapists are not authorized to recommend, prescribe, or dispense controlled substances. The RP's role during a dosing session must remain strictly within the practice of psychotherapy.

During dosing sessions this means the RP may:

- provide psychological support and monitoring of the client's emotional state
- assist in maintaining a safe therapeutic environment
- observe and respond to psychological experiences that arise.

[1] Regulated Health Professions Act: Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)

The RP must not:

- administer the substance
- advise on dosing or substance selection
- participate in decisions regarding drug administration.

These responsibilities remain with authorized professionals such as physicians or nurse practitioners.

RPs reserve the right to refuse service to clients they believe are not strong candidates for PAP.

COMMUNICATING CLIENT CARE

Psychedelic assisted psychotherapy typically occurs in interprofessional care settings involving prescribers and other clinical staff.

RPs should:

- collaborate closely with the prescribing professional and clinical team
- communicate observations about the client's psychological state
- document and share information relevant to client safety and therapeutic outcomes.

Effective communication helps ensure that both medical and psychological risks are managed appropriately. Participation and integration of complimentary professionals should be prioritized, and the importance of open communication shared with the client. However, information about treatment can not be shared without consent of the client, unless a legal exemption applies.

COMPETENCE AND SUPERVISION

PAP is a specialized modality that requires additional training and supervision beyond entry-to-practice psychotherapy competencies.

Psychedelic assisted psychotherapy is a unique practice that requires appropriate and specific training and supervision. As with all practice areas, registrants are expected to practice only within areas where they have developed competence (Standard 2.1 – Seeking Consultation, Clinical Supervision and Referral). Professionals practicing PAP in any capacity should consider ongoing consultation or supervision as the practice continues to evolve rapidly.

When expanding one's practice area to include PAP, registrants must undertake appropriate, verifiable education and receive clinical supervision or consultation prior to taking on clients (Standard 2.1 – Seeking Consultation, Clinical Supervision and Referral).

Education for psychedelic-assisted should be specific to the psychedelic substance the client will be using in session.

Registrants should also seek supervision or consultation when encountering unfamiliar clinical situations, regardless of their years of experience. Because psychedelic experiences can be unpredictable, consultation may be particularly important following complex or destabilizing client reactions.

Matters falling outside a registrants' competence or scope of practice should be referred to appropriate professionals.

Competency in PAP goes beyond traditional psychotherapeutic techniques, as clients under the influence are placed in a vulnerable position and are at a higher risk for destabilization post-dosing session. Within a dosing session, competency extends to physical safety measures (e.g., slips and fall avoidance, use of safety touch, et cetera), co-creating a safe set and setting, and the ability to understand and appropriately prepare clients for the potential positive and negative effects of the substance in use among other competencies. For more details, refer to the section below titled *Client Safety and Risk of Harm*.

SITTING/DOSING SESSIONS ROLES

A dosing session occurs directly following the administration of a substance. The length of the session will depend on the substance being administered.

A registrant may or may not be present for the dosing/sitting session depending on the policies and protocols in place, provided appropriate training has been obtained.

Dosing sessions are typically client-directed and led, with potential but limited interventions for client safety, or psychological support. Psychological support often focuses on assisting the client in navigating feelings of distress, grounding, and non-directive support. An RP may fulfil this role provided they have gained competence in the area (Standard 2.1 - Seeking Consultation, Clinical Supervision and Referral).

These sessions should always have a medical monitor present (see above – Medical Monitoring and Oversight). A medical monitor must be able to provide adequate support and interventions for the client in the case of an adverse reaction, and is able to monitor for risks that fall outside the scope of a registrant. An RP may not fulfill this role unless dually registered with a medical regulatory college with jurisdiction over the location of the session.

A secondary witness may also be present, particularly if the medical monitor will be acting in a dual role of providing medical oversight and psychological support. Should another party be present, even if interaction with the client is not anticipated, full and informed

consent from the client must be obtained regarding their role and any potential interaction with the client or process. An RP may fulfill this role.

PREPARATION AND INTEGRATION AS NECESSARY ELEMENTS OF PSYCHOTHERAPEUTIC CARE

Under Standard 3.5 - Unnecessary Treatment, registrants only continue therapy when there is a reasonable benefit to the client. Together, preparation and integration sessions form the foundations of psychedelic assisted psychotherapy. Without preparation and integration sessions, the treatment is no longer psychedelic-assisted *psychotherapy.*

Any decision to engage in PAP should be preceded by a rigorous screening process to determine if the client meets established inclusion and exclusion criteria.

Preparation sessions allow clients to prepare for the dosing/sitting session by receiving psychoeducation, developing key skill sets including grounding and distress tolerance, building safety and trust between practitioner and client, discussing trauma or issues that may arise while on the substance, expectation setting and mitigation, and preparing the client for the work that will be done in integration.

Integration sessions provide an opportunity to reflect, discuss and potentially learn from the experience. These post-use sessions also allow the assessment of the client's emotional stability and psychological well-being following the experience. Registrants must remain vigilant and conduct ongoing assessments of client well-being during integration and later sessions. Psychedelic usage, even in controlled and legal settings, can be destabilizing and put the client at risk.

Additional information on preparation sessions can be found in the Guideline on Client Psychedelic Preparation Sessions, and additional information on integration sessions can be found in the Guideline on Client Psychedelic Integration Sessions. **Client Consent**

Ensuring clients are providing ongoing and informed consent is of the upmost importance (Standard 3.2 - Consent). Obtaining informed consent for PAP may be done by other members of the clinical team. Even in these cases, registrants should ensure that the client understands the potential risks and benefits of PAP, in particular those that are related to the elements of PAP being provided by the RP and the role of the RP in sessions.

Registered Psychotherapists are not authorized to recommend, prescribe, or dispense controlled substances, and as a result substance-specific risks should always be provided by an eligible member of the care team. The role of the RP should be limited to psychotherapy, with presence in dosing/sitting sessions permissible provided appropriate training has occurred and supportive policies and necessary resources are in place.

Clients must be informed of both the risks and benefits of pursuing psychedelic assisted psychotherapy. RPs must ensure the client has an adequate understanding of the

treatment they will receive as well as the longer-term effects of the substance and its use as they relate to psychotherapy.

Consent can be revoked while under the influence of a psychedelic substance, but consent cannot be given while under the influence. Consent is ongoing and decision-specific, and not a blanket permission.

Use of touch must always be discussed prior to psychedelic consumption. Both therapeutic and safety touch must be discussed and agreed upon in advance of the dosing/sitting session. During the dosing/sitting session, these pre-determined forms of therapeutic and safety touch should only occur with the explicit and ongoing consent of the client, with limited exceptions for issues of client safety.

It can be difficult for clients to know how they will feel or what they will require while under the influence, so practitioners may wish to offer hypothetical situations that allow clients to more deeply consider how they may feel in the moment. For example, instead of asking whether a client consents to the use of therapeutic touch – which encompasses a wide range of behaviour and may not be specific enough for a client to understand – practitioners could ask more specific hypotheticals like "can you imagine a situation where you may want to hold my hand or have me hold your hand?" Each potential form of therapeutic touch must be discussed with the client; if a client consents to having their hand held, that does not mean they would also be comfortable receiving a supportive hand on their shoulder. Therapeutic touch should be thoroughly explained with emphasis on the reasons and boundaries.

Should the client suspend consent to touch mid-session, registrants are expected to immediately comply apart from emergency or safety protocols, which should be discussed in advance and supported by policies. Safety touch should be narrowly defined in policies and thoroughly discussed to ensure clients understand what actions may be taken. Safety touch must be proportionate and as minimally restrictive as is reasonably possible given the circumstances.

Such departures from the pre-determined boundaries should be documented and discussed with the client at integration sessions.

Clients may also revoke consent to continue the dosing/sitting session while under the influence. Registrants participating in PAP must ensure there are early exit protocols in place to ensure the safety of a client.

RPs or other members of the care team may also be able to communicate with the client to determine the reason for their exit and see if any adjustments can be made to the setting in order to increase client comfort.

Sexual touch is prohibited under all circumstances. The *RHPA* defines sexual touch – touching, of a sexual nature, of the patient by the member or the member allowing the patient to touch them in a sexual nature – as sexual abuse.

RECORDKEEPING AND DOCUMENTATION

Registrants are obligated to keep complete clinical and financial records in accordance with the College's Section 5 Standards.

Some practitioners choose to use electronic recording equipment while conducting their sessions. These records are considered part of the clinical record. Such recordings must be done only with the consent of the client (Standard 3.2 - Consent), and stored and retrieved in accordance with relevant privacy.

Records should include:

- preparation and planning
- client vetting through exclusion and inclusion criteria
- the RP's role during the dosing session
- the presence and role of additional parties, including the medical monitor
- observations regarding the client's psychological state
- safety issues or adverse reactions
- communication with the clinical team
- follow-up or integration planning.

Documentation should clearly distinguish between psychotherapeutic observations and medical decisions, which remain the responsibility of the prescribing clinician.

CLIENT SAFETY AND RISK OF HARM

Clients undergoing PAP are at an increased risk of harm during dosing/sitting sessions due to their altered mental state. Clients under the influence of psychedelics will have enhanced vulnerability and as a result must be closely monitored.

Additionally, the effects of psychedelic substances can be unpredictable and inconsistent, even in closely monitored settings, so clients may have non-typical reactions to the substance used in a psychotherapeutic session. As a result, the treatment team should ensure that clients are first appropriately vetted against known risk factors before agreeing to take on any client. This should be done in collaboration with other members of the care team as medical advice and vetting falls outside the scope of psychotherapy

The policies and expectations under which a registrant works must adhere to all College Professional Practice Standards. Registrants practicing PAP should ensure their clinic or care team has policies and protocols in place that cover, at minimum, the following:

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- Policies to ensure client safety including emergency safety, adverse reaction protocols, and safety touch policies;
- Policies for client vetting and protocols detailing exclusion criteria to eliminate clients with contraindications for PAP;
- Patient consent policies and protocols;
- Discharge policies for the dosing/sitting sessions to ensure clients are not being released alone while under the influence;
- Early exit protocols outlining how to handle a client who wants to leave mid-dosing session;Policies for monitoring and continued client care; and
- Sanitation policies.

RPs must:

- maintain strict professional boundaries
- avoid exploiting the power imbalance inherent in the altered state
- ensure that all interactions respect the client's autonomy and dignity.

UNDUE INFLUENCE

Suggestibility may increase during altered states and as a result practitioners must avoid imposing interpretations, beliefs, or personal agendas on the client's experience (Standard 1.8 - Undue Influence and Abuse).

CLINICIAN SELF CARE AND INCAPACITY

Clinicians may be affected by client reactions to the substance consumed, and the risk for vicarious trauma may be increased with PAP compared to traditional psychotherapeutic interventions. As a result, registrants should be cautious when scheduling dosing/sitting sessions to allow for adequate processing time, and make sure they have resources in place for support.

It is never appropriate for a registrant to be under the influence of a psychedelic or other substance while operating within their role as a psychotherapist as doing so would impair their judgement and ability to safely care for clients.

PROFESSIONAL LIABILITY INSURANCE (PLI)

RPs are always responsible for ensuring their actions are appropriately covered by PLI, regardless of practice area or modality. Providing information on how to obtain substances used for PAP, involving oneself in the preparation or administration of a substance for client

consumption, or guidance on strains and dosages would likely violate a registrant's PLI. To understand the limitations of PLI coverage, registrants should contact their insurer.

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.

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DRAFT Guideline on Client Psychedelic Integration Sessions

Approved by:

Date of Approval:

PREAMBLE

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations for the application of Professional Practice Standards to the provision of psychedelic-assisted psychotherapy (PAP)[1]. This guideline may be used alongside the Guidelines on Psychedelic Assisted Psychotherapy, and Guideline on Integration.

Psychedelic assisted psychotherapy is a form of therapy that utilizes psychedelic substances to aid the therapeutic process. Psychedelic substances are substances that produce hallucinations including, but not limited to, psilocybin, MDMA, ayahuasca and LSD. While ketamine and cannabis are not classified as psychedelics, CRPO has decided to include it in this guideline due to the similarity of consideration and requirements. Registrants should be aware that ketamine and cannabis differ in legal status from traditional psychedelics. Cannabis is available for recreational purchase and use for individuals over the age of 19 in Ontario, while medical cannabis can also be prescribed. Ketamine can be prescribed for use by an authorized medical professional.

The College is aware that public interest in the use of psychedelics and in PAP has been increasing for several years.

There are several existing legal frameworks through which PAP may be conducted. This includes in a Health Canada approved clinical trial, through access granted by the federal Special Access Program (SAP), through access granted by a section 56(1) exemptions, or through legal ketamine clinics.

INTRODUCTION

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations and limitations for the application of Professional Practice Standards to the provision of psychedelic-assisted psychotherapy (PAP).

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Psychedelic-assisted psychotherapy[1] is a form of therapy that utilizes psychedelic substances to aid the therapeutic process.

There are several existing legal frameworks through which psychedelic-assisted psychotherapy may be conducted. However, some clients may elect to use substances outside of the legal framework and wish to explore the experience with their therapist.

As always, RPs are expected to ensure their decisions and behaviour adhere to CRPO's Professional Practice Standards and Code of Ethics.

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LIMITATIONS AND PROHIBITIONS

The scope of practice for RPs is psychotherapy (Standard 1.4 - Controlled Acts). Registered Psychotherapists are not authorized to recommend, prescribe or dispense controlled substances. Psychedelics such as MDMA, LSD and psilocybin are controlled substances in Canada, and ketamine must be prescribed by an authorized medical professional in order

[1] *The terminology used to describe mental health interventions involving psychedelic substances is evolving and used inconsistently across research, clinical, and policy contexts. "Psychedelic-assisted The The terminology used to describe mental health interventions involving psychedelic substances is evolving and used inconsistently across research, clinical, and policy contexts. "Psychedelic-assisted Psychotherapy (PAP)" typically refers to a structured model in which a psychedelic substance is administered alongside a defined psychotherapy process that includes preparation, monitored dosing sessions, and integration therapy, with the psychedelic experience intended to support the psychotherapeutic work. "Psychedelic-assisted therapy (PAT)" is often used as a broader umbrella term for therapeutic approaches combining a psychedelic experience with psychological support, which may or may not involve a specific psychotherapy modality. "Psychedelic therapy" is a more general term referring to the therapeutic use of psychedelic substances and may encompass a range of models in which the therapeutic effects are attributed primarily to the pharmacological and experiential properties of the substance, sometimes with supportive guidance rather than formal psychotherapy.*

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to be used legally. Cannabis can be medically prescribed, or purchased recreationally in Ontario by individuals aged 19 or older.

Registrants must be clear with clients that they are unable to facilitate the purchasing of illicit substances and must not provide information regarding the procurement of illicit substances.

NOTICE OF INTENT

In some situations a registrant may be made aware of a client's intent to use substances prior to consumption. This may be for therapeutic or non-therapeutic purposes.

In either scenario, registrants may wish to open a conversation with the client about how the experience may influence the therapeutic process. More information about discussing client substance use in advance can be found in the Guideline on Client Psychedelic Preparation Sessions.

INTEGRATION SESSIONS

Integration sessions provide a non-judgmental opportunity to reflect and learn from the experience of using psychedelics

Clients may wish to discuss and reflect on the experience of being under the influence, or the psychotherapeutic effects of the substance – including any memories, feelings or fixations that emerged.

Discussions often focus on the following:

- Processing the physical experience
- Processing the thoughts, memories or feelings that emerged during or after use
- Creating goals
- Risk assessment to ensure client stability following the experience
- Safety planning if the client is destabilized

Integration Sessions May Include	Integration Sessions Must Not Include
Providing general psychoeducation about potential psychological effects that have been described in research or clinical literature, without presenting oneself as a medical authority.	Directing the client to obtain more or additional substances, recommending particular substances, dosages, or sources, or assisting the client to acquire them.

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Providing a space to allow the client to openly explore their experience	Judgements of the experience or the decision to consume psychedelics from the registrant
Client-led conversations about the experience	Imposition of registrant expectations of outcomes and experience
Conversations with clients regarding positive action planning for the future	Registrant declarations of clients being "cured" as a result of consuming substances
Assessment for destabilization	Providing a diagnosis or medical treatment plan related to destabilization
Encouraging consultation with other qualified professionals where appropriate (e.g., physicians, psychiatrists)	Communicating with other providers without the client's consent, except where permitted or required by law

CLIENT STABILITY

Registrants should assess clients for stability and wellness in the sessions following psychedelic usage. Psychedelic usage can result in both short-term and long-term destabilization or changes in mental wellness.

Potential risks include suicidality, mania, dissociation, insomnia or functional decline. Registrants routinely working with clients utilizing psychedelics must be able to identify signs of a negative response to psychedelics.

Registrants may wish to make use of risk assessments to help determine warning signs for client instability or emerging associated symptoms. When risks are identified, registrants should utilize safety plans.

More information on risk assessment and safety planning can be found in CRPO's jurisprudence manual.

If unsure about the level of risk being displayed by a client following psychedelic consumption, registrants should immediately seek guidance from a supervisor or consultant to ensure clients are adequately supported.

When safety planning is insufficient, registrants may need to consider the non-consensual disclosure of information permitted under PHIPA to reduce or eliminate harm. More information on permissive reporting can be found in the Guideline on Deciding Whether to Disclose Information to Prevent Harm.

PROFESSIONAL LIABILITY INSURANCE (PLI)

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RPs are always responsible for ensuring their actions are appropriately covered by PLI, regardless of practice area or modality. Providing information on how to obtain substances used for PAP, involving oneself in the preparation or administration of a substance for client consumption, or guidance on strains and dosages would likely violate an RP's PLI. To understand the limits of PLI, registrants should contact their insurer.

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.

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DRAFT Guideline on Client Psychedelic Preparation Sessions

Approved by:

Date of Approval:

PREAMBLE

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations for the application of Professional Practice Standards to the provision of psychedelic-assisted psychotherapy (PAP)[1]. This guideline may be used alongside the Guidelines on Psychedelic Assisted Psychotherapy, and Guideline on Integration.

PAP is a form of therapy that utilizes psychedelic substances to aid the therapeutic process. Psychedelic substances are substances that produce hallucinations including, but not limited to, psilocybin, MDMA, ayahuasca and LSD. While ketamine and cannabis are not classified as psychedelics, CRPO has decided to include it in this guideline due to the similarity of consideration and requirements. Registrants should be aware that ketamine and cannabis differ in legal status from traditional psychedelics. Cannabis is available for recreational purchase and use for individuals over the age of 19 in Ontario, while medical cannabis can also be prescribed. Ketamine can be prescribed for use by an authorized medical professional.

The College is aware that public interest in the use of psychedelics and in psychedelic-assisted psychotherapy has been increasing for several years.

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[1] *The terminology used to describe mental health interventions involving psychedelic substances is evolving and used inconsistently across research, clinical, and policy contexts. "Psychedelic-assisted psychotherapy (PAP)" typically refers to a structured model in which a psychedelic substance is administered alongside a defined psychotherapy process that includes preparation, monitored dosing sessions, and integration therapy, with the psychedelic experience intended to support the psychotherapeutic work. "Psychedelic-assisted therapy (PAT)" is often used as a broader umbrella term for therapeutic approaches combining a psychedelic experience with psychological support, which may or may not involve a specific psychotherapy modality. "Psychedelic therapy" is a more general term referring to the therapeutic use of psychedelic substances and may encompass a range of models in which the therapeutic effects are attributed primarily to the pharmacological and experiential properties of the substance, sometimes with supportive guidance rather than formal psychotherapy.*

INTRODUCTION

This guideline is intended to provide clarity to CRPO registrants, and members of the public, regarding the College's expectations and limitations for the application of psychedelic-assisted psychotherapy.

There are several existing legal frameworks through which psychedelic-assisted psychotherapy may be conducted. However, some clients may elect to use substances outside of the legal framework and inform their therapist prior to use.

As always, RPs are expected to ensure their decisions and behaviour adhere to the Professional Practice Standards and Code of Ethics.

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LIMITATIONS AND PROHIBITIONS

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Registrants must be clear with clients that they are unable to facilitate the purchasing of illicit substances and must not provide advice regarding the procurement of illicit substances.

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PREPARATION SESSIONS

Preparation sessions require clients to prepare for their use by receiving psychoeducation, building key skill sets, discussing trauma or issues that may arise while on the substance, and preparing the client for the work that will be done when working to integrate their experiences.

Preparation Sessions May Include	Preparation Sessions Must Not Include
Exploring the client's motivations, expectations, and concerns regarding a planned psychedelic experience.	Recommending, prescribing, supplying, or administering psychedelic substances.
Providing general psychoeducation about potential psychological effects that have been described in research or clinical literature, without presenting oneself as a medical authority.	Directing the client to obtain substances, recommending particular substances, dosages, or sources, or assisting the client to acquire them.
Encouraging discussion on measures that can be taken to ensure safety while under the influence	Offering to provide direct onsite support to a client while they are under the influence
Discussing psychological risks and uncertainties, including the possibility of distressing experiences or unexpected emotional reactions.	Providing medical advice about contraindications, medication interactions, dosing, or safety of specific substances.
Establishing clear safety plans with clients for use following potential destabilization	Minimizing the potential for negative effects or instilling in clients that psychedelics are inherently safe or universally beneficial
Helping the client identify intentions, personal values, or goals related to the experience.	Facilitating or organizing psychedelic use, including arranging sessions, locating facilitators, or coordinating retreats where psychedelic substances are administered.
Developing coping strategies and safety plans for managing difficult emotions or psychological distress.	Presenting psychedelic use as clinically indicated, recommended, or necessary for the client's treatment.
Encouraging the client to obtain medical or psychiatric assessment where appropriate (e.g., where there may be	Representing oneself as qualified to evaluate medical suitability for psychedelic use

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contraindications or complex health considerations).	unless authorized to do so within another regulated health profession.
Encouraging the client to consider treatment options and to make decisions consistent with their values and well-being.	Pressuring or influencing the client to pursue or avoid psychedelic experiences.
Discussing plans for post-experience integration, including processing insights or emotional reactions in future therapy sessions.	Allowing preparation sessions to become ongoing advice regarding acquiring psychedelics, use of psychedelics or guidance outside the scope of psychotherapy.
Encouraging consultation with other qualified professionals where appropriate (e.g., physicians, psychiatrists).	Communicating with other providers without the client's consent, except where permitted or required by law.

INFORMED DECISION MAKING

As a trusted professional, RPs may be informed about intended psychedelic use prior to its consumption. Should this occur, RPs are often in a position to assist the client in informed decision making.

While RPs are not authorized to recommend, prescribe, or dispense controlled substances (Standard 1.4 - Controlled Acts), they can engage in conversation to ensure relevant factors have been taken into consideration based on their knowledge of the client. Contra-indications and risks should be explicitly explored by anyone contemplating the use of psychedelics. RPs can support clients in considering information that is relevant to their decision-making. For example, asking the client if they have confirmed whether a prescribed medication they take is contraindicated, or if they have explored whether a known diagnosis, familial risk factors or mental health experiences would pose an additional risk.

General safety questions can also be posed, for example whether they intend to have someone else in the room through the duration of psychedelic use for safety purposes.

RPs will likely not have answers to these questions themselves, but should urge clients to obtain the information they need – including recommending and facilitating assessment by a clinician who has the authority to diagnose mental health conditions and prescribe controlled substances – to make informed decisions.

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FOLLOW UP

Clients may wish to discuss the experience of being under the influence with their therapist, including any memories, thoughts or feelings that emerged or were dominant following consumption. This is referred to as an "integration session." Information on these sessions can be found in the Guideline on Client Psychedelic Integration Sessions.

THERAPEUTIC EFFECTIVENESS

Registrants may wish to discuss with the client their reason for considering using psychedelics if they are doing so with the intention of facilitating therapy or reflection. Clients may be relying on substances to bridge gaps they feel are present in the current therapeutic plan or in response to a lack of perceived or actual progress.

Clients should be actively engaged when determining the direction of therapy to ensure treatment is effective (3.5 - Unnecessary Treatment) and meeting their communicated needs.

PROFESSIONAL LIABILITY INSURANCE

RPs are always responsible for ensuring their actions are appropriately covered by PLI, regardless of practice area or modality. Providing information on how to obtain substances used for PAP, involving oneself in the preparation or administration of a substance for client consumption, or guidance on strains and dosages would likely violate an RP's PLI. To understand the limitations of PLI coverage, RPs should contact their insurer.

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.

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College of Registered Psychotherapists of Ontario

Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	10.
Topic:	Committee Appointments
Materials:	-
References:	-
Action:	Decision ✓ Discussion ✓ Information ✓
Staff Contact:	A. Fournier
Submitted by:	Executive Committee

PURPOSE & PUBLIC INTEREST RATIONALE:

As the body charged with ensuring that Registered Psychotherapists provide safe, ethical and competent care to Ontarians, individuals serving on Council and committees must possess the knowledge, skills and experience to discharge their duties effectively.

Committee appointments support effective and efficient completion of committee business, particularly in ensuring the required panel composition. Representation of the public perspective is a key piece of the professional regulation model in Ontario.

BACKGROUND & CONTEXT:

The Executive Committee reviewed committee succession planning in light of Council turnover, including members completing their terms, newly elected members, changes in committee chair positions, and new public appointments by the Public Appointments Secretariat (PAS). The Committee considered factors such as succession planning needs, individual expertise, and committee continuity.

KEY CONSIDERATIONS & ANALYSIS:

With three Council members' terms ending effective September 30, 2026, the Executive Committee considered any gaps left with those departures. The Committee addressed the Client Relations Committee (CRC) Chair vacancy. The CRC has been chaired by Judy Mord, RP, since December 2022. The Executive recommended the appointment of Janet Cullen, RP, as Chair, and Sara Kohtala, RP, as Vice-Chair, to assist with succession planning and continuity.

On June 11, 2026, the College received notice from the PAS that a new public member had been appointed to CRPO Council. We are pleased to welcome Kaydee Richmond of North York. The Executive Committee made recommendations based on Kaydee's noted experience and committee vacancies.

Executive Committee also discussed the appointment of newly elected Council members Nicolas El-Kada, RP, Valerie Kates, RP, and Mark Whiticar, RP, to committees.

RECOMMENDATIONS:

The Executive Committee recommended the following appointments with terms of approximately one year beginning October 1, 2026:

- Kevin Sack, Public Member, as Vice-Chair, Nominations and Elections Committee
- Janet Cullen, RP, as Chair, Client Relations Committee
- Sara Kohtala, RP, as Vice-Chair, Client Relations Committee

In accordance with the CRPO by-laws, all members of Council are appointed to the Ontario Registered Psychotherapists of Discipline Tribunal (ORPDT) and Fitness to Practise Committee.

- Nicolas El-Kada, RP, will continue to serve as Chair of the Inquiries, Complaints and Reports Committee, and will also be appointed to ORPDT/FTP.
- Valerie Kates, RP, to the Inquiries, Complaints and Reports Committee, Quality Assurance Committee, and ORPDT/FTP
- Mark Whiticar, RP, to the Registration Committee, Nominations and Elections Committee, and ORPDT/FTP.

New public member appointment (effective July 16, 2026):

- Kaydee Richmond, Public Member, to the Inquiries, Complaints and Reports, Client Relations, Nominations and Elections Committees, and ORPDT/FTP.

PROPOSED DECISION BY CONSENSUS:

That Council ratify the appointment of:

- Kevin Sack, Public Member, as Vice-Chair, Nominations and Elections Committee
- Janet Cullen, RP, as Chair, Client Relations Committee
- Sara Kohtala, RP, as Vice-Chair, Client Relations Committee
- Nicolas El-Kada, RP, will continue to serve as Chair of the Inquiries, Complaints and Reports Committee, and will also be appointed to ORPDT/FTP.
- Valerie Kates, RP, to the Inquiries, Complaints and Reports Committee, Quality Assurance Committee, and ORPDT/FTP
- Mark Whiticar, RP, to the Registration Committee, Nominations and Elections Committee, and ORPDT/FTP.
- Kaydee Richmond, Public Member, to the Inquiries, Complaints and Reports, Client Relations, Nominations and Elections Committees, and ORPDT/FTP.

College of Registered Psychotherapists of Ontario

Briefing Note for Council

Meeting Date:	October 1, 2026
Agenda Item #:	11.
Topic:	Policy Updates
Materials:	DRAFT REVISED Posting Non-College Conduct to the Public Register DRAFT REVISED Reporting Information on Possible Criminal Acts DRAFT REVISED Review cycle for policies and guidelines
References:	-
Action:	Decision ✓ Discussion ✓ Information
Staff Contact:	P. Bialik
Submitted by:	CRPO staff

PURPOSE & PUBLIC INTEREST RATIONALE:

- CRPO policies provide the structure for effective governance and oversight of the profession.
- Policies operate on a three-year review cycle, after which a review is mandated if not already undertaken.

BACKGROUND & CONTEXT:

- The DRAFT REVISED Policy on Posting Non-College Conduct to the Public Reister and DRAFT REVISED Reporting Information on Possible Criminal Acts are due for review, while the DRAFT REVISED Review Cycle for Policies and Guidelines is being updated prior to the mandated three-year cycle.
- The DRAFT REVISED Policy on Posting Non-College Conduct to the Public Register has undergone no changes, as the policy is based on both regulation and College Bylaws.

- The DRAFT REVISED Reporting Information on Possible Criminal Acts has been modified. The policy previously stated that CRPO "will" report possible criminal acts, while the updated policy notes that the College "may" report possible criminal acts and lists considerations for the decision.
- The DRAFT REVISED DRAFT REVISED Review Cycle for Policies and Guidelines underwent the following changes:
    - Integration of guidelines into the policy review cycle
    - Changing from a firm three year review to an "approximately three year" review unless "otherwise required"
    - Establishment of delegation framework
    - Additional review consideration questions:
        - Were there any unintended consequences as a result of the policy or guideline?
        - Are there equity concerns as a result of or embedded into the policy or guidance?

KEY CONSIDERATIONS & ANALYSIS:

- The decision to amend the DRAFT REVISED Reporting Information on Possible Criminal Acts policy was made from a trauma-informed perspective and concern over the potential re-traumatization of those harmed by the registrant.
- The DRAFT REVISED Policy on Posting Non-College Conduct to the Public Reister is based on both regulation and College Bylaws and therefore has no changes. CRPO's General Counsel recommended no changes.
- The DRAFT REVISED DRAFT REVISED Review Cycle for Policies and Guidelines was amended for the following reasons:
    - Integration of guidelines into the policy: Staff were informally using the policy review cycle document as a guide for guideline review. This change will formalize the expectation that guidelines be reviewed on a three-year cycle and provide consistent criteria for review.
    - Changing into an "approximate" three-year cycle: Provides wiggle room for managing capacity issues, waiting on external advice or feedback, and space on committee or Council agendas.

- Establishment of a delegation framework: Intended to allow CRPO staff to ensure ongoing accuracy of policies and guidelines.
- Additional questions for consideration: Entrenches additional equity-focused concerns directly into the review framework

RECOMMENDATIONS:

- Staff recommends that Council approve all three policies.

NEXT STEPS:

- The policies will be shared online.

PROPOSED DECISION BY CONSENSUS:

- That Council approve the DRAFT REVISED Posting Non-College Conduct to the Public Register as presented by consensus.
- That Council approve the DRAFT REVISED Reporting Information on Possible Criminal Acts as presented by consensus.
- That Council approve the DRAFT REVISED Review cycle for policies and guidelines as presented by consensus.

College of Registered Psychotherapists of Ontario

Type of Policy: Regulatory	**Approved By:** Council
Date Approved: November 21, 2019	**Next Review Date:**
Amendment Dates: March 29, 2023	

Policy on Posting Non-College Conduct on the Public Register

PURPOSE

To provide a transparent, consistent framework for posting information generated by other legal bodies on CRPO's public register.

SCOPE

This policy applies to information received about a registrant's conduct governed by outside bodies (e.g., courts of law, other regulators).

SOURCES OF AUTHORITY

O. Reg. 261/18: INFORMATION PRESCRIBED UNDER SUBSECTION 23 (2) OF THE HEALTH PROFESSIONS PROCEDURAL CODE

CRPO By-laws, article 21.08

POLICY

Charges under the Criminal Code (Canada) and Controlled Drugs and Substances Act (Canada)
Should a registrant be charged with an offence under the relevant legislation, the College will publish the following on the public register:

- The fact, content, date, and place of the charge; and
- Any existing conditions of release following a charge, or subsequent to a finding of guilt and pending appeal or variations to such conditions.

The College will include a notation on the public register specifying that the charge has not been proven, may be withdrawn, or an individual may be found not guilty.

The College will remove information pertaining to charges under the Criminal Code (Canada) and Controlled Drugs and Substances Act (Canada) no more than five business days after being satisfied that the charge(s) have been withdrawn or dismissed.

Findings of guilt under the Criminal Code (Canada) and Controlled Drugs and Substances Act (Canada)
The College will post on the public register the following:

- Findings of guilt under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada).

The College will remove information pertaining to findings of guilt under the Criminal Code (Canada) and Controlled Drugs and Substances Act (Canada) no more than five business days after being satisfied that:

- A record suspension has been ordered by the Parole Board of Canada;
- A pardon has been received for the conviction in question; or
- The conviction has been overturned on appeal.

Information from other regulators
CRPO registrants currently licensed or registered to practice another profession in Ontario or a profession in another jurisdiction will have the fact of their licensure or registration noted on the public register.

The College will remove information pertaining to dual or multiple registration or licensures upon receiving confirmation that the registrant is no longer licensed or registered with that body.

Registrants who have been the subject of any disciplinary finding, finding of professional misconduct, or incompetence by any other regulator or licensing authority in any jurisdiction will have a notation made on the public register including the following information:

- The fact of the finding;
- The date of the finding;
- The jurisdiction in which the finding was made; and,
- The existence and status of any appeal.

The College will remove information pertaining to disciplinary findings, findings of professional misconduct, or incompetence by any other regulator or licensing authority in any jurisdiction under the following condition:

- A successful appeal that has reversed the initial decision.

Exclusions and Exceptions
Information may not be posted if it could identify a third party or violate a publication ban, if it could jeopardize the safety of a person, or if it is obsolete and no longer relevant to the registrant's suitability to practise.

Process
If the Registrar receives information about a registrant's conduct that is required to be posted on the public register, the College may follow up with the registrant or third parties seeking further information, including relevant court filings if applicable.

The College will provide notice to the registrant that it intends to post the information and an opportunity to respond.

If the registrant provides a response within the allotted timeframe, the Registrar will consider the registrant's response before making a final decision regarding whether and what information to post on the public register. If the registrant fails to respond within the allotted timeframe or the Registrar nonetheless concludes that the information is required to be posted on the public register, publication on the public register will occur.

If the Registrar determines that the information is not required to be posted on the public register, then the information will not appear on the public register.

Registrants seeking to remove information under any of the grounds specified in this policy may contact complaints@crpo.ca.

College of Registered Psychotherapists of Ontario

Type of Policy: Regulatory	**Approved By:** Council
Date Approved: Sept. 8, 2016	**Next Review Date:**
Amendment Dates: June 22, 2023	

Policy on Reporting Information on Possible Criminal Acts

PURPOSE

To clarify CRPO's approach to reporting possible crimes to police.

SOURCES OF AUTHORITY

Regulated Health Professions Act, 1991, SO 1991, c 18, section 36.

SCOPE

This policy applies to any information received by CRPO that suggests a registrant has committed a crime.

POLICY

Information on Possible Criminal Acts

Upon receiving information that a registrant may have committed a crime, CRPO staff may:

a. suggest to the individual who provided the information that they may wish to contact police to file a report; and

b. offer to assist that individual with the filing of a report.

Referrals to the Discipline Committee

CRPO ~~will~~may initiate a report to police and will cooperate in the investigative process if allegations have been referred to the Discipline Committee and there are reasonable grounds to believe that a registrant has committed a criminal act(s).

When determining whether to make a police report, the following will be considered:

- Whether the affected party consents to the disclosure,
- The level of risk to the public as demonstrated by the behaviour of the RP, and
- Any relevant conduct history.

Should CRPO ~~will~~make a decision to contact law enforcement, the College will inform potential witnesses that this report is being made and ask if they consent to disclosure of their name and personal information as part of the report. If consent is not given, the report will be made without this information and any relevant documents will be redacted before submitting to police.

CRPO will inform the registrant in question once a police report has been filed, provided doing so would not create additional risks to public safety.

Information to be Provided

CRPO will include the following information in police reports and referrals:

- Name of the registrant in question;
- Registrant address; and
- Summary of allegations and relevant College documents.

The following information will be included in police reports and referrals provided witnesses consent, or if legally compelled, e.g., by a production order:

- Witness name; and
- Other identifying information.

Risk of Harm

The above does not prevent CRPO from disclosing information about registrants or other individuals, to police or other entities, if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

College of Registered Psychotherapists of Ontario

Type of Policy: Governance	**Approved By:** Executive Committee, Council
Date Approved: September 21, 2021	**Next Review Date:** X, 2029
Amendment Dates: September 25, 2024, X, 2026	

DRAFT REVISED Review Cycle for Policies and Guidelines

PURPOSE AND PUBLIC PROTECTION RATIONALE

To provide a consistent and coordinated approach to policy review and approval.

Policies and guidelines act as a primary tool for Council and committees to govern the work of the College, regulate the profession, and protect the public

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.

Regular review and revision of policies on a defined review cycle helps ensure College policies maintain their relevance and accuracy. A consistent approach to policy review and development will help to establish:

- the individual or group responsible for reviewing the policy;
- a standard template for policies;
- a defined review period.

SCOPE

This policy applies to all policies and guidelines published by the College, except for practice standards, which have their own review cycle policy.

POLICY REQUIREMENTS

College policies must comply with:

- the College's mission, vision, and values;
- the strategic plan;
- defined regulatory objectives;
- current legislation.

Additionally, policies must indicate the individual or group responsible for approving and maintaining the policy, its purpose, and its scope.

College guidelines should reflect best practices in the area of discussion, reflecting laws, regulations, and CRPO Standards that need to be upheld.

POLICY

Policies and guidelines are reviewed approximately every three years from the date of approval or previous review, unless otherwise stated or required. Newly developed and revised policies should undergo any necessary background research and consultation, and a defined implementation and communications plan.

Policy and Guideline Delegation to Staff

Committees and Council delegate authority to update guidelines and policies without Committee and Council approval when staff determines there is a need to update, remove or include relevant legislative or regulatory language, to edit existing language pertaining to internal or external resources, include new language pertaining to internal or external resources, make minor factual corrections, and update operational processes. These are all non-substantive changes that do not affect the main aim or function of the policy or guideline.

Alterations regarding resources may be made in an "Additional Resources" or similar section of a guideline, or within the body of a guideline with appropriate context.

All changes made under delegation to staff must be reviewed and approved by the relevant Manager or Director, and either the Deputy Registrar or Registrar & CEO prior to being published.

All other changes or modifications are to go through the existing approval processes in place.

Council and the relevant Committee will be notified of all changes in the Manager's report provided in meeting materials at the earliest opportunity.

Edits made under delegation are not considered formal reviews under the policy and guideline review cycle, and will have no bearing on the determined timeline for review.

APPENDIX: DEVELOPMENT AND REVIEW CHECKLIST

This checklist is to be used as a guide when policies and guidelines come up for review or are being developed.

Considerations

- Is the policy required? Can the issue be resolved through improved communication or targeted education?
- Have there been deviations from the policy over the past year? If yes, were there enough to consider revising the policy?
- Are there ambiguities in the policy or common questions arising from the policy?

- Is the policy or guideline consistent with current practices?
- Are there any contradictions within the policy or guideline?
- Does the policy or guideline contradict other materials?
- Is the policy or guideline consistent with current technology?
- Is language within the policy or guideline current? (e.g., gender neutral, inclusive, understood by wide audience)
- Is the policy or guideline consistently interpreted?
- Are the related procedures relevant and current?
- Are all references current and accurate?
- Are there individuals or groups that may be negatively affected by this policy?
- Were there any unintended consequences of the policy or guidance?
- Are there equity concerns as a result of, or embedded into the policy or guidance?

Background Research, Consultations

- What other materials/history exist around this issue – briefing notes, written complaints, written inquiries, minutes, etc. Gather and review these.
- Where do other Colleges or bodies stand on the issue?
- Have experts been consulted if needed? Does the policy require a review by legal counsel?
- Who does the policy impact? Have these stakeholders been contacted to provide input? Has the appropriate committee been consulted?

Implementation Plan

- What resources are needed to implement the policy?
- What is the schedule for implementation?

Communications plan

- Who needs to know about the policy or guideline once it is approved?
- How will it be communicated?
- Is education required?

College of Registered Psychotherapists of Ontario

Committee Chair Evaluation Report

- Council

College of Registered Psychotherapists of Ontario

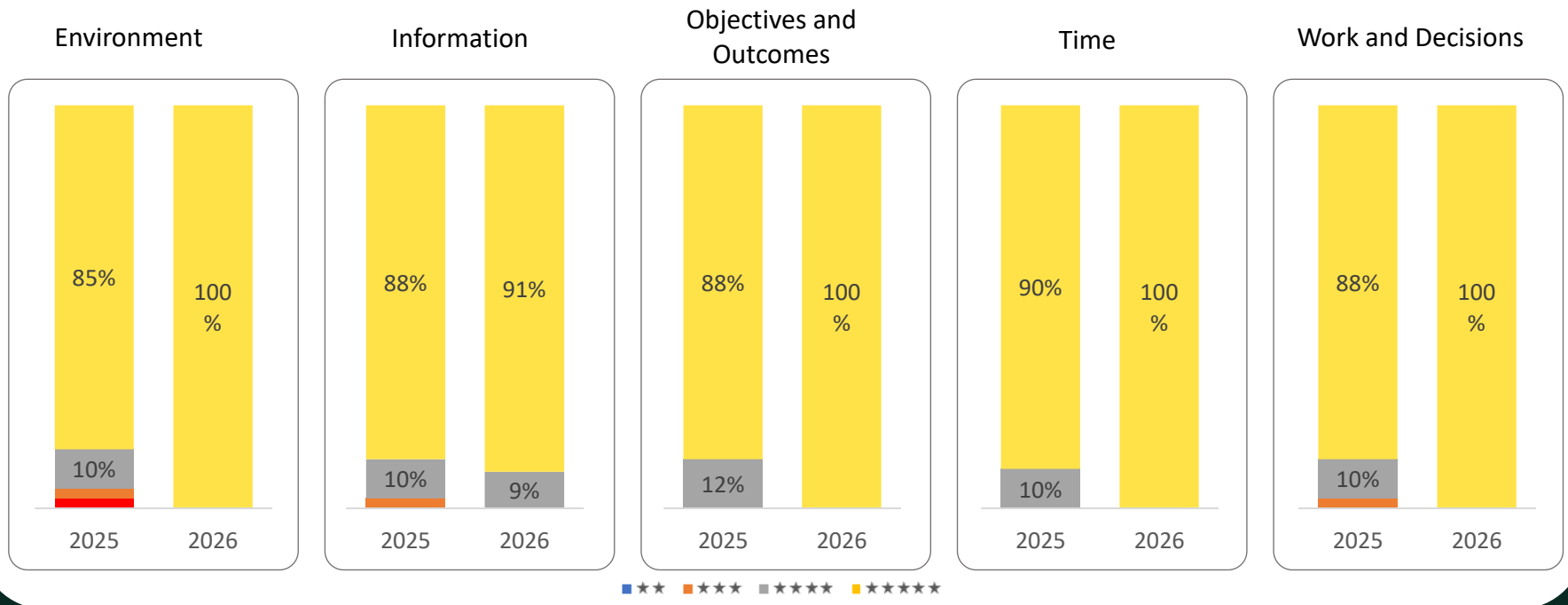
2026/Q1 - July 14, 2026

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Council

College of Registered Psychotherapists of Ontario

Environment	5.00 4.76	Information	4.91 4.85
Objectives and Outcomes	5.00 4.88	Time	5.00 4.90
Work and Decisions	5.00 4.85		2026 Q1 (2025)



Council - Qualitative

College of Registered Psychotherapists of Ontario

Continue doing	Great chairing by Kali and moving words about Micheal. Really appreciated this in-person experience and how well everyone worked together for strategic planning.
	I really appreciated the comprehensive briefing materials prepared by staff and the committees.
	Engaging all voices. This was a collaborative planning session where everyone had a chance to be heard. The format was conducive to hearing multiple opinions and provided the space for those to express themselves. Framing and leading the discussion on the creation of guideposts to form our strategic plan was great.
	Continue honouring council members contributions wholeheartedly.
Start doing	Being clear and concise when discussions start. Referring to the meeting material was good, but I felt it was not always clear as to the subject and goal of the introduction as the material was being presented.
Stop doing	Calling what we completed a strategic plan. It is the frame for it, but by no means near a plan.
Additional feedback	Thanks for a great first meeting!
	Absolutely fantastic Strat plan - full participation- great facilitation. Council meeting had good discussion with no contentious issues





Annual Report

2025-2026

College of Registered Psychotherapists of Ontario

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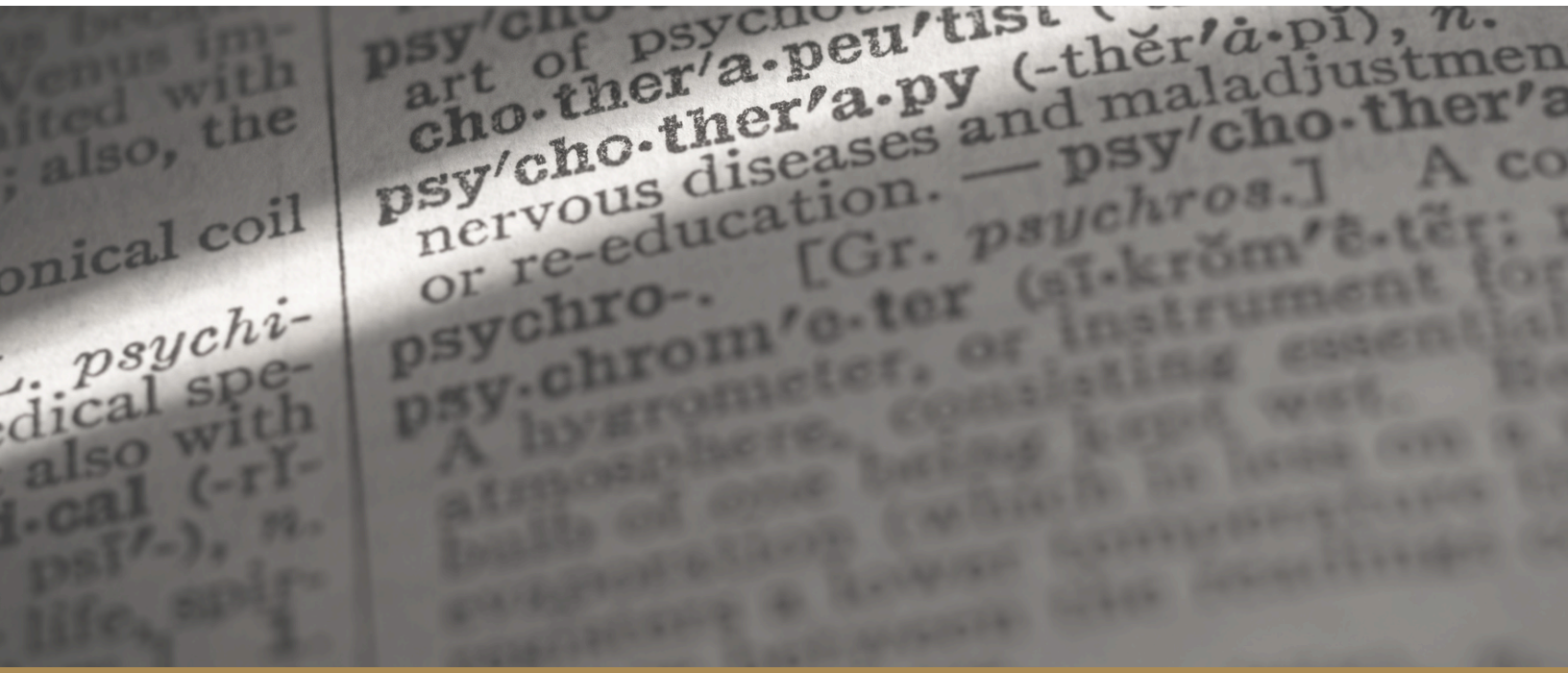
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Regulatory Objectives

- Serve and protect the interest of the public.
- Promote confidence in professional regulation.
- Regulate in a transparent, principled, proportionate, unbiased, proactive manner.
- Promote equity, diversity and inclusion in the provision of psychotherapy services.
- Regulate to support the mental health system in being more accessible.



Mission,Vision Values

Mission

To develop standards and procedures to regulate psychotherapists in the public interest, striving to ensure competent and ethical practice within a professional accountability framework.



Vision

Leadership in professional self-regulation, dedicated to the principles of excellence, fairness, openness, responsiveness and respect for diversity.

Values

Leadership, Excellence, Accountability, Equity, Integrity, Teamwork, Respect, Openness.

President's Message



As I near the end of my first term serving as CRPO President, the word that comes to mind is responsiveness. Over the past several years, CRPO has grown to close to 18,000 registrants. With that growth comes increased responsibility as a regulator.

We need to be responsive to the risks that accompany both a growing profession and the rapid evolution of psychotherapeutic practice. New and emerging modalities, such as psychedelic-assisted psychotherapy (PAP), present inherent regulatory challenges given that research, legislation, and practice are advancing simultaneously. While one of our guiding principles is *right-touch regulation*—taking regulatory action that is proportionate to the level of risk and appropriate to the circumstances — we must always keep our public protection mandate at the forefront. It is, after all, at the very core of why we exist as a self-regulated profession. This year, CRPO developed policies and guidance to support safe practice and help protect Ontarians as this emerging area of practice continues to evolve. To me, this is just one example of the rapidly changing world we live in and why CRPO must remain agile and responsive to these changes.

With change comes risk, challenge, and opportunity. An equally striking example is the rapid development of artificial intelligence. AI tools are already influencing how psychotherapeutic services are documented while also raising complex ethical conundrums about the notion of an "AI therapist." Once again, we are faced with an emerging phenomenon that requires careful attention. CRPO is monitoring these developments, reviewing emerging evidence, receiving training, and has developed guidance to help registrants use

President's Message continued

technology safely, ethically, and in ways that uphold professional standards. CRPO also published public-facing information about AI therapy including the limits of CRPO's jurisdiction in regulating the technology.

Reflecting on my 11 years with CRPO—first as a professional appointee on the Inquiries, Complaints and Reports Committee, and now as President—I have witnessed the College grow from a small regulator into a mature and respected organization. The strength of CRPO's leadership team, guided by our Registrar and CEO, Deb Adams, is a testament to the value of building relationships and fostering open dialogue with government, other regulators, system partners, and registrants. Those relationships create opportunities for knowledge exchange and help ensure we are working collaboratively and not in a vacuum. To me, that is another expression of being responsive to real world situations.

Living in a complex and rapidly changing environment generates significant amounts of information that Council must be able to understand and use. Effective analysis helps ensure that regulatory decisions are grounded in evidence, proportionate to risk and focused on areas where action is genuinely needed.

Our 2023–2026 Strategic Plan established the foundational pillars that have guided this work. Looking back, I believe we have translated that vision into meaningful action by strengthening relationships that position CRPO as a credible and trusted regulator. We have continued to improve transparency in our communications and engage in collaborative dialogue with system partners, government and registrants to better understand emerging issues and where change may be needed across the broader system.

President's Message continued

This is what I think of as consciously building the infrastructure that allows a regulator to remain responsive and attuned.

I believe it is an exciting time for CRPO as we prepare to develop and implement our 2027–2030 Strategic Plan. This work will include continued modernisation of the College's governance structure, informed by evolving best practices among health regulatory colleges across Canada.

I also want to acknowledge the importance of equity, diversity, and inclusion as an ongoing, living practice. We remain committed to ensuring that diverse perspectives and lived experiences are reflected across our committees because inclusive decision-making strengthens our ability to regulate in the public interest. Embedding these principles across our governance, regulatory, and operational work helps ensure our decisions reflect the communities we serve.

I say with both gratitude and humility that I am proud to have been part of CRPO's journey pretty much from its early inception as a regulatory college. I have seen firsthand an organization that is willing to learn, adapt, and respond thoughtfully to a changing profession while remaining firmly grounded in its public protection mandate.

Finally, I want to thank our Registrar Deb Adams, Council members, committee members, and all of the CRPO staff. Working alongside you has enriched my life.

President's Message continued

You have all challenged me to think more deeply about what it means to be just, thoughtful, forward-looking, and responsive. It is a deep privilege, to say the least.

Kathleen (Kali) Hewitt-Blackie

President



Registrar's Message



This year has been one of thoughtful preparation for the future.

While the College continued to carry out its core regulatory responsibilities, we also invested considerable effort in strengthening the foundations that support sound regulatory decision-making. Effective regulation requires more than responding to today's challenges. It requires building the capacity to anticipate future needs, understand changing public expectations and make decisions that are fair, evidence-informed and in the public interest.

One of my core responsibilities as Registrar & CEO is to ensure that the College continues to evolve in response to changing public expectations while remaining firmly grounded in its public protection mandate. For me, that means continually championing work that strengthens the College's ability to make evidence-informed decisions through diversity, equity, inclusion and accessibility principles. These are not separate initiatives. They are fundamental to building a stronger, more effective regulator.

Two initiatives highlighted later in this report reflect that commitment.

The first is CRPO's Diversity, Equity and Inclusion ROOTS Framework, which establishes a shared foundation for embedding equity, accessibility and cultural safety across the College's work.

The Framework will help ensure these principles inform the College's next strategic plan and future regulatory decision-making.

Registrar's Message continued

The second initiative was a comprehensive analysis of the representation of non-Council committee applicants and appointees, establishing a baseline for assessing participation in the College's governance processes.

The initial review and findings indicate that the College attracts a broad applicant pool and that appointments increasingly reflect the range of identities, experiences and perspectives among registrants and the public they serve.

Together, these initiatives strengthen the evidence available to support governance, strategic planning and regulatory decision-making.

Finally, I would like to thank Council, committee members, staff and our many system partners for their continued dedication throughout the year. Their willingness to contribute their expertise, challenge assumptions and embrace continuous improvement strengthens the College's ability to regulate in the public interest and to support safe, competent and ethical psychotherapy care for the people of Ontario.



Registrar & CEO

Highlights in 2025



The following highlights illustrate how CRPO strengthened the foundations for effective regulation during the past year. Together, they show how leadership development, equity-focused planning and better governance data are supporting continuity, more inclusive decision-making and evidence-informed oversight across the College.

Building Future Governance Leaders

Effective governance depends on both expertise and continuity. During 2025–2026, the College strengthened its governance capacity through a combination of structural changes, leadership development and succession planning.



The College increased the participation of non-Council member appointees on committees and appointed non-Council Chairs and Vice-Chairs to the Inquiries, Complaints and Reports Committee; Registration Committee; and

Highlights in 2025 continued

Examination Committee. These changes broaden the pool of experienced committee leaders, strengthen the diversity of perspective in leadership, support continuity in decision-making and create clearer pathways for succession.

The College also enhanced a structured orientation and mentorship program for newly appointed Council and committee members as well as future committee Chairs and directors. New members are paired with experienced mentors and participate in structured meetings focused on governance responsibilities, Council culture, decision-making processes and committee work. Future leaders receive additional training in facilitation, strategic thinking, inclusive decision-making and effective meeting management before assuming formal leadership responsibilities.

Training materials, practical exercises and mentoring conversations were developed around ten core governance competencies identified through Council evaluation and governance best practices. Together, these initiatives reduce reliance on informal knowledge transfer, promote consistency in governance practices and support deliberate, sustainable leadership transitions as Council and committee membership evolves.

Embedding Equity Through the ROOTS Framework

During 2025–2026, the College completed development of its Diversity, Equity and Inclusion (DEI) ROOTS Framework. Developed collaboratively by Council members, committee members, staff and external DEI specialists, the Framework provides a common structure for integrating equity, accessibility and cultural safety into the College's regulatory and organizational work.

Highlights in 2025 continued

The Framework identifies seven interconnected "Roots":

- engagement with system partners
- data collection and reporting
- policies and procedures
- leadership and accountability
- quality assurance
- learning
- cultural safety and inclusion.

Together, these elements recognize that progress requires coordinated action, reliable evidence, accountability and ongoing evaluation across the College.

Council directed that the ROOTS Framework inform development of the College's 2027–2030 Strategic Plan. This will help connect equity considerations to governance, policy development, quality assurance and operational decision-making while maintaining a clear focus on public protection.

Using Evidence to Strengthen Committee Appointments

Strong governance depends on attracting committee members who bring a broad range of knowledge, experience and perspectives. During 2025-2026, the College completed its first comprehensive analysis of the characteristics of applicants and appointees to its non-Council committees, establishing an evidence-based baseline to support future recruitment and appointment decisions.

Building on enhanced voluntary self-identification data collection introduced in 2023, the analysis examined multiple dimensions of committee participation, including demographic characteristics, practice settings, therapeutic approaches and client populations served.

Highlights in 2025 continued

The findings demonstrated that the College attracts a broad and diverse applicant pool while also providing important information about areas where future recruitment efforts could be strengthened.

The report also showed that successful and unsuccessful applicants shared similar attributes across most measures, suggesting that the diversity of committee appointments reflects the strength of the applicant pool rather than preferential selection. Establishing this baseline enables the College to monitor trends over time, evaluate recruitment strategies and better understand who participates in its governance processes.

Rather than relying on assumptions, the College is now better positioned to use evidence to inform committee recruitment, succession planning and governance development. This work supports transparent, evidence-informed decision-making while helping ensure that committee expertise continues to evolve alongside the profession and the public it serves.

REGISTRATION HIGHLIGHTS

Improving the Application Experience

In 2025, CRPO completed significant upgrades to its applicant and registrant portal. The changes simplified the application process, clarified requirements and improved the information available to applicants, helping to reduce administrative barriers and support more efficient application processing.

Highlights in 2025 continued

Managing Significant Growth in Applications

CRPO received 30% more applications in 2025 than in the previous year. The Registration Department continued to review applications, support applicants and strengthen its processes while responding to rapid growth in both application volumes and the profession.

Making Examination Timelines Fairer

In May 2025, amendments to the Registration Regulation changed the deadlines for completing the Registration Examination so that they begin on the date of registration rather than the date of application. This ensures that all RP (Qualifying) registrants have the same amount of time to complete their examination attempts, regardless of how long their application took to process, and reduces the likelihood that they will need an extension.

Streamlining Registration Examination Administration

In 2025, CRPO worked with the third-party exam provider to remove the requirement for RP (Qualifying) registrants to confirm their intention to write before registering for the remotely proctored examination. The step was no longer operationally necessary, and its removal simplified the process, thereby reducing the risk of registrants missing an examination opportunity leading to fewer exam extension requests and registrants at risk of expiry.

Highlights in 2025 continued

QUALITY ASSURANCE PROGRAM HIGHLIGHTS

The vast majority of registrants met their reporting obligations during this reporting cycle, demonstrating a strong culture of accountability and professionalism.

Of the 7,581 registrants required to report this year, an impressive 98% (7,413 registrants) completed their professional development activities as required. A very small number of registrants required follow up: 88 registrants (1%) received a reminder fee.

Encouragingly, fewer than 1% of registrants (only 3 individuals) received an administrative suspension for non-compliance. Overall, these results reflect high engagement and timely compliance across the profession.

The results from each CBA offering were highly reassuring, with more than 96% of RPs demonstrating no gaps in their knowledge of the Professional Practice Standards.

In 2025, the Quality Assurance Program continued to strengthen the supports available to registrants. The focus was to encourage meaningful engagement with the Program and foster reflective practice.

Throughout the year, staff reviewed and enhanced registrant communications to make program information easier to understand. They developed resources to help registrants engage thoughtfully in their peer and practice reviews, self-assessment and professional development activities.

Peer Circles

Peer circles are a supportive, group-based learning activity, led by

Highlights in 2025 continued

trained facilitators. During a peer circle, participants are presented with a case for discussion. The cases offer registrants an opportunity to discuss ethical issues, share knowledge, and collaborate on how to apply practice standards in various situations. Whether in person or online, peer circles are an opportunity to reduce isolation, network with peers, and explore how to apply an ethical decision-making framework in complex scenarios.

The College was pleased to offer a revitalized Peer Circle Program in 2025. In partnership with the Ontario Association of Mental Health Professionals and 14 trained facilitators, the College hosted four virtual sessions and one in-person event. Response was very positive, with the sessions being filled to capacity, allowing over 300 RPs to participate.

Grounded in the Professional Practice Standards, the peer circles fostered meaningful collaborative learning and professional dialogue. They can be a valuable part of registrant continuing professional development and the College plans to offer more sessions in the coming year.

Support for Registrants

Quality assurance staff continued to offer registrant support through information sessions and individual telephone consultations. Registrants used these opportunities to ask questions, better understand program expectations, and identify resources to support their ongoing learning and professional growth.

Together, these initiatives reinforced that the Quality Assurance Program is more than a series of requirements. Registrants are engaging in quality assurance activities as opportunities for reflection and continuous

Highlights in 2025 continued

learning. This meaningful engagement with the Professional Practice Standards ultimately supports safe, effective and ethical care for clients.

PROFESSIONAL CONDUCT HIGHLIGHTS

A key focus within the Professional Conduct department over the past year was to introduce in-house investigators and a decision writer. The College increased the number of appointed professional members and added CRPO appointed public members to the Inquiries, Complaints and Reports Committee (ICRC). These changes have supported building CRPO's internal capacity to help manage the growing volume of complaints and reports and have led to increased efficiencies.

The Professional Conduct department reduced its processing timelines for formal complaints from 270 days to 201 days during the reporting year, representing a 25.6% reduction. This improvement reflects the department's ongoing commitment to enhancing the efficiency and timeliness of the complaints process while maintaining fair and thorough investigations.

This year, the ICRC participated in a range of educational sessions to strengthen members' understanding of key regulatory processes and emerging areas of practice. Committee members received training on the incapacity process, including the circumstances in which a complaint or Registrar's Report may be referred to a panel to make health inquiries. The Committee also received training on interim orders and the use of interim measures, enhancing the ICRC's understanding of the tools available to protect the public while matters are under investigation.

In addition, the Committee received education on psychedelic-assisted psychotherapy, including an introduction to this emerging area of

Highlights In 2025 continued

practice, current access pathways, and its relationship to CRPO's Professional Practice Standards. This training supported the ICRC in developing a deeper understanding of complaints involving psychedelic-assisted psychotherapy and the regulatory considerations associated with this evolving treatment approach.

In 2025, the Government of Ontario approved CRPO's General Regulation establishing that, for the purpose of sexual abuse provisions under the *Regulated Health Professions Act*, an individual remains a client of a Registered Psychotherapist for five years following the end of the professional relationship. The regulation implements a long-standing Council commitment to strengthen public protection by recognizing the enduring influence that can exist within the therapeutic relationship and providing greater protection against sexual abuse of clients. The College will be updating its guidance and resources to support registrants in understanding and meeting these important obligations.

DIVERSITY, EQUITY AND INCLUSION AT THE COLLEGE

In 2025, CRPO advanced several connected initiatives to integrate equity, accessibility and cultural safety across its regulatory, governance and operational work.

The ROOTS Framework provided a common structure for this work by identifying how engagement, data, policy, governance, quality assurance, learning and cultural safety support equitable regulation. Enhanced voluntary self-identification data contributed to the College's analysis of participation in non-Council committees, helping to inform recruitment, appointments and succession planning.

Highlights In 2025 continued



Draft Professional Practice Standards addressing equity, cultural humility and Indigenous cultural humility were circulated for consultation. Feedback from registrants, system partners and the Diversity, Equity and Inclusion Working Group informed the continued development of the Standards and related professional practice work.

Together, these initiatives connected governance data, standards development, quality assurance, engagement and organizational planning. This coordinated approach helped move equity considerations from individual projects into the College's broader operational and regulatory structure.

A comprehensive assessment of College action to date can be found in the Diversity, Equity and Inclusion Framework, Appendix B.



Highlights In 2025 continued



The ROOTS Framework will provide the organizing structure for integrating this work into the 2027–2030 Strategic Plan and evaluating progress across the College.



CRPO in Numbers – Overview

Registration & Recognition

CRPO registrants (as of Dec. 31, 2025)

17,381

2024 - 2025 registrant number

15,314

Increase in number of registrants (2025 compared to 2024)

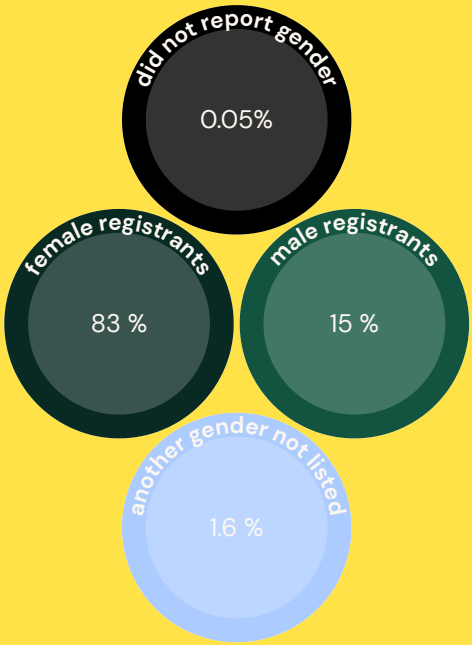
13%

Increase in applications submitted (2025 compared to 2024)

30%

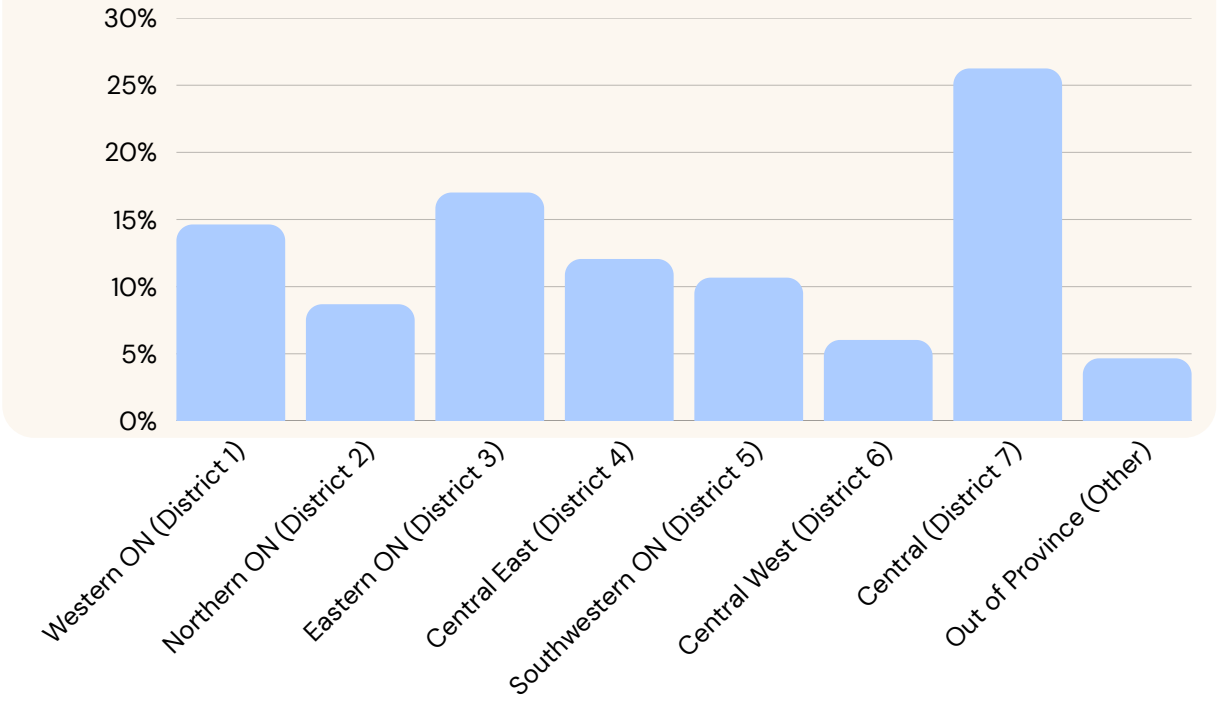
Number of new recognized programs **2**

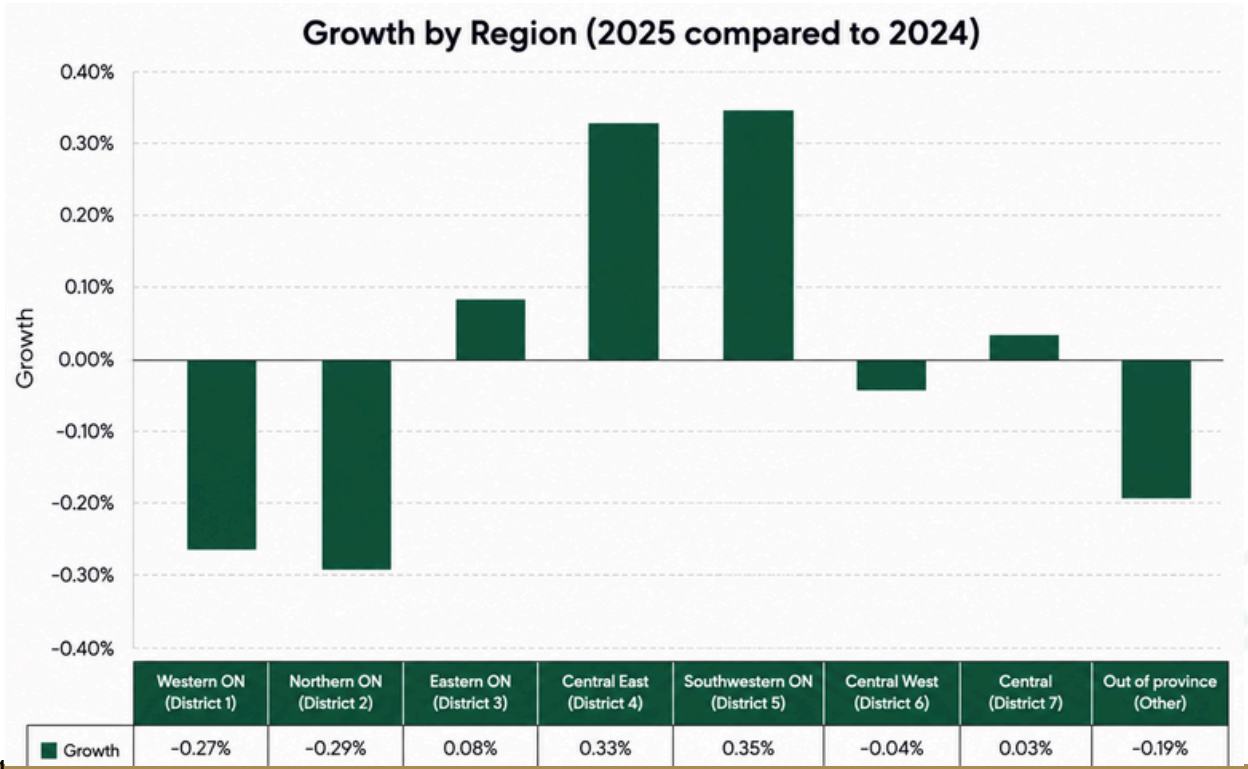
Number of recognized programs granted Clinical Experience (CE) recognition **1**



Exam pass rate for Qualifying registrants (2024 sittings) **83.5%**

Registration & Recognition

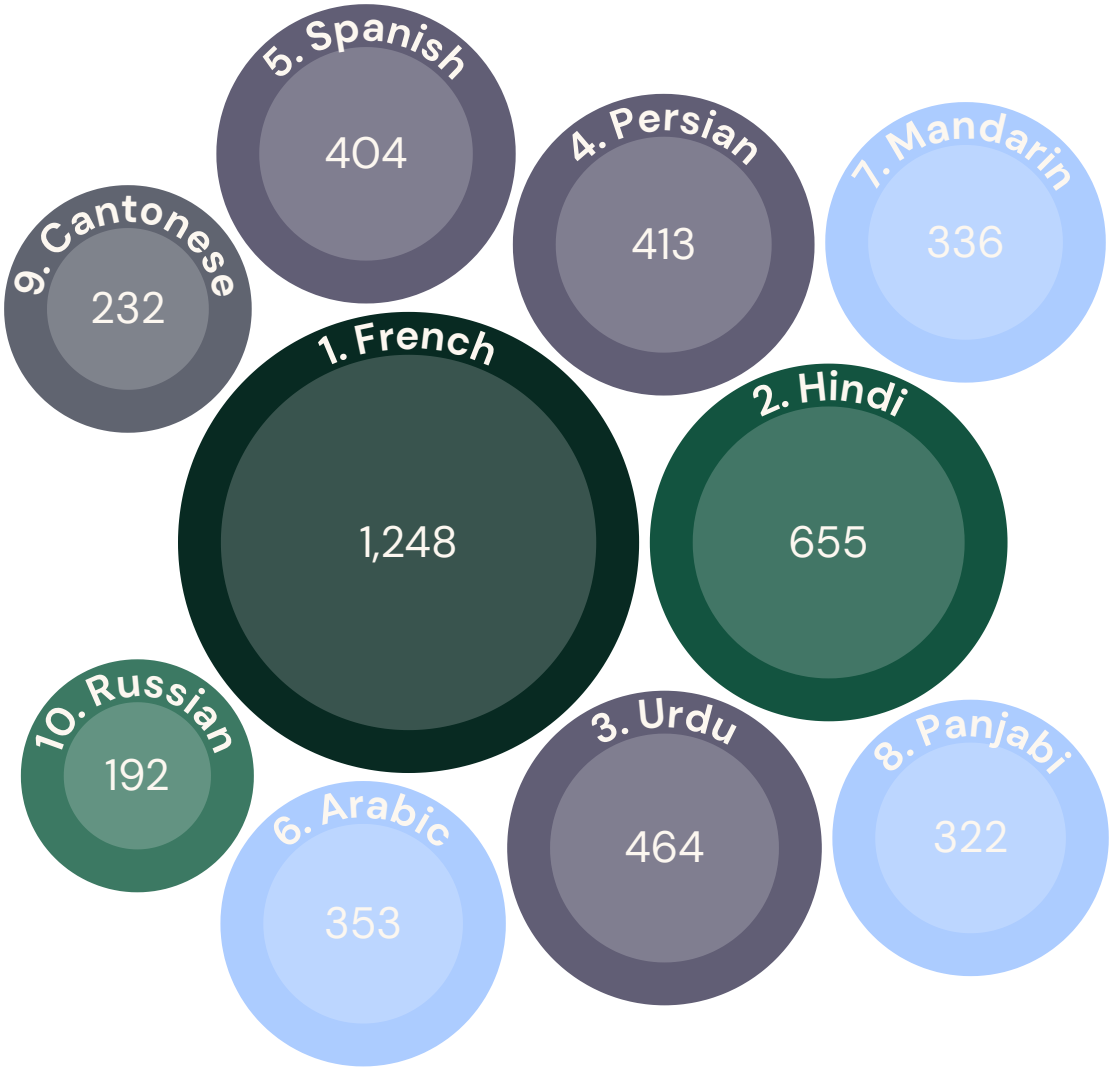




	Western ON (District 1)	Northern ON (District 2)	Eastern ON (District 3)	Central East (District 4)	Southwestern ON (District 5)	Central West (District 6)	Central (District 7)	Out of province (Other)
Growth	-0.27%	-0.29%	0.08%	0.33%	0.35%	-0.04%	0.03%	-0.19%

Registration & Recognition

Top 10 languages spoken by registrants, other than English (number of registrants):



192

Quality Assurance Program

Professional Development Reporting Cycle

Those registered in an odd-numbered year (that is, anyone registered in 2015, 2017, 2019, 2021, and 2023) were due to report their professional development activities for the 2025 reporting cycle.

7,581 registrants had a reporting cycle deadline.

7,413 registrants (98%) completed their professional development activities as required.

101 registrants did not complete their professional development activities. These registrants are engaged in further monitoring through a professional development audit.

3 registrants received an administrative suspension for non-compliance

64 registrants changed their registration status, resulting in a missed quality assurance milestone.

New Registrant Requirement

New registrants are expected to begin participating in the Quality Assurance Program by completing a self-assessment within their first 60 days of registration.

2,442 new registrants were monitored in 2025.

1,700 registrants completed a self-assessment by the deadline.

New Registrant Requirement continued

708 registrants completed a self-assessment after receiving reminders.

8 registrants changed their registration status and are no longer being monitored.

26 registrants did not complete a self-assessment by the extended deadline and are engaged in further monitoring through a professional development audit.

Peer and Practice Review

As the first stage of a peer and practice review, the case-based assessment (CBA) is intended to accomplish the following objectives:

- Serve as an educational activity by engaging registrants with the Professional Practice Standards
- Support professional growth, reflective practice and life-long learning
- Provide registrants with feedback to inform their professional development activities
- Assess a registrant's knowledge and understanding of the Professional Practice Standards
- Determine which registrants would benefit the most from further support with a peer coach.

The CBA was offered twice in 2025 and involved approximately 20% of all registrants. (A full report on the assessments and results can be found at this link.)

Peer and Practice Review continued

CRPO administered two CBAs in 2025.

2,922 RPs completed the CBA for the first time.

20 RPs were reassessed by completing a 2nd CBA.

2025 CBA Outcomes

2,844 Successful

74 Successful with self-directed review

24 Peer-assisted review*

*Registrants in the peer-assisted review category are required to be reassessed.

In 2025, 20 registrants were reassessed.
The reassessment outcomes are as follows:

16 successful

1 successful with self-directed review

3 Peer coaching (peer-assisted review)

Quality Assurance Program and Professional Development continued

Practice Advisory Service

The Practice Advisory Service responded to **3,759** inquiries from January to December 2025.

Top five inquiries

In 2025, the top 5 topics of inquiries to the Practice Advisory Service were: **cross-border therapy**, **competence**, **confidentiality**, **recordkeeping and documentation**, and **leaving a practice**, with the first three reoccurring from 2024. Although clinical supervision was a subject that came up frequently, it did not make it to the top five. Below are the most frequent questions in each category:

Cross-Border Therapy

- Can an RP work with a client outside Ontario?
- Can someone located outside Ontario work with an Ontario client?

Competence

- What does an RP need to do in order to offer a new modality or intervention?
- Can an RP work with all client populations after registering with CRPO?

Confidentiality

- Can an RP provide information about a client to a third party such as a lawyer, insurance provider, or family member?

Practice Advisory Service continued

Record keeping and documentation

- How can I request clinical records from my therapist?
- Can an RP use AI tools to complete records?
- What should be included in clinical records?

Leaving a practice

- How should I inform clients when an RP is leaving a practice?
- A client contacted me after I left a practice. Can I take them on in my new practice?

Addressing Unsafe Practice

Complaints and Registrar's Reports received:

213

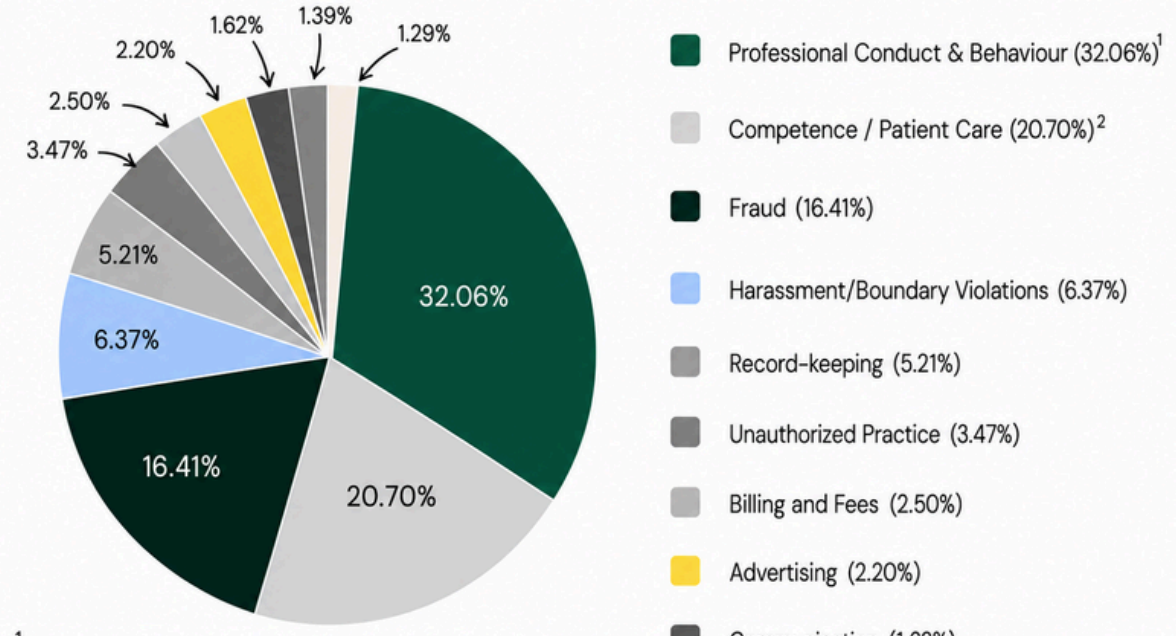
Decisions Issued:

252

No. of Allegations Contained in 252 Decisions Issued:

864

The allegations in each of these decisions have been categorized:



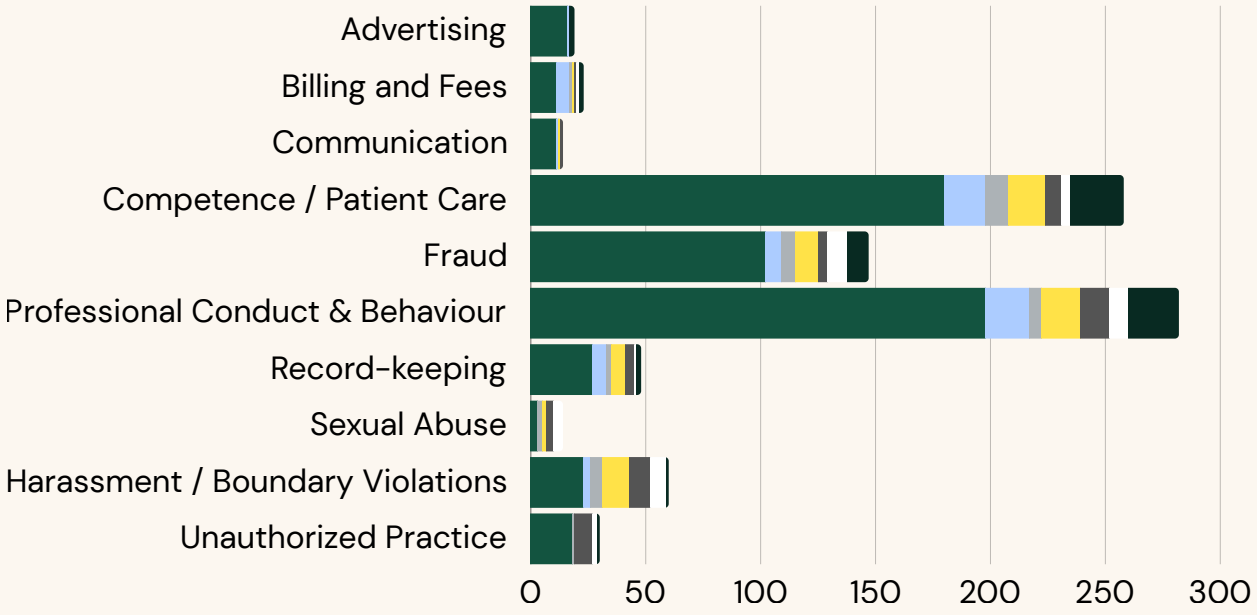
1 Includes accepting the regulatory authority of the College; conduct unbecoming; disgraceful, dishonourable or unprofessional conduct; conflict of interest; and confidentiality.

2 Includes mandatory reporting; referrals; seeking consultation, clinical supervision and referral; consent; electronic practice; unnecessary treatment; affirming sexual orientation and gender identity; providing supervision and practising with supervision; discontinuing services; and closing, selling or relocating a practice.

Addressing Unsafe Practice continued

The Ontario Registered Psychotherapists Discipline Tribunal (ORPDT) held 6 hearings this year. The Health Professions Appeal and Review Board (HPARB) released 8 complaint review decisions, all of which confirmed ICRC's decisions.[1]

Complaint and Registrar's Report Outcomes



- Take no action
- Provide advice or recommendations
- Issue an oral caution
- Order a specified continuing education or remediation program
- Agree to an undertaking
- Refer specified allegations to the Discipline Committee
- Take any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.

Note: The outcomes depicted are ICRC outcomes. They do not include informally resolved reports.

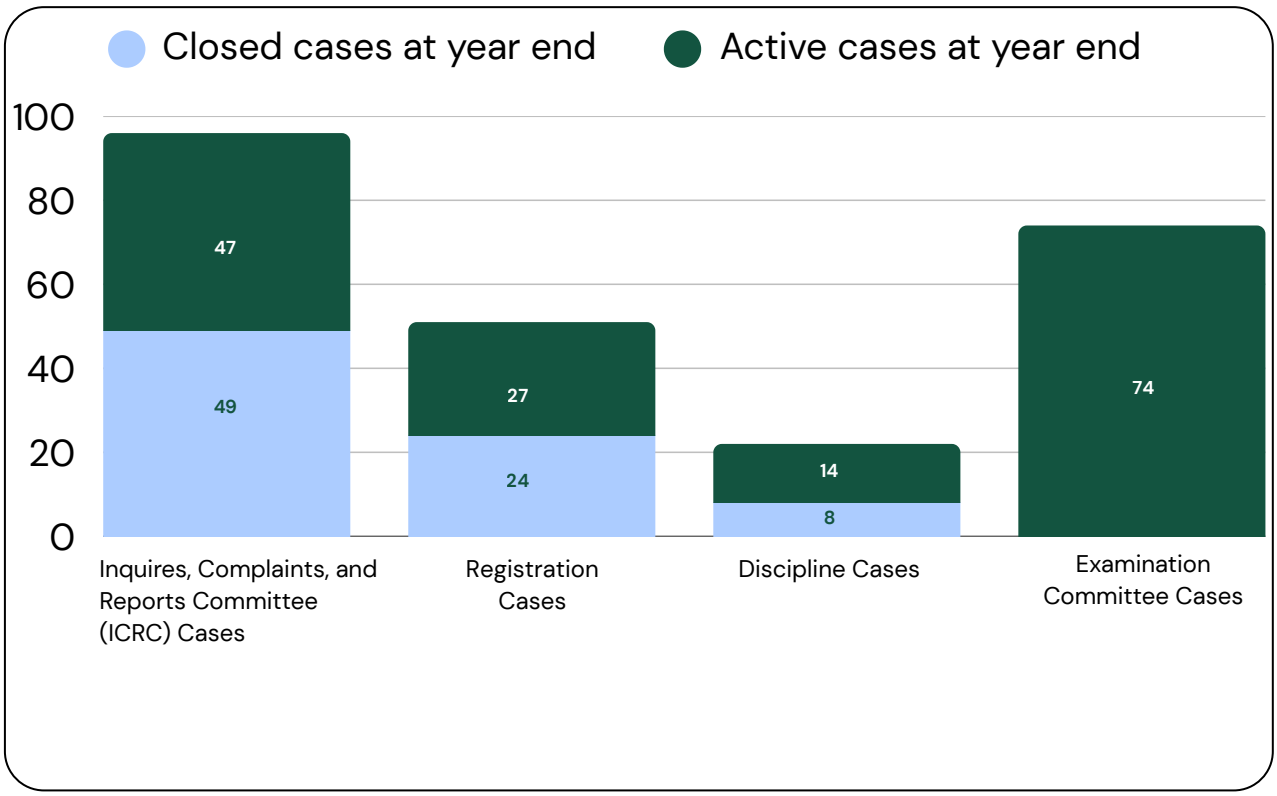
[1]This outcome reflects the robustness of ICRC decisions.

Addressing Unsafe Practice continued

Compliance Monitoring

In this reporting period, staff monitored:

- **96 ICRC cases** (47 remained active at year end and 49 were closed)
- **51 Registration Committee cases** (27 remained active at year end and 24 were closed)
- **74 Examination Committee cases** (74 remained active at year end)
- **22 Discipline cases** (14 remained active at year end and 8 were closed)



Addressing Unsafe Practice continued

Reflection papers are used by the ICRC to support self-awareness in practice by asking registrants to reflect on the issues that led to their involvement in the complaints or registrar's reports process and address gaps in their practice. In 2025, the College implemented a rubric to provide clearer expectations and support registrants in completing this requirement, with 92% successfully meeting expectations on their first attempt.

System Partner Engagement by the Numbers

Presentations held for students	10
Audience member reach	569+
Associations represented at the Association Meeting on June 5, 2025	8
Education programs represented at the Education Program Meeting on May 27, 2025	28

System Partner Engagement by the Numbers continued

Virtual town halls on: conduct issues, clinical supervision, reaching ~500 audience members.	3
Hybrid town hall – in person and virtual (Toronto, Ottawa, Thunder Bay, Waterloo), attended by ~275 and reached an audience of 1,274	1
Council meetings live-streamed	4
Inquiries to info@crpo.ca from applicants, registrants, and stakeholders responded to	30,883

5 consultations broadly opened to the public:

- Strategic Planning: sought input on CRPO's future strategic direction, including the priorities and outcomes that should guide its work.
- CRPO Application Requirements (Substantial Completion): sought feedback on proposed changes to when students may apply for registration, including completion of academic coursework and possible minimum clinical experience requirements.
- Guideline on Deciding Whether to Disclose Information to Prevent

System Partner Engagement by the Numbers continued

Harm: sought feedback on expanded guidance to help RPs make optional disclosure decisions where there may be a risk of harm.

- Equity Standards: sought feedback on proposed standards addressing cultural humility, non-discrimination and Indigenous cultural humility, developed to advance equity, cultural safety and reconciliation.
- 2024 Renewed Standards Follow-Up Survey: sought feedback on registrants' experience implementing the renewed Professional Practice Standards and any areas requiring further guidance.

7 additional targeted consultations to individuals or organizations who would be most affected by proposed changes, or who received a different set of questions tailored to their role and mandate:

- Supervision Tool Users: sought feedback from supervision tool users to better understand the functionality of the tool.



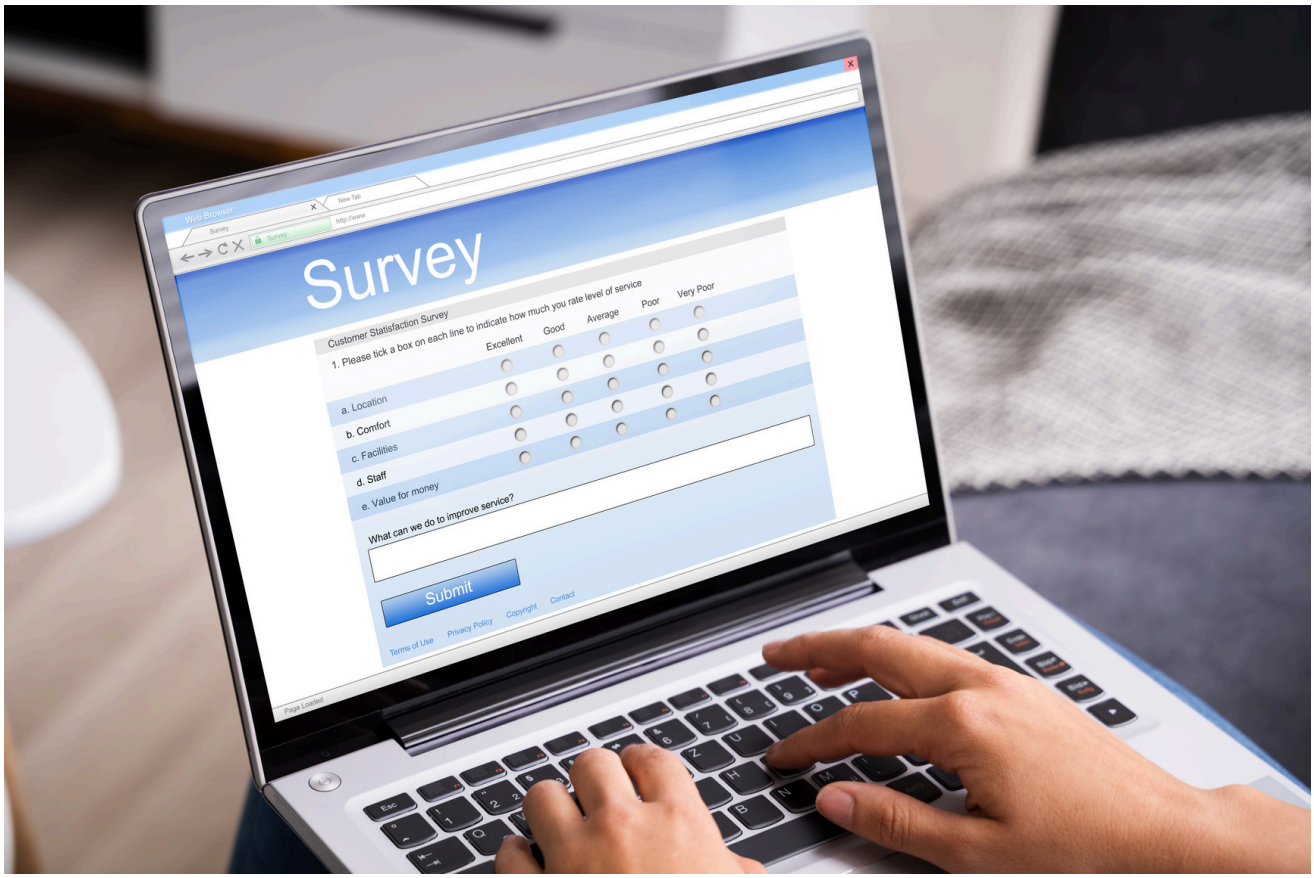
System Partner Engagement by the Numbers continued

- Strategic Planning – Controlled Act of Psychotherapy Colleges: sought feedback from the five other Ontario colleges whose registrants are authorized to perform the controlled act of psychotherapy for regulatory alignment and learnings.
- Strategic Planning – Education programs: sought feedback on the College's strategic direction from the perspective of those preparing future registrants for entry to practice.
- Strategic Planning – Professional associations: sought feedback on the College's strategic direction from the perspective of organisations supporting practising registrants.
- CRPO Application Requirements (Substantial Completion) - Education Programs: sought feedback specifically on current program structure and feasibility of proposed changes, including completion of academic coursework and possible minimum clinical experience requirements.
- Entry to Practice Competencies – Professional Associations: sought feedback from professional associations on the existing Entry to Practice Competencies, focusing on their unique perspective as supporters of the profession.
- Entry to Practice Competencies – Education Programs: sought feedback from education programs on the Entry to Practice Competencies, focusing on their unique perspective as educators.

4 forms or surveys open for feedback following interaction with the College and its functions that were intended to gauge user experience and provide feedback for quality improvement across College function:

System Partner Engagement by the Numbers continued

- Peer Circle Feedback Surveys
- Practice Advisory Service Satisfaction Survey
- CRPO Complaints Feedback Survey
- CBA Feedback Surveys.



Council & Committee Membership

COUNCIL MEMBERS
January 1, 2025 – December 31, 2025

Professional

- Heidi Ahonen, RP (elected Vice-Chair beginning October 2025)
- Janet Cullen, RP (elected June 2025)
- Kayleen Edwards, RP
- Anabel Helen, RP (elected June 2025)
- Kathleen (Kali) Hewitt-Blackie, RP (President/Chair beginning October 2025)
- Avni Jain, RP (until June 2025)
- Kenneth Lomp, RP (President/Chair until September 2025)
- Michael Machan, RP (Vice-Chair until June 2025)
- Judy Mord, RP
- Kafui Sawyer, RP
- Radhika Sundar, RP



Public

- Steven Boychyn
- Sherine Fahmy (until April 2025)
- David Keast (until August 2025)
- Jason King (appointed September 2025)
- Henry Pateman
- Kevin Sack (appointed June 2025)
- Jeffrey Vincent
- Haniyeh Yousofpour (until May 2025)

Council & Committee Membership continued

EXECUTIVE

Professional

- Heidi Ahonen, RP (elected Vice-Chair October 2025)
- Kathleen (Kali) Hewitt-Blackie, RP (President/Chair beginning October 2025)
- Kenneth Lomp, RP (Chair until September 2025)
- Michael Machan, RP (until June 2025)

Public

- Henry Pateman
- Jeffrey Vincent

CLIENT RELATIONS

Professional

- Judy Mord, RP (Chair)
- Kafui Sawyer, RP
- Radhika Sundar, RP
- Janet Cullen, RP (elected June 2025)

Public

- Steven Boychyn
- Jason King (appointed September 2025)

Non-Council

- Ahilaruban Nageswaran, RP
- Riffat Yusaf, RP



Council & Committee Membership continued

EXAMINATION

Professional

- Heidi Ahonen, RP (Chair)
- Kayleen Edwards, RP
- Anabel Helen, RP (elected June 2025)
- Kathleen (Kali) Hewitt-Blackie, RP
- Michael Machan, RP (until June 2025)

Public

- Steven Boychyn
- Henry Pateman
- Kevin Sack (appointed June 2025)
- Haniyeh Yousofpour (until May 2025)

Non-Council

- Riffat Yusaf, RP
- Aleksei Panov, RP (appointed March 2025)
- Rasha Wahid, RP (appointed March 2025)
- German Gachuzo Contreras, RP (appointed March to August 2025)



Council & Committee Membership continued

INQUIRIES, COMPLAINTS, & REPORTS

Professional

- Kathleen (Kali) Hewitt-Blackie, RP
- Kenneth Lomp, RP
- Judy Mord, RP
- Kafui Sawyer, RP
- Janet Cullen, RP (elected June 2025)



Public

- Steven Boychyn
- Sherine Fahmy (until April 2025)
- David Keast (until August 2025)
- Henry Pateman
- Jeffrey Vincent
- Haniyeh Yousofpour (until May 2025)

Non-Council

- Janet Cullen, RP (elected June 2025)
- Darlene Cyrus-Blaize, RP
- Nicolas El-Kada, RP (appointed Chair October 2025)
- DeRoux Jones, RP
- Christopher Rudan, RP
- Cindy Stater-Drummond, RP
- Audrey Taylor, RP (until June 2025)
- Kevin Uba, RP
- Kevin VanDerZwet-Stafford, RP (until September 2025)
- Leslie Vesely, RP (appointed Vice-Chair October 2025)

Council & Committee Membership continued

INQUIRIES, COMPLAINTS, & REPORTS

CRPO-appointed public members

- Sheldon Kawarsky (appointed March 2025)
- Len Rudner (appointed March 2025)
- Steven Stijacic (appointed March 2025)



NOMINATIONS & ELECTIONS

Professional

- Avni Jain, RP (until June 2025)
- Michael Machan, RP (until June 2025)
- Anabel Helen, RP (appointed June 2025)
- Judy Mord, RP
- Kafui Sawyer, RP
- Radhika Sundar, RP (appointed Chair October 2025)

Public

- Sherine Fahmy (Chair until April 2025)
- David Keast (until August 2025)
- Henry Pateman
- Kevin Sack (appointed October 2025)

Non-Council

- Alex St-John, RP (appointed March 2025)
- Adnan Zoubi, RP (appointed March 2025)

Council & Committee Membership continued

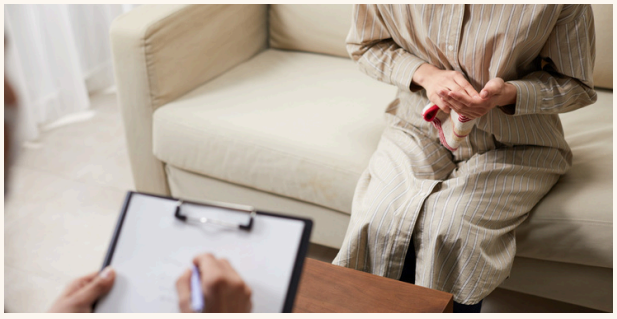
PROFESSIONAL PRACTICE WORKING GROUP

Professional

- Kathleen (Kali) Hewitt-Blackie, RP
- Kayleen Edwards, RP (beginning October 2025)
- Nicolas El-Kada, RP (beginning October 2025)
- Elda Almario, RP (beginning October 2025)
- Kenneth Lomp, RP (until October 2025)
- Michael Machan, RP (until June 2025)
- Judy Mord, RP

Public

- David Keast (until August 2025)



QUALITY ASSURANCE

Professional

- Heidi Ahonen, RP
- Kayleen Edwards, RP (Chair beginning October 2025)
- Kathleen (Kali) Hewitt-Blackie, RP
- Avni Jain, RP (until June 2025)
- Kenneth Lomp, RP (Vice-Chair beginning October 2025)
- Janet Cullen, RP (appointed June 2025)

Public

- Sherine Fahmy (until April 2025)
- David Keast (until August 2025)
- Jason King (appointed September 2025)
- Jeffrey Vincent

Non-Council

- Felipe Cepeda, RP
- Kasi Sewraj, RP (appointed March 2025)
- Roman Bina, RP (appointed March 2025)
- Katharine King, RP (appointed March 2025)

Council & Committee Membership continued

REGISTRATION

Professional

- Heidi Ahonen, RP
- Anabel Helen, RP (elected June 2025)
- Avni Jain, RP (until June 2025)
- Michael Machan, RP (Chair until June 2025)
- Radhika Sundar, RP

Non-Council

- Elda Almario, RP (appointed Chair October 2025)
- Ahilaruban Nageswaran, RP (appointed Vice-Chair October 2025)
- Glenn Walsh, RP
- Laurinda Cheng, RP (appointed March 2025)
- Razgar Qaderpour, RP (appointed March 2025)
- Amanda Carver, RP (appointed March 2025)

Public

- David Keast (until August 2025)
- Henry Pateman
- Kevin Sack (appointed June 2025)

DIVERSITY, EQUITY, & INCLUSION WORKING GROUP

- Rose Marie Anthony, RP
- Jessica Cashmore, RP (Qualifying)
- Laurinda Cheng, RP
- Linah Hashimi, RP (until December 2025)
- Hina Islam, RP
- Laura McNeilly, RP
- Erefaa Ogbuaku Jnr, RP (until April 2025)
- Carla Ribeiro, RP
- Roberta Timothy, RP
- Alex Zebeljan, RP (co-Chair)
- Vanessa Cubacub, RP (appointed March 2025)
- Kameron Kirbyson, RP (appointed March 2025)
- Sheeba Narikuzhy, RP (appointed March 2025)

Council & Committee Membership continued

ORPDT / FITNESS TO PRACTISE

All Council members sit on the Discipline and Fitness to Practise Committees.

Non-Council

- Raj Anand
- Carol Cowan-Levine, RP
- Andrew Benedetto, RP
- Shelley Briscoe-Dimock, RP (Vice-Chair)
- Sherry Liang
- Sophie Martel
- Miranda Monastero, RP
- Michael Machan, RP (appointed June 2025)
- Jay Sangupta
- Jennifer Scott
- David Wright (Chair)



F I N A N C I A L S T A T E M E N T S

For

COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO

For year ended

MARCH 31, 2026

COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO

STATEMENT OF FINANCIAL POSITION

MARCH 31, 2026

	2026	2025
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 23,079,252	$ 10,268,530
Short term investments	-	9,000,000
Accounts receivable	-	73,078
Prepaid expenses	314,834	332,894
	23,394,086	19,674,502
TANGIBLE CAPITAL ASSETS	435,772	670,139
	$ 23,829,858	$ 20,344,641
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	$ 1,696,344	$ 1,468,257
Government remittances payable	787,302	703,910
Deferred revenue	9,144,356	7,863,157
	11,628,002	10,035,324
DEFERRED RENT PAYABLE	56,978	94,318
	11,684,980	10,129,642
NET ASSETS		
Unrestricted	11,539,691	9,395,666
Invested in tangible capital assets	435,772	670,139
Internally restricted - sexual abuse therapy fund	169,415	149,194
	12,144,878	10,214,999
	$ 23,829,858	$ 20,344,641

On behalf of the Board:

Kathleen (Kali) Hewett Blackie ..... Director

Heidi Ahonen ..... Director

COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO

STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2026

	2026	2025
Revenue		
Registrant fees	$ 9,056,099	$ 7,537,479
Application	592,449	454,122
Jurisprudence	513,304	431,371
Interest income	456,548	567,225
Administration	344,505	207,502
Sublet rental income	299,016	285,162
	11,261,921	9,482,861
Expenses		
Salaries and benefits	6,046,621	4,861,402
Complaints and discipline	886,254	599,106
Council and committees	623,617	413,695
Office	456,137	414,838
Occupancy	363,090	355,700
Amortization of tangible capital assets	298,680	190,729
Database and e-learning	238,394	213,792
Quality assurance	181,605	167,056
Professional services	76,804	78,283
Communications	76,512	27,815
Registration	45,064	44,977
Sexual abuse therapy fund	29,748	53,984
Insurance	9,516	9,253
	9,332,042	7,430,630
Excess of revenue over expenses	$ 1,929,879	$ 2,052,231

COLLEGE OF REGISTERED PSYCHOTHERAPISTS AND REGISTERED MENTAL HEALTH THERAPISTS OF ONTARIO

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2026

	2026	2025
CASH PROVIDED FROM (USED IN) OPERATING ACTIVITIES		
Excess of revenues over expenses	$ 1,929,879	$ 2,052,231
Items not involving cash:		
Amortization of tangible capital assets	298,680	190,729
Amortization of deferred rent payable	(37,340)	(37,340)
	2,191,219	2,205,620
Changes in non-cash working capital items:		
Accounts receivable	73,078	137,343
Prepaid expenses	18,060	(44,734)
Accounts payable and accrued liabilities	228,087	(19,024)
Government remittances payable	83,392	165,926
Deferred revenue	1,281,199	1,199,686
	3,875,035	3,644,817
INVESTING ACTIVITIES		
Purchase of tangible capital assets	(64,313)	(461,305)
Short term investments	9,000,000	(5,250,000)
	8,935,687	(5,711,305)
INCREASE (DECREASE) IN CASH	12,810,722	(2,066,488)
CASH, BEGINNING OF YEAR	10,268,530	12,335,018
CASH, END OF YEAR	$ 23,079,252	$ 10,268,530

College of Registered Psychotherapists of Ontario

2025-2026 Annual Report

375 University Avenue, Suite 800
Toronto, ON M5G 2J5
T: 416-479-4330 / 1-844-712-1364
Email: info@crpo.ca

College of Registered Psychotherapists of Ontario

Executive Committee Report to Council

Report date: September 16, 2026

Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Heidi Ahonen, RP (Vice-Chair)
- Anabel Helen, RP (beginning October 1, 2026)
- Kathleen (Kali) Hewitt-Blackie, RP (Chair)
- Kenneth G. E. Lomp, RP (until September 30, 2026)

Public Members:

- Steven Boychyn
- Jeffrey Vincent

MEETINGS

Plenary Meetings

- June 25, 2026
- July 16, 2026
- August 22, 2026
- September 10, 2026

COMMITTEE MANDATE

The **Executive Committee** is established under the RHPA and by-laws as a statutory committee to provide leadership to Council, to promote governance

excellence at all levels, to facilitate effective functioning of the College, and to act on behalf of Council in circumstances requiring immediate action between meetings[1].

KEY ACTIVITIES & OUTCOMES
The Committee discussed the following topics at the June, July, August and September meetings:

MATTERS REQUIRING COUNCIL ACTION:

STRATEGIC PLAN REPORT AND GOVERNANCE MODERNIZATION
Reviewed documents drafted by staff to capture and communicate strategic priorities identified at the June strategic planning session. The Committee was also presented with the draft governance modernization preparation work plan and supporting resources.

Outcome:
- Provided feedback and direction to staff to develop strategic plan report and governance modernization timeline.

Strategic priority:	Presence as a credible, expert regulator
College Performance Measurement Framework (CPMF)	Domain 1: Governance, Standard 2, Measure 2.1.a. All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence informed, and advance the public interest.
Regulatory Objectives:	Promote confidence in professional regulation

COMMITTEE APPOINTMENTS
Discussed committee appointments for newly elected, acclaimed and appointed Council members. Also discussed the appointment of Client Relations Committee Chair and Vice-Chair, and Nominations and Elections Committee Vice-Chair.

Outcome:
- Council is asked to ratify the reappointments and appointments. See agenda item 10

[1] 12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

- Provided direction to staff to begin off-cycle recruitment for a position on the Indigenous Pathways Panel of the Registration Committee with any resulting recommendations for an appointment to go to Council for ratification.

Strategic priority:	Infrastructure that is fit for purpose.
CPMF:	Domain 1: Governance, Measure 1.1., Standard 1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.
Regulatory Objectives:	- Promote equality, diversity and inclusion in the provision of psychotherapy services - Regulate in a transparent, principled, proportionate, unbiased, proactive manner

POLICY REPORT

Reviewed and discussed two newly drafted policies:

- Travel and Expenses and Disability Accommodations for Council and Committee Members
- Policy on Travel Support for Council and Committee Members from Remote and Northern Locations

The Committee reflected on the importance of equity, best practices for attracting interest from diverse registrants and potential disparate financial costs for some professionals, particularly those from remote and northern communities.

Outcome:

- Reached consensus to approve both policies as presented. As both policies are operational in nature, Council approval is not required, and the policies are available in Aprio for review.

Reviewed and discussed the draft revised policy:

- Review Cycle for Policies and Guidelines

Outcome:

- The Committee recommended that Council approve the revised policy as presented.
- See agenda item 11.

Strategic priority:	Infrastructure that is fit for purpose.
CPMF:	CPMF Domain 2: Resources, Standard 4, Measure 4.1.c.

	Council is accountable for the success and sustainability of the organization it governs. This includes regularly reviewing and updating written operational policies.
Regulatory Objectives:	Promote confidence in professional regulation. Regulate in a transparent, principled, proportionate, unbiased, proactive manner.

AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT

Representatives from Welch LLP presented the audited financial statements. Committee members had an opportunity to ask questions and seek clarification regarding the statements and audit process. The statements are presented to Council for information as part of the Annual Report.

Outcome:

- The auditors reported that the audit resulted in a clean audit opinion, with no significant issues or concerns identified.
- The financial statements are presented to Council for information via the Annual Report.
- In accordance with the Regulated Health Professions Act, the report will be submitted to the Minister of Health.
- See agenda item 14.

Strategic priority:	Clear and effective communications.
CPMF:	CPMF Domain 2: Resources Measure 4.1.: The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.
Regulatory Objectives:	Regulate in a transparent, principled, proportionate, unbiased, proactive manner.

EVALUATIONS

Discussed the self-reflection report format and launch date. Surveys are now open. An update will be provided at the December meeting. The Committee also reviewed and discussed the Q1 meeting pulse evaluation aggregate report.

Outcome:

- See agenda item 13.

Strategic priority:	Clear and effective communications
CPMF:	CPMF Domain 1: Governance, Standard 1, Measure 1.2.a.: Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

Regulatory Objectives:	Regulate in a transparent, principled, proportionate, unbiased and proactive manner.

INFORMATION ITEMS:

MEMORIAL AWARD
Discussed the creation of a memorial award to honor former Council member, Michael Machan, with plans to tie the award to town hall events every two years and establish a selection committee.

Outcome:

- Indicated support for the proposal and directed staff to move forward with the proposed timing.

PROFESSIONAL NEUTRALITY
Discussed considerations related to professional neutrality in the context of public advocacy work of associations.

Outcome:

- Reaffirmed College's role and neutrality related to political positions.
- The Committee provided direction to staff regarding communicating with associations.
- Approved a statement on Regulation, Advocacy and Professional Responsibilities for posting on the website and sharing in an upcoming communique to make the regulatory position clear to system partners.

Strategic priority:	Clear and effective communications Strong collaborative system partnerships
CPMF:	Domain 3: System Partner Standard 5 and 6 • The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. • The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.
Regulatory Objectives:	• Promote confidence in professional regulation • Regulate in a transparent, principled, proportionate, unbiased, proactive manner

MENTORSHIP
Discussed new orientation and succession mentorship groupings. Reviewed proposed mentor-mentee relationships and discussed general readiness of mentees to move to the next level of mentorship. Discussed the development of an intensive Chair training program.

Outcome:

- Five succession mentorship groups and two orientation mentorship groups were recommended. Groups will be connected in the coming weeks.

RISK REGISTER UPDATE
Received an update on the Q1 Risk Register. Discussed several governance and risk management topics and explored potential measures to address risks in elections and decision-making processes.

SUBSTANTIAL COMPLETION
Received an update from S. Fraser, Director, Registration, regarding the Registration Committee's work on upcoming changes to the substantial completion definition. See Registration Committee report to Council for details.

REGISTRATION REGULATION AMENDMENTS
Received an update from S. Fraser, Director, Registration, regarding the Registration Committee's work on proposed changes to the Registration Regulation. See Registration Committee report to Council and agenda item 8.

Q1 FINANCIAL STATEMENTS
Q1 Financial Statements presented for information and discussion. The Committee was satisfied with the report and the financial stability represented.

COUNCIL MEMBER LEAVE OF ABSENCE
Approved a leave of absence for a order-in-council (OIC) public appointment. The leave is effective from July 2026 through January 2027, during which time the member will not be participating in Council and committee work. The member is expected to resume Council and committee duties in January 2027.

RESERVE FUND
Received information regarding the College's Reserve Fund and the purpose it serves within CRPO's financial management framework.

Strategic priority:	Presence as a credible, expert regulator
CPMF:	CPMF Domain 2: Resources Measure 4.1.

	• Standard 4.b.i. and 4.b.i.i. The College has a financial reserve policy and possesses the level of reserve set out in the policy.
Regulatory Objectives:	Promote confidence in professional regulation

QUARTERLY KPIs:

Measuring and reporting progress towards strategic and regulatory objectives, particularly as related to internal and external risks, informs Council decision-making and supports the achievement of the College's goal of public protection. The CPMF requires that all regulatory health colleges adopt and use key performance indicators (KPIs) specific to their profession and circumstance for consistent and clear reporting.

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 Measures

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

These governance KPIs are meant to monitor engagement with the evaluation framework as well as any changes in the effectiveness in each of the evaluation categories.

KPI	Target	Q4	Q1	Q1 Status
% of Council members receiving full orientation within 3 months of terms start	100%	n/a	100%	On target
% of Council members completing the Annual Council Effectiveness evaluation	100%	93%	n/a	Not reported on this quarter

% of Council members completing the Annual Competence Self-Reflection	100%	n/a	n/a	Not reported on this quarter
% of Council and committee members completing Meeting Pulse Evaluations	95%	96%	98%	On target
Council Effectiveness evaluation category with disagree responses	<10%	<10%	n/a	Not reported on this quarter

ATTACHMENTS:

- None

FORMAL MOTIONS TO COUNCIL:

- Noted in briefing notes

Respectfully submitted,

Kali Hewitt-Blackie

Kathleen (Kali) Hewitt-Blackie, RP
Chair, Executive Committee

College of Registered Psychotherapists of Ontario

Registrar's Report to Council

Report Date: September 17, 2026
Council Meeting Date: October 1, 2026
Respectfully submitted by Deborah Adams, Registrar & CEO

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
  - one registration assistant (replacement position)
  - one PC assistant (1 replacement, 1 new position)
  - one PC coordinator (family leave coverage)
  - one PC intake coordinator (new position)
- Promoted
  - One contract position converted to fulltime database assistant
  - One PC assistant to PC coordinator

As part of changes to the College's senior leadership structure, the Deputy Registrar and General Counsel position has been eliminated. I want to acknowledge Mark Pioro's many years of service to the College and his significant contribution to CRPO's development and work over that time.

Office Space Planning Update

Work on the design of new shared office space has progressed. We anticipate being able to host the December 2 and 3 in person tribunal training and Council meetings at the new location but will make that determination closer to the date.

Regulatory Developments

Health Regulatory Sector Update

The Ontario government continues to use professional regulation to advance access, health human resources and scope optimisation. Recent initiatives include proposed scope expansions for several professions and an expanded As of Right framework. CRPO is not directly affected by the As of Right legislation, but the work remains relevant to our Registration initiatives and OFC obligations and so is being monitored by staff.

Supervision oversight

CPBAO recently consulted on enhanced reporting of supervisees and their practice locations. The amendments are expected back before its Board on September 25. Given CRPO's reliance on clinical supervision, this will be useful to monitor.

Quality Assurance Update

Practice Advisory Data

		2022-23	2023-24	2024-25	2025-26	2026-27
Q1	Apr-Jun	760	796	1006	974	986
Q2	Jul-Sep	607	823	920	939	776*
Q3	Oct-Dec	720	904	893	911	
Q4	Jan-Mar	851	865	1012	1095	

*From July 1, 2026 to September 15, 2026 the Practice Advisory received 776 inquiries.

Common topics include:

- Cross border practice
  - RPs working remotely with clients outside Ontario
  - Practitioners outside Ontario working remotely with clients in Ontario
- Business Practices
  - Options for clients when an RP leaves a group practice
  - Guidance on opening a private practice
- Mandatory reporting obligations
- Record Keeping and Documentation
  - Guidance on clinical record keeping practices
  - Retention period and accessibility of records
- Seeking Clinical Supervision, Consultation and Referral
  - Determining competency
  - Writing letters and filling out forms for clients

Peer Circles

The College hosted two virtual peer circles in June and July 2026. In partnership with the OAMHP, the College also hosted an in-person peer circle event on September 15, 2026 in Toronto.

June topics: Advertising: Testimonials and reviews and Working with Minors and Obtaining Consent

- 100 RPs attended
- 10 facilitators

July topics: Writing reports and Professional boundaries and social media

- 50 RPs attended
- 6 facilitators

September topics: Contingency planning and Working with Minors and obtaining consent

- 100 RPs attended (approximately)
- 8 facilitators

Registration for virtual peer circles in October and November 2026 will be opening on September 28, 2026.

QUALITY ASSURANCE PROGRAM

2026 PROFESSIONAL DEVELOPMENT CYCLE

Registrants registered in even-numbered years (that is, 2016, 2018, 2020, 2022 and 2024) are due to report their professional development requirements by December 31, 2026.

Staff will be monitoring approximately 6976 registrants.

Peer And Practice Review / Case-Based Assessment (CBA)

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

	Completed		Outcome			
CBA	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	1881	4	1819	52	13	1
007_2026 Spring	1227	17	1231	10	2	1

2026 Fall CBA

The 2026 Fall CBA is scheduled from October 23 to November 3, 2026. Staff are monitoring 1535 registrants who were selected to participate in a peer and practice review by completing the 2026 Fall CBA.

Quality Assurance Program Information Sessions

Staff are hosting a series of information sessions to help registrants understand their Quality Assurance Program obligations.

CBA information sessions

- Wednesday August 19, 12 to 1pm
- Thursday August 20, 1 to 2 pm
- Wednesday, September 23, 11-12 pm and 1 pm to 2 pm

Professional development and self-assessment information sessions

- Thursday, September 24, 2026 at 12:15 pm
- Friday, October 2, 2026 at 12:15 pm

- Friday, October 16, 2026 at 12:15 pm
- Tuesday, November 17 at 3:00 pm
- Thursday, November 19 at 3:00 pm

QA Staff presentations and professional development

Staff attended the following meetings and conferences:

- IPAC Regulatory College Working Group, July 28, 2026
- HPRO Practice/QA Working Group re: Domestic Violence Death Review Committee recommendations (webinar planning): July 13, 2026, August 10, 2026, September 14, 2026

Registration Data

	May	June	July	August
Applications started	297	285	266	259
Total applications submitted	229	317	306	250
Applications from recognized programs submitted	182	252	267	200
Applications from non-recognized programs submitted	47	61	36	49
Labour mobility applications	0	4	2	1
Indigenous Registration Pathway applications	0	0	1	0

Total registrants as of September 15, 2026:

- RP: 12,230
- Qualifying: 6,775
- Inactive: 249

Compliance Monitoring

Files currently being monitored are as follows:

Registration Committee:	
Outcome	
Terms, Conditions and Limitations (TCL)	29
Undertaking	0
Conditional Approval	0
Learning Plan/Educational Upgrading	51
Monitoring	
Clinical Supervision/Monitoring	16
Currency Upgrading	5
Education	10
Competency Self-Assessment / Learning Plan	51
Registration Exam	2
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	80
Completed (in the previous quarter)	10
On Hold: Other reasons (e.g. on leave, suspension)	0
Not Completed (result of resignation or revocation)	11
In Breach	1
Inquiries, Complaints and Reports Committee (ICRC):	
Outcome	
Specified Continuing Education and Remediation Program (SCERP)	16
Undertaking	27
Caution (only)	0
Remedial Agreement	0
Terms, Conditions and Limitations (TCL)	0
Interim Order/Interim Suspension	2
Monitoring	
Clinical Supervision/Monitoring:	33
Personal/Group Therapy/Drug Screening	2
Ethics or Education Courses	2
Practice Restrictions	8

Reflective Paper	9
Caution	3
Internet Search (e.g. evidence of practicing psychotherapy while Interim Order is in place, monitoring practice restrictions)	8
Status	
Active	45
Completed (in the previous quarter)	13
On Hold: Currently under review with HPARB	7
On Hold: Other reasons (e.g. on leave, suspension)	0
Not Completed (result of resignation or revocation)	35
In Breach	1
Discipline:	
Monitoring	
Education	7
Reflective Paper/Literature Review	4
Clinical Supervision/Monitoring	3
Costs	12
Suspension	0
Status	
Active	13
Completed (in the previous quarter)	3
Not Completed	6
Fitness to Practise (FTP):	
No current files	
QA:	
No current files	

System Partner Engagement

System Partner Meetings

- I continue to meet with the Ontario Association of Mental Health Professionals (OAMHP) and the Partnership of Registered Psychotherapist Associations on a quarterly basis.

- The annual association presentation meeting was rescheduled from May 25 to June 18.

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.
- HPRO's annual general board meeting was held on June 4 and was attended by the Honourable Syliva Jones, Minister of Health. Presentations were also made by the Health Board Secretariat and Public Appointments Secretariat Leadership.

Ministry of Children, Community and Social Services

- P. Bialik and I met with a Policy Analyst for the MCSS' Youth Justice Division regarding work on updating the suicide prevention and intervention policy. We were able to provide the analyst with information regarding RP scope of practice, education and classes of licensure.

Staff Training & Education

Date	Department	# OF ATTENDEES	Training name	Provider
8-Jun	PC	1	AI for Administrative Professionals	UBC Sauder
17-Jun	Registration	1	JHSC Certification Part 2	PSHSA
18-Jun	Registration	1	Remote Work – Strategies for Efficiency	McMaster
23-Jun	Registration	1	Inbox Denied: Why Gmail Is About to Reject Your Emails	iMIS User Group
24-Jun	Registration	1	PMP Certificate	Project Management Institute
18-Aug	Operations	1	JHSC Certification Part 2	PSHSA
27-Aug	Registration	1	Career Effectiveness: Balance, Networking & Collaboration	CourseRA
7-Sep	Operations	1	Organizational Behaviour	Conestoga College

10-Sep	PC	1	Master's Program	TMU
21-Sep	PC	1	Policies and Procedures for Compliance and Consistency	University of Ottawa
Group training:				
25-Jun			Citizen's Advisory Group Education Session	HPRO CAG Team
	QA Team		Clear Language and Design writing workshop and individual/group coaching sessions for QA staff*	CLAD
10-Sep	All staff		Truth and Reconciliation: A Shared Responsibility	Indigenous Works
15-Sep	PC Team		Teams Building Event	Quiz Room

Google Analytics Comparison Report
September 2026

College of Registered Psychotherapists of Ontario

Time Period Analyzed

Current Period: April 1–June 30, 2026

Overall Traffic Comparison:

Website
The period demonstrated lower engagement, with 99,000 **total clicks, 286K views**. (Total clicks is how many times a user clicked through to our site.) The total number of **impressions** (how many times a user saw a link to our site in search results) was **1.6M**.

YouTube

- In the selected period, our channel got **2,674 views**, **278.8 watch time hours**, **average view duration 6min**. and **+29 subscribers**.

Emails: 8,931 emails were replied to through info@crpo.ca and registration@crpo.ca

The email volume more than doubled, compared to the previous reporting period, at a 55% increase. It is largely due to the different key exam dates, specifically, exam surveying launch and the release of exam results.

Key Metrics Comparison:

1. User Engagement (User engagement measures how long people have viewed your content, including pages and screens.)
    - This Period: **6.3 page views per active user, 3m20s average engagement time**
2. Most Visited Pages

    Top Website Pages:

    - Homepage (45K views)
    - Login (40K views)
    - Application Overview (12K views)



    Top YouTube Videos:

    - "COMPASS Registration Exam Overview", (561 views and 8min. average view duration)
    - "CRPO CBA video (EN)", (432 views and 5min. average view duration)
    - "Exam Video Highlights", (330 views and 3min. average view duration).

Notable Changes:

- In the first quarter, we have seen similar traffic directed to CRPO's Professional Practice Standards and Recognized & Non-Recognized Programs pages as in the previous reporting period.

Similar to the previous reporting period, 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:

- Current Period: **624K total events (**the number of times users triggered an event).

1. User Engagement Events (an event indicates clicks, scrolls, or viewing multiple pages)
   - Current Period: **117K events (3.53 per user)**
     - User engagement events showed a decrease both in total volume and per-user engagement.
2. Session Metrics (A session starts when a user opens a page)
   - Current Period: **131K session starts**
3. First-time Visitors
   - Current Period: **32K first visits**
     - The number of new visitors decreased compared to last reporting period.

Notable Patterns:

1. File Downloads
   - Current Period: **20K downloads (2.7 per user)**
     - The total downloads remain more or less the same, with a slight dip in the per-user download rate, compared to the last reporting period.
2. Search Activity
   - Current Period: **183 search result views**
     - Search activity decreased in the last quarter.

The overall website usage declined over the last quarter. In the new year, we will introduce a new Content Management System (CMS) and implement a series of improvements to address current shortcomings and enhance the user experience. With professionally produced videos planned, we also expect our YouTube channel to grow helping to raise public awareness of the College's work.

College of Registered Psychotherapists of Ontario

DRAFT Council Minutes

JUNE 11, 2026
1:15 P.M. TO 3:30 P.M.
375 UNIVERSITY AVE, SUITE 800, TORONTO ON

Council Members Present	Staff Members
○ Heidi Ahonen, RP (Vice-Chair) ○ Steven Boychyn, Public Member ○ Janet Cullen, RP ○ Kayleen Edwards, RP ○ Jasun Fox, Public Member ○ Anabel Helen, RP ○ Kathleen (Kali) Hewitt-Blackie, RP (Chair) ○ Kenneth G. E. Lomp, RP ○ Kevin Sack, Public Member ○ Kafui Sawyer, RP ○ Radhika Sundar, RP ○ Jeffrey Vincent, Public Member	○ Deborah Adams, Registrar & CEO ○ Pamela Bialik, Policy Analyst ○ Jo Anne Falkenburger, COO ○ Amy Fournier, Manager, Governance (Recorder) ○ Sarah Fraser, Director, Registration ○ Mark Pioro, Deputy Registrar and General Counsel ○ Jenna Smith, Manager, Professional Conduct ○ Naakai Garnette, Director, Regulatory Affairs ○ Emilie Vanhauwaert, Manager (Bilingual), Registrant Services ○ Sonya Teece, Manager, Quality Assurance ○ Monica Zeballos-Quiben, Manager, QA Assessments ○ Kristina Reyes, Manager, Registrant Requirements ○ Alexandra Brennan, Manager, Registration ○ Brianne Mouat, Manager, HR ○ Julia Prodaniuk, Manager, Communications
Council Member Regrets	**Guests**
○ Jason King, Public Member ○ Judy Mord, RP	○ Nicolas El-Kada, RP ○ Mark Whiticar, RP

01. Land Acknowledgment

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

02. Welcome and opening remarks

K. Hewitt-Blackie called the meeting to order at 1:15 p.m. and welcomed all present.

03. Approval of Agenda

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

MOTION 1

That the agenda of the June 11, 2026, meeting of the Council be approved as presented.

Moved: J. Cullen
Seconded: K. Lomp

CARRIED

04. Conflict of Interest

None declared.

05. Election of Officers

The election of Executive Officers was conducted in accordance with Schedule 1 of the CRPO by-laws. First, a by-election was held to fill a public member vacancy on the Executive Committee. One public member put their name forward to fill the vacancy; as such, Steven Boychyn was acclaimed as Public Member at Large for the remainder of the term (June-October).

The following nominees were acclaimed to their positions:

- Kali Hewitt-Blackie, RP acclaimed as **President**
- Heidi Ahonen, RP acclaimed as **Vice President**
- Jeffrey Vincent acclaimed as **Public Member at Large**
- Steven Boychyn acclaimed as **Public Member at Large**

Two nominations were received for the position of Professional Member At Large and an election was held. Radhika Sundar spoke first, followed by Anabel Helen. Voting was conducted via Menti and Anabel Helen was declared the successful candidate.

The Executive Committee will take office at the October Council meeting.

06. Executive Committee Report to Council

K. Hewitt-Blackie presented the Executive Committee report to Council highlighting the updated reporting format and walked Council through each topic.

Council was asked to ratify the appointment of two staff signing officers in accordance with by-law articles 3.01 - General Signing Authority, 3.02 - Documents Valued at less than $20,000, and 3.03 - Other Signing Authority.

MOTION 2

That Council ratify the appointment of Sarah Fraser, Director, Registration, and Naakai Garnette, Director, Regulatory Affairs as signing officers.

Moved: K. Edwards
Seconded: J. Cullen
CARRIED

07. External Evaluation Governance Report

K. Hewitt-Blackie, Chair, presented the external evaluation governance report highlighting the key strengths and recommendations for improvement.

08. Committee Appointments

K. Hewitt-Blackie introduced the item including the reappointment of non-Council members to the Nominations and Elections Committee and committee appointments for the newly appointed public member.

Decision by consensus: Council reached consensus to ratify the reappointment of Alex St. John, RP, and Adnan Zoubi, RP, to the Nominations and Elections Committee as non-Council members for a term of approximately one year.

Decision by consensus: Council reached consensus to ratify the appointment of Jasun Fox to the Examination, Registration and Inquiries, Complaints and Reports Committees for a term of approximately one year. All members of Council are appointed to the ORPDT and FTP Committee.

09. Guideline on Social Media

P. Bialik, Policy Analyst, presented the draft guideline on social media. Council members asked questions about the use of artificial intelligence in social media postings, posts made prior to registration and posts made by individuals who are holding themselves out as psychotherapists.

Decision by Consensus: Council reached consensus to approve the Guideline on Social Media as presented.

10. Policy Updates

a. CRPO-appointed public members policy

K. Hewitt-Blackie presented the updated policies, noting that there are no changes being proposed at this time. The Executive Committee recommended moving the policy to a three-year review cycle.

Decision by consensus: Council reached consensus to approve the review of the CRPO-appointed public member policy on a three-year cycle.

b. Registrar/CEO Succession Planning policy

K. Hewitt-Blackie provided Information on the importance of the succession planning processes to support continuity and skills needed to fulfil the CRPO's mandate. Proposed changes to the policy were summarized and Council was invited to ask questions.

Decision by consensus: Council reached consensus to approve the revised Registrar & CEO Succession Planning policy as presented.

c. Council Observer Guideline

K. Hewitt-Blackie noted that Council meetings are required to be open to the public. Livestreaming has facilitated providing increased accessibility to Council meeting to observers across Ontario. Proposed changes to the guideline were summarized and Council was informed of upgrades to livestreaming technology planned for the new office space.

Decision by consensus: Council reached consensus to approve the revised Council Observer Guideline as presented.

11. Q4 Meeting Pulse Report

K. Hewitt-Blackie presented the Q4 meeting pulse evaluation report.

12. Registrar's Report

D. Adams, Registrar, presented her report to Council and invited Council members to pose questions related to the written report.

13. Consent Agenda

- Draft Minutes 26MAR2026

- Committee Reports to Council

MOTION 3

That Council approve the consent agenda as presented.

Moved: K. Lomp
Seconded: K. Edwards
CARRIED

14. Adjournment

MOTION 4

That the meeting be adjourned at 2:20 p.m.

Moved: S. Boychyn
Seconded: K. Sawyer
CARRIED

CHAIR

DATE

College of Registered Psychotherapists of Ontario

Client Relations Committee (CRC)

Report to Council

Report date: September 10, 2026

Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Janet Cullen, RP
- Kayleen Edwards, RP
- Judy Mord, RP (Chair) (until September 30, 2026)
- Kafui Sawyer, RP (until September 30, 2026)
- Radhika Sundar, RP

Non-Council (Professional):

- Sara Kohtala, RP
- Ahil Nageswaran, RP
- Riffat Yusaf, RP

Public Members:

- Steven Boychyn
- Jason King
- Kaydee Richmond

MEETINGS

Plenary Meetings:

- June 17, 2026

COMMITTEE MANDATE:

The **Client Relations Committee** sets policy on the prevention of sexual abuse by CRPO registrants and administers a therapy and counselling fund for clients who allege sexual abuse by a Registered Psychotherapist.

KEY ACTIVITIES AND OUTCOMES:
The Committee discussed the following topics at the June meeting:

GUIDELINE AND POLICY REVIEW: RHPA SEXUAL ABUSE PROVISIONS
The Committee reviewed the updated Guideline regarding the sexual abuse provisions and accompanying policies to ensure alignment with current regulations, standards and terminology related to sexual abuse:

- Guideline Concerning Sexual Contact with Former Clients Beyond Five Years After Termination of Care
- Policy on Support Person Funding for Allegations of Sexual Abuse
- Policy on Zero Tolerance of Sexual Abuse by Registrants
- Policy on Sexual Contact with Former Clients Within Five Years of Termination of Care

Outcomes:

- The guideline and policies were approved as presented
- The Client Relations Committee Position Statement on Terminology Related to Sexual Abuse was also approved with minor edits.

Strategic priority:

- Clear and effective communications.

CPMF Measure 2.1

- All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Regulatory objectives:

- Promote confidence in professional regulation;
- Regulate in a transparent, principled and unbiased manner.

THERAPY AND COUNSELLING FUND
The Committee reviewed the administration of the Therapy and Counselling Fund, including application volumes, eligibility information and public-facing materials.

Outcomes:

- The Committee approved a policy on Delegating Funding for Therapy and Counselling Decision-Making (attached).
- The policy established conditions in which Client Relations fund decisions are automatically delegated to staff by the CRC, while maintaining Chair involvement for more complex cases. The policy is attached as an appendix.
- Staff were directed to explore additional website information about treatment options and modalities.

Strategic priorities:

- Clear and effective communication.

CPMF Measure 2.1

- All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Regulatory objectives:

- Serve and protect the public interest; Promote confidence in professional regulation.

PRIMARY SUPPORT PERSON FUNDING

The Committee discussed the Primary Support Person Therapy and Counselling Fund and whether the current funding amount remains meaningful and responsive. The Committee was presented with an operational policy on administration of the Support Person Therapy and Counselling Fund, previously referred to as the Partner Therapy and Counselling Fund.

Outcomes:

- Staff were directed to explore whether the primary support person funding allocation could be increased.
- Approved a new policy on Policy on Therapy and Counselling Fund Extensions
- Approved the Policy on Support Person Funding for Allegations of Sexual Abuse

Strategic priorities:

- Presence as a credible, expert regulator.

CPMF Domain 3

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

Regulatory objectives:

- Promote equality, diversity and inclusion in the provision of psychotherapy services; Serve and protect the public interest.

CRC ORIENTATION AND TERMS OF REFERENCE

The Committee received an orientation on its mandate, authority and role in supporting the College's client relations and sexual abuse prevention responsibilities.

Outcomes:

- The CRC terms of reference were approved as presented.

Strategic priority:

- Infrastructure that is fit for purpose.

CPMF Measure 1.1

- Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

Regulatory objective:

- Regulate in a transparent, principled, proportionate and proactive manner.

WEBSITE AND PUBLIC RESOURCES

The Committee discussed opportunities to improve public-facing information, including crisis resources, multilingual access and clearer information for clients, families and support persons.

Outcomes:

- Staff were directed to explore additional website resources and accessibility improvements.

Strategic priorities:

- Clear and effective communications; Strong and collaborative system partnerships.

CPMF Domain 3

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

Regulatory objectives:

- Promote confidence in professional regulation
- Promote equality, diversity and inclusion in the provision of psychotherapy services.

FUTURE WORK PLANNING

The Committee discussed future CRC priorities, including education, accessibility, public resources, registrant guidance and possible Sexual Abuse Prevention Plan.

Outcomes:

- Staff will develop a draft CRC workplan following completion of the College's strategic plan.

Strategic priorities:

- Strong and collaborative system partnerships
- Clear and effective communications.

CPMF Domain 3

- Standard 5: The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
- Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

Regulatory objectives:

- Promote confidence in professional regulation; Regulate in a transparent, principled, proportionate, unbiased, proactive manner.

ATTACHMENTS:

- Policy on Delegating Funding for Therapy and Counselling Decision-Making

FORMAL MOTIONS TO COUNCIL:

- None.

Respectfully submitted,

Judy Mord

Judy Mord, RP
Chair, Client Relations Committee

College of Registered Psychotherapists of Ontario

Type of Policy: Operational	**Approved By: Client Relations Committee**
Date Approved: June 17, 2026	**Next Review Date: June 2029**
Amendment Dates:	

Policy on Delegating Funding for Therapy and Counselling Decision-Making

PURPOSE

To establish conditions under which Client Relations Fund decisions are automatically delegated to staff by the Client Relations Committee.

SCOPE

This policy applies to decision-making about Client Relations Fund applications.

DEFINITIONS

Client: For the purpose of sexual abuse allegations, an individual is a client of a registrant if there is direct interaction between the registrant and the individual, and any of the following conditions are satisfied:

- The registrant has, in respect of a health care service provided by the registrant to the individual, charged or received payment from the individual or a third party on behalf of the individual.
- The registrant has contributed to a health record or file for the individual.
- The individual has consented to the health care service recommended by the registrant.

For the purposes of sexual abuse allegations, an individual remains a client for five years following the termination of the professional relationship.[1]

Sexual abuse: For the purpose of sexual abuse allegations, an individual is a client of a registrant if there is direct interaction between the registrant and the individual, and any of the following conditions are satisfied:

- The registrant has, in respect of a health care service provided by the registrant to the individual, charged or received payment from the individual or a third party on behalf of the individual.
- The registrant has contributed to a health record or file for the individual.
- The individual has consented to the health care service recommended by the registrant.

[1] For additional information about the legal definition of client, see Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca); O. Reg. 260/18: PATIENT CRITERIA UNDER SUBSECTION 1 (6) OF THE HEALTH PROFESSIONS PROCEDURAL CODE (ontario.ca)

For the purposes of sexual abuse allegations, an individual remains a client for five years following the termination of the professional relationship.

Primary Support Person(s) Therapy and Counselling Fund: A supplementary fund offered by the College to provide funding for counselling or therapy to the support persons of an individual who has alleged, in a complaint or report, that they were sexually abused by a registrant.

Therapy and Counselling Fund: As required by the Health Professions Procedural Code, each Ontario health regulatory college provides funding for counselling or therapy to clients who have alleged, in a complaint or report, that they were sexually abused by a registrant of that college.

POLICY

In administering the Therapy and Counselling Fund, the Client Relations Committee delegates decision-making authority to College staff provided either sets of the criteria below have been met with respect to the client funding application being reviewed:

Situation 1:

- The applicant was a client receiving care from a registrant at the time of the alleged sexual abuse, or within five years following the end of treatment;
- The College is provided with both the name of the client and of the registrant who allegedly sexually abused the client;
- A complaint or report has been filed with the College in relation to the alleged abuse; and
- The proposed therapist or counsellor is eligible.

Situation 2:

- The request for funding was previously approved, and an updated application or request has been submitted to change or add additional eligible service providers.

Situation 3:

- The request for funding was previously approved, and the eligible client requests extended access to their Therapy and Counselling Fund beyond the five year period. Requests will be considered in alignment with the Policy on Therapy and Counselling Fund Extensions.

The Client Relations Committee also delegates decision-making authority of administration of the Support Persons Therapy and Counselling Fund to College staff provided the following criteria has been met with respect to the funding application being reviewed:

- The associated funding request for the client has already been approved by staff or the Committee.

In straightforward cases College staff may determine ineligibility without a referral to the Client Relations Committee.

A referral from staff to the Client Relations Committee is required under any circumstance not outlined above.

The Client Relations Committee will be regularly informed of the number of applications, approvals by staff, and the administration of funding.

PROCESS

Following an application to CRPO's Therapy and Counselling Fund, staff will review the application to determine whether it warrants a referral to the Client Relations Committee. Eligibility for funding will be measured against the above criteria.

In accordance with CRPO by-law 23.01, should an application be deemed eligible for funding, staff or the Client Relations Committee may require therapists providing therapy or counselling to those seeking funding to provide a written statement, signed in each case by the therapist or counsellor and by the individual seeking funding, which shall contain the following:

- Details of the therapist or counsellor's training and experience;
- Confirmation that the therapy or counselling is being provided to the client; and
- Confirmation that the funds received will be devoted only to therapy or counselling that is related in whole or in part to the alleged sexual abuse by the registrant.

College of Registered Psychotherapists of Ontario

Examination Committee Report to Council

Report date: September 16, 2026
Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Heidi Ahonen, RP (Chair)
- Kayleen Edwards, RP (until July 1, 2026)
- Anabel Helen, RP
- Kathleen (Kali) Hewitt-Blackie, RP

Non-Council (Professional):

- Michael Dougan, RP
- Iva Keighley, RP
- Aleksei Panov, RP
- Rasha Wahid, RP
- Riffat Yusaf, RP (Vice Chair)

Public Members:

- Steven Boychyn
- Jasun Fox
- Kevin Sack

MEETINGS

Plenary Meetings:

- June 19, 2026

Panel Meetings:

- June 19, 2026
- July 30, 2026
- August 28, 2026

COMMITTEE MANDATE:

The **Examination Committee** considers appeals regarding failure of the Registration Exam, where there are alleged grounds of unfairness. It may also grant time

extensions to individuals who, due to extenuating circumstances, are unable to write the exam within the set time period.

KEY ACTIVITIES AND OUTCOMES:

The Committee discussed the following topics at the June, July and August meetings:

INFORMATION ITEMS:

CONSENSUS DECISION-MAKING

Reviewed the consensus decision-making process.

EXAM EXTENSION POLICY AND FORM

Discussed proposed revisions to the Exam Extension Policy for clarity and a proposed addition to the corresponding request form to address concerns of incapacity.

Outcome:

- Approved proposed revisions to the policy and form.

Regulatory objective:

- Regulate in a transparent, principled, proportionate, unbiased, proactive manner

USE OF ARTIFICIAL INTELLIGENCE IN PANEL SUBMISSIONS

Discussed concerns with suspected use of AI in panel submissions and potential items for staff to explore.

Outcomes:

- Directed staff to develop templates and resources for registrants undergoing educational upgrading.

Regulatory objective:

- Regulate in a transparent, principled, proportionate, unbiased, proactive manner

Strategic priority:

- Clear and effective communications

DATA LITERACY

Discussed the presentation to Council with the case example of Registration Exam pass rates.

Regulatory objective:

- Regulate in a transparent, principled, proportionate, unbiased, proactive manner

Strategic priorities:

- Presence as a credible, expert regulator

PANEL MEETINGS

Discussed previous panel meetings, deliberations, and packages.
Outcomes:

- Approved use of a worksheet when reviewing exam extension requests and discussed the importance of critical friendship in consensus decision-making.

Regulatory objective:
Regulate in a transparent, principled, proportionate, unbiased, proactive manner

UPDATED EXAM PREP RESOURCE LIBRARY
Reviewed an updated library of exam prep resources.

COMPASS TEST ANALYSIS REPORT
Reviewed the COMPASS test analysis report for the October 2025 exam.

MANAGER'S REPORT
Reviewed a written report including: a summary of past exam sittings and past examination appeals; figures related to use of the CRPO Supervision Tool for educational upgrading following two exam failures; exam trends and notable information from the spring and fall 2025 Registration Exam administrations; an update on the 2026 Registration Exam sittings; updates on the Qualifying Expiration Policy and Process approved by the Registration Committee; an update on impending changes to the substantial completion definition; and other operational updates.

PANEL MEETINGS:

Total files reviewed	64
Exam extension approved for first attempt	7
Exam extension denied for first attempt	3
Exam extension approved for first attempt upon submission of satisfactory documentation/ information	1
Exam extension approved for third attempt	5
Exam extension denied for third attempt	0
Exam extension approved for third attempt upon submission of satisfactory documentation/ information	0
Examination appeals granted	4
Examination appeals denied	20
Exam appeal approved for upon submission of satisfactory documentation/ information	1
Learning plan approved	11
Learning plan not approved	12

ATTACHMENTS:

- None

FORMAL MOTIONS TO COUNCIL:

- Noted in briefing notes

Respectfully submitted,

Heidi Ahonen

Heidi Ahonen, RP
Chair, Examination Committee

College of Registered Psychotherapists of Ontario

Inquiries, Complaints and Reports Committee Report to Council

Report date: September 16, 2026

Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Janet Cullen, RP
- Kathleen (Kali) Hewitt-Blackie, RP
- Kenneth G. E. Lomp, RP (until September 30, 2026)
- Judy Mord, RP (until September 30, 2026)
- Kafui Sawyer, RP (until September 30, 2026)

Non-Council (Professional):

- Darlene Cyrus-Blaize, RP
- Nicolas El-Kada, RP (Chair)
- DeRoux Jones, RP
- Taryn Mototsune, RP
- Christopher Rudan, RP
- Katja Tupak, RP
- Kevin Uba, RP
- Leslie Vesely, RP (Vice-Chair)
- Alex Zebeljan, RP

Public Members (OIC):

- Steven Boychyn
- Jeffrey Vincent
- Kevin Sack
- Jason King
- Jasun Fox
- Kaydee Richmond

Public Members (CRPO-appointed):

- Sheldon Kawarsky
- Len Rudner
- Steven Stijacic

MEETINGS

Panel Meetings:

- June 18, 2026
- June 24, 2026
- July 2, 2026
- July 8, 2026
- July 9, 2026
- August 6, 2026
- August 19, 2026
- August 27, 2026
- September 9, 2026
- September 23, 2026

COMMITTEE MANDATE:

The **Inquiries, Complaints and Reports Committee (ICRC)** panels screen complaints and other concerns about registrants and decide how to deal with them (e.g., issue a caution, refer to a discipline hearing, take no action). It also sets College policy on the screening process.

FILES RECEIVED:

Calendar Year (Jan.-Dec.)	Apprx. # of Registrants	# of Complaints Received	# of Reports Received	# of Registrar's Reports Opened
2026 *Jan1'26 – Sep15'26*	18,000	111	158	10
2025	17,114	182	161	25
2024	15,315	155	104	14
2023	13,300	106	90	17
2022	11,386	76	64	14

INFORMATION ITEMS:

The Committee extends a warm welcome to its new public members, Jasun Fox and Kaydee Richmond!

Staff and Committee are actively preparing for the two upcoming fall plenary meetings on October 15 and November 16. The meetings will include an education day, as well as dedicated time focused on work plan development aligned with Council's Strategic Plan. Additional areas of focus will include social media and balancing freedom of expression with professional obligations.

Formal Motions to Council:

N/A

Attachments:

N/A

Respectfully submitted,

Nicolas El-Kada

Nicolas El-Kada, RP
Chair, Inquiries, Complaints & Reports Committee

College of Registered Psychotherapists of Ontario

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

Report date: September 15, 2026

Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Heidi Ahonen, RP
- Janet Cullen, RP
- Kayleen Edwards, RP
- Nicolas El-Kada, RP (beginning October 1, 2026)
- Anabel Helen, RP
- Kathleen (Kali) Hewitt-Blackie, RP
- Valerie Kates, RP (beginning October 1, 2026)
- Kenneth G. E. Lomp, RP (until September 30, 2026)
- Judy Mord, RP
- Kafui Sawyer, RP (until September 30, 2026)
- Radhika Sundar, RP
- Mark Whiticar, RP (beginning October 1, 2026)

Public Members (Order-in-Council):

- Steven Boychyn
- Jasun Fox
- Jason King
- Kaydee Richmond
- Kevin Sack
- Jeffrey Vincent

Non-Council (Adjudicators):

- Raj Anand
- Sherry Liang

- Sophie Martel
- Jennifer Scott
- Jay Sengupta
- David Wright (Chair)

Non-Council (Professional):

- Andrew Benedetto, RP
- Shelley Briscoe-Dimock, RP (Vice Chair)
- Carol Cowan-Levine, RP
- Miranda Monastero, RP

COMMITTEE MANDATE:

The **Ontario Registered Psychotherapists Discipline Tribunal (ORPDT)** holds discipline hearings in accordance with the *Regulated Health Professions Act*, 1991. It also sets policy and procedure relating to the discipline process.

The **Fitness to Practise Committee** holds hearings related to alleged registrant incapacity in accordance with the *Regulated Health Professions Act*, 1991. It also sets policy and procedure relating to the fitness to practice process.

NOTICE(S) OF HEARING:

Since the last report was prepared on May 25, 2026, one notice of hearing has been filed with the Tribunal.

HEARING(S) HELD:

Since the last report was prepared on May 25, 2026, two hearings occurred:

- *CRPO v. Hamouche* on July 15, 2026 (hearing for two matters).
- *CRPO v. Ladouceur* on July 30, 2026.

SCHEDULED HEARING(S):

At the time of preparing this report, two hearings have been scheduled:

- *CRPO v. Ramsay* on October 20, 2026 (motion hearing).
- *CRPO v. Vinepal* on November 13, 2026.

CASE MANAGEMENT CONFERENCES, HEARING MANAGEMENT CONFERENCES & MOTIONS:

- Since the last report was prepared on May 25, 2026, eight case management conferences have taken place.
- At the time of preparing this report, one case management conference is scheduled to take place on September 29, 2026.

REASONS ISSUED:

Four reasons have been issued since the last report was prepared on May 25, 2026:

- *CRPO v. Chang-Duffet,* 2026 ONRPDT 9
- *CRPO v. Hamouche,* 2026 ONRPDT 10
- *CRPO v. Hamouche,* 2026 ONRPDT 11
- *CRPO v. Ladouceur,* 2026 ONRPDT 12

REASONS PENDING:

At the time of preparing this report, there are no reasons for decision pending.

TRAINING:

- No committee training has taken place since the last report was prepared on May 25, 2026.
- The Health Professions Discipline Tribunals annual conference is scheduled to take place on November 5, 2026. The ORPDT training and education session is scheduled to take place on December 2, 2026.

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.

ATTACHMENTS:

- None

Respectfully submitted,

David Wright

Chair, ORPDT & Fitness to Practise Committee

College of Registered Psychotherapists of Ontario

Quality Assurance Committee
Report to Council

Report date: September 16, 2026

Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Heidi Ahonen, RP
- Janet Cullen, RP
- Kayleen Edwards, RP (Chair)
- Kathleen (Kali) Hewitt-Blackie, RP
- Kenneth G. E. Lomp, RP (until September 30, 2026)

Non-Council (Professional):

- Roman Bina, RP
- Felipe Cepeda, RP
- Katharine King, RP
- Kasi Sewraj, RP

Public Members:

- Jason King
- Jeffrey Vincent

MEETINGS

Plenary Meetings:

- June 22, 2026
- August 27, 2026

Panel Meetings:

- June 22, 2026
- August 27, 2026

COMMITTEE MANDATE:

Working from the foundation set out in the Regulated Health Professions Act, 1991, and the Quality Assurance Regulation, the **Quality Assurance (QA) Committee** develops policies, processes, and related tools and resources to support CRPO registrants in meeting requirements of the QA Program.

KEY ACTIVITIES AND OUTCOMES:

The QA Committee discussed the following topics at the June and August meetings:

ITEMS REQUIRING COUNCIL ACTION:

GUIDELINES ON PSYCHEDLIC-ASSISTED PSYCHOTHERAPY

The Committee reviewed three draft guidelines on psychedelic-assisted psychotherapy and provided feedback to staff.

Outcomes:

The Committee recommended that Council approve the following guidelines:

- DRAFT Psychedelic-Assisted Psychotherapy Legal Avenues Guideline
- DRAFT Guideline on Psychedelic-Assisted Psychotherapy Preparation
- DRAFT Guideline on Psychedelic-Assisted Psychotherapy Integration
- See agenda item 9.

Strategic priorities:

- Clear and effective communications
- Presence as a credible, expert regulator

CPMF Domain 5: Regulatory Policies, Standard 8.1

- All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

INFORMATION ITEMS:

STANDARD 3.8: CULTURAL HUMILITY AND NON-DISCRIMINATION & STANDARD 3.9: INDIGENOUS CULTURAL HUMILITY AND NON-DISCRIMINATION

The Committee reviewed the draft Standards and provided feedback to staff.

Outcomes:

- The Committee recommended the draft standards proceed to public consultation and then to Council for approval.
- The consultation will be open until November 13, 2026 at 4:30 pm: Public Consultations - CRPO

Strategic priorities:

- Presence as a credible, expert regulator
- Strong and collaborative system partnerships

CPMF Domain 5: Regulatory Policies, Standard 8.1

- All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).
- Domain 3: System Partner, Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

GUIDELINE ON ARTIFICIAL INTELLIGENCE

The Committee reviewed proposed revisions to the Guideline on Artificial Intelligence (first approved by Council on December 11, 2025).

Outcomes:

The Committee approved the revisions. Click here to view the policy.

Strategic priorities:

- Clear and effective communications
- Presence as a credible, expert regulator

CPMF Domain 5: Regulatory Policies, Standard 8.1

- All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

2026 SPRING CBA RESULTS

The Committee reviewed the 2026 Spring CBA results and change to extend the CBA window by one day (the CBA will be open for 11 days instead of 10).

CPMF Domain 6: Suitability to Practise, Standard 10.2

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

PANEL MEETINGS:

The panel reviewed 11 CBA deferral requests beyond 2 years.

Outcome	# of files reviewed
CBA deferral granted	11

QUARTERLY KPIS:

Measuring and reporting progress towards strategic and regulatory objectives, particularly as related to internal and external risks, informs Council decision-making and supports the achievement of a College's goal of public protection. The CPMF requires that all regulatory health colleges adopt and use key performance indicators (KPIs) specific to their profession and circumstance for consistent and clear reporting.

Strategic Alignment:

- Effective Infrastructure, Trusted Authority and Clear Communications
    - Communications with system partners 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 Measures

- 10.1 Suitability to Practice – 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.

KPI	Target	Q4 Actuals	Q1 Actuals	Q1 Status
Time to provide an initial response to non-urgent email and telephone inquiries: • Within three (3) business days	85%	99%	98%	On target
Time to provide a substantive response to non-urgent email and telephone inquiries: • Within five (5) days of assignment	85%	72%	76%	Below target
time to provide a substantive response to urgent email and telephone inquiries: • within three (3) business days	85%	82%	83%	Slightly Below target

This KPI will monitor whether users understand the scope and aim of CRPO's practice advisory service.

KPI	Target	Q4 Actuals	Q1 Actuals	Q1 Status

% indicating that they found the PA service response 'useful' or 'very useful'	75%	67%[1]	62%[2]	⚠ Below target
% of questions that are in scope	85%	83%	87%	On target

ATTACHMENTS:

- None

FORMAL MOTIONS TO COUNCIL:

- Noted in briefing notes

Respectfully submitted,

Kayleen Edwards

Kayleen Edwards, RP
Chair, Quality Assurance Committee

[1] 57 of 84 responses
[2] 62 of 100 responses

College of Registered Psychotherapists of Ontario

Registration Committee Report to Council

Report date: September 16, 2026

Council Meeting Date: October 1, 2026

COMMITTEE MEMBERSHIP

Professional Members:

- Heidi Ahonen, RP
- Anabel Helen, RP
- Radhika Sundar, RP

Non-Council (Professional):

- Elda Almario, RP (Chair)
- Amanda Carver, RP
- Laurinda Cheng, RP
- Ahil Nageswaran, RP (Vice-Chair)
- Razgar Qaderpour, RP (until September 1, 2026)
- Glenn Ford Walsh, RP

Public Members:

- Jasun Fox
- Kevin Sack

MEETINGS

Plenary Meetings:

- July 20, 2026
- August 17, 2026

Panel Meetings:

- May 29, 2026

- July 24, 2026
- August 26, 2026

COMMITTEE MANDATE:

The **Registration Committee** develops registration policy and processes, and its members form panels to review applications for registration that have been referred by staff.

KEY ACTIVITIES AND OUTCOMES:

The Committee discussed the following topics at the July and August meetings:

MATTERS REQUIRING COUNCIL ACTION:

REGISTRATION REGULATION AMENDMENTS

Considered possible options for addressing registration problems, including through policies and amendments to the *Registration Regulation*.

Outcomes:

- Public consultation recommended for Council approval. See agenda item X.

Regulatory objective:

- Regulate in a transparent, principled, proportionate, unbiased, proactive manner

CPMF Measures:

- Domain 1: Governance, Standard 3: The College acts to foster public trust through transparency about decisions made and actions taken.
- Domain 5: Regulatory Policies, Standard 8: Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
- Domain 6: Suitability to Practise, Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

INFORMATION ITEMS:

ENTRY TO PRACTICE COMPETENCIES

Reviewed the results of a jurisdictional scan and feedback from system partners on proposed revisions to the entry-to-practice competencies.

Outcomes:

- Continued revision of entry-to-practice competencies.

Strategic priority:

- Strong and collaborative system partnerships

CPMF Measure:

- Domain 3: System Partner, Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

SUBSTANTIAL COMPLETION

Reviewed feedback from recognized programs on upcoming changes to the substantial completion definition.

Outcomes:

- Reaffirmed support for upcoming changes.

Strategic priority:

- Strong and collaborative system partnerships

CPMF Measures:

Domain 3: System Partner, Standard 5:

- The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

PROGRAM RECOGNITION POLICY

Considered addition of minimum clinical experience requirements to the Policy on Program Recognition.

Outcomes:

- Policy amended to require that recognized programs include a clinical placement with a minimum of 125 direct client contact hours and 30 clinical supervision hours that meets CRPO's definitions.

Regulatory objective:

- Regulate in a transparent, principled, proportionate, unbiased, proactive manner

CPMF Measure:

- Domain 6: Suitability to Practise, Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

RECOGNIZED PROGRAM CHANGE

Reviewed proposed change to course requirements for a recognized program.

Outcomes:

Strategic priority:

- Strong and collaborative system partnerships

CPMF Measure:

- Domain 3: System Partner, Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

- Domain 6: Suitability to Practise, Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

RECOGNIZED PROGRAM UPDATES

- Reviewed a recognized program's response to a request for more information from the Registration Committee.
- Reviewed a recognized program's response to CRPO staff regarding concerns raised by a student.

Outcomes:

- Information and discussion items

Strategic priority:

- Strong and collaborative system partnerships

CPMF Measure:

- Domain 3: System Partner, Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
- Domain 6: Suitability to Practise, Standard 9: The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

PANEL MEETINGS:

Outcome	Number of Applications
Approved	3
Terms, Conditions & Limitations (TCL)	9
Conditional approval	4
Requests for more information	2
Refused	23
Total applications reviewed	41

QUARTERLY KPIS:

Measuring and reporting progress towards strategic and regulatory objectives, particularly as related to internal and external risks, informs Council decision-making and supports the achievement of a College's goal of public protection. The CPMF requires that all regulatory health colleges adopt and use key performance indicators (KPIs) specific to their profession and circumstance for consistent and clear reporting.

Strategic Alignment:

- Effective Infrastructure, Trusted Authority and Clear Communications
    - Support timely registration decisions

- Ensure that those who meet the registration requirements receive a certificate to practice

This will monitor if CRPO registration decisions regarding internationally educated applicants are comparable with decisions regarding applicants educated in Canada.

KPI			
# required TCL	%+/- from standard set by approval rates in mapping tool	-1%	-18%
# refusals	%+/- from standard set by approval rates in mapping tool	-3%	-5%
At staff level	%+/- from standard set by approval rates in mapping tool	+0%	+21%
At panel level	%+/- from standard set by approval rates in mapping tool	+4%	+0%
# of conditional approvals	%+/- from standard set by approval rates in mapping tool	+0%	+1%

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

KPI	**Target**	**Q3 Actuals**	**Q4 Actuals**	**Q4 Status**
Percent of confirmed decisions by the Health Professions Appeal and Review Board (HPARB)	100%	100%	100%	On target

ATTACHMENTS:

- Ministry of Health Registration Data KPIs

FORMAL MOTIONS TO COUNCIL:

- Noted in briefing notes

Respectfully submitted,

Elda Almario

Elda Almario, RP

Chair, Registration Committee

Ontario

COLLEGE REGISTRATION DATA COLLECTION TEMPLATE

The Ministry of Health (the 'Ministry') appreciates the key role that regulated health professionals play in Ontario's health workforce and the health regulatory colleges' commitments to registering more individuals. To this end, the Ministry will be collecting registration data from each college on a quarterly basis using this template to understand where additional work to reducing barriers may be required.

Please input the College's data into this Data College Template. If applicable, please duplicate the following data tables when the data is better suited to be separated by class of registration (e.g., RN/RPN) or profession (e.g., psychologists/behaviour analysts).

Average days should be calculated in **calendar days**, not business days. Reporting periods are by **fiscal quarter**.

Please see the **APPENDIX** for definitions and additional guidance relating to completing this template.

The following table outlines the quarterly reporting periods and corresponding due dates. Please submit the completed template to regulatoryprojects@ontario.ca by the specified due date.

Reporting Period	Dates	Due Date
Q1	April 1 – June 30, 2024	August 31, 2024
Q2	July 1 – September 30, 2024	December 31, 2024 *{extended}*
Q3	October 1 – December 31 2024	February 28, 2025
Q4	January 1 – March 31, 2025	May 31, 2025

Table 1: Ontario-Educated Applicants

	Q1	Q2	Q3	Q4	Additional Information/Comments (Optional)
Completed Applications	168				Note for all categories: CRPO accepts applications from students who have completed 90% of their coursework for registration in the Qualifying category. This is meant to avoid delays in entry to practice following graduation. CRPO has included applications from current students in the application numbers. This category includes applicants from programs recognized/accepted by CRPO and applicants where assessment of their education program is required.
Applications Approved	256				
Applications Denied	4				This is based on the date the Registration Committee panel's decision was issued to the applicant.

Registrations Issued	259				
Average Number of Days from Completed Application to Approval	57				*Clarify any factors that may influence this:* Applications through the non-recognized program application route require extensive assessment of their education program by CRPO staff.
Average Number of Days from Completed Application to Denial	432				*Clarify any factors that may influence this:* The denial date is based on the date the Registration Committee panel's decision was issued to the applicant. For applicants that did not respond to requests for further information from staff, the completion date has been calculated based on the date the applicant was referred to a Registration Committee panel. Applicants are given 35 days to respond to the notice of referral. Many request extensions to this deadline to prepare a response or gather additional documentation.
Average Number of Days from Completed Application to Registration	61				*Clarify any factors that may influence this (i.e., payment of fees being delayed by the applicant's own choice, etc.).* CRPO allows 30 days from the date of approval for the applicant to obtain professional liability insurance and pay the registration fee. It is in the applicant's control when they choose to finalize their registration.
Applications Pending Decision: *Requires Further Verification/Assessment*	102				
Applications Pending Decision: *Referred to Registration Committee*	18				
Applications Pending Decision: *Other*	0				*Please specify other reasons:*

Table 2: Labour Mobility Applicants

	Q1	Q2	Q3	Q4	Additional Information/Comments (Optional)
Completed Applications	4				
Applications Approved	4				

Applications Denied	0				
Registrations Issued	4				
Average Number of Days from Completed Application to Approval	3				*Clarify any factors that may influence this:*
Average Number of Days from Completed Application to Denial	N/A				*Clarify any factors that may influence this:* The denial date is based on the date the Registration Committee panel's decision was issued to the applicant. For applicants that did not respond to requests for further information from staff, the completion date has been calculated based on the date the applicant was referred to a Registration Committee panel. Applicants are given 35 days to respond to the notice of referral. Many request extensions to this deadline to prepare a response or gather additional documentation.
Average Number of Days from Completed Application to Registration	5				*Clarify any factors that may influence this (i.e., payment of fees being delayed by the applicant's own choice, etc.).* CRPO allows 30 days from the date of approval for the applicant to obtain professional liability insurance and pay the registration fee. It is in the applicant's control when they choose to finalize their registration.
Applications Pending Decision: *Requires Further Verification/Assessment*	0				
Applications Pending Decision: *Referred to Registration Committee*	0				
Applications Pending Decision: *Other*	0				*Please specify other reasons:*

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

	Q1	Q2	Q3	Q4	Additional Information/Comments (Optional)
Completed Applications	330				Note on category: Applicants who are registered as psychotherapists in a Canadian province that regulates

					psychotherapy typically apply through the Labour Mobility application route. CRPO has not included Labour Mobility applications in this category. Some of the individuals in this category may however be registered in a Canadian jurisdiction in a profession that does not qualify for Labour Mobility to CRPO. This category includes applicants from programs recognized/accepted by CRPO and applicants where assessment of their education program is required.
Applications Approved	561				
Applications Denied	3				This is based on the date the Registration Committee panel's decision was issued to the applicant.
Registrations Issued	550				
Average Number of Days from Completed Application to Approval	52				*Clarify any factors that may influence this:* Applications through the non-recognized program application route require extensive assessment of their education program by CRPO staff.
Average Number of Days from Completed Application to Denial	501				*Clarify any factors that may influence this:* The denial date is based on the date the Registration Committee panel's decision was issued to the applicant. For applicants that did not respond to requests for further information from staff, the completion date has been calculated based on the date the applicant was referred to a Registration Committee panel. Applicants are given 35 days to respond to the notice of referral. Many request extensions to this deadline to prepare a response or gather additional documentation.
Average Number of Days from Completed Application to Registration	54				*Clarify any factors that may influence this (i.e., payment of fees being delayed by the applicant's own choice, etc.).* CRPO allows 30 days from the date of approval for the applicant to obtain professional liability insurance and pay the registration fee. It is in the applicant's control when they choose to finalize their registration.
Applications Pending Decision: *Requires Further Verification/Assessment*	144				

Applications Pending Decision: *Referred to Registration Committee*	5				
Applications Pending Decision: *Other*	0				*Please specify other reasons:*

Table 4: Internationally Educated Applicants

	Q1	Q2	Q3	Q4	Additional Information/Comments (Optional)
Completed Applications	8				Note on category: CRPO has included applications from graduates of the accepted psychotherapy bridging program, Bridge to Registration and Employment in Mental Health (Registration Stream). Participants in the bridging program complete their foundational, entry-to-practice training outside Canada. The bridging program provides internationally trained mental health professionals with professional language and cultural communication skills, as well as Canadian work experience and currency, to prepare its students for employment and professional registration in Canada. This category includes applicants from programs recognized/accepted by CRPO and applicants where assessment of their education program is required.
Applications Approved	75				
Applications Denied	12				This is based on the date the Registration Committee panel's decision was issued to the applicant.
Registrations Issued	70				
Average Number of Days from Completed Application to Approval	42				*Clarify any factors that may influence this:* Applications through the non-recognized program application route require extensive assessment of their education program by CRPO staff. This education assessment is not required for graduates of the accepted bridging program.
Average Number of Days from Completed Application to Denial	378				*Clarify any factors that may influence this:* The denial date is based on the date the Registration Committee panel's decision was issued to the applicant. For applicants that did not respond to requests for further

					information from staff, the completion date has been calculated based on the date the applicant was referred to a Registration Committee panel. Applicants are given 35 days to respond to the notice of referral. Many request extensions to this deadline to prepare a response or gather additional documentation.
Average Number of Days from Completed Application to Registration	46				*Clarify any factors that may influence this (i.e., payment of fees being delayed by the applicant's own choice, etc.).* CRPO allows 30 days from the date of approval for the applicant to obtain professional liability insurance and pay the registration fee. It is in the applicant's control when they choose to finalize their registration.
Applications Pending Decision: *Requires Further Verification/Assessment*	75				
Applications Pending Decision: *Referred to Registration Committee*	25				
Applications Pending Decision: *Other*	0				*Please specify other reasons:*

Table 5: Total Applicants

	Q1	Q2	Q3	Q4	Additional Information/Comments (Optional)
Completed Applications	510				
Applications Approved	896				
Applications Denied	19				This is based on the date the Registration Committee panel's decision was issued to the applicant.
Registrations Issued	883				
Average Number of Days from Completed Application to Approval	53				*Clarify any factors that may influence this:* Applications through the non-recognized program application route require extensive assessment of their education program by CRPO staff.
Average Number of Days from Completed Application to Denial	409				*Clarify any factors that may influence this:*

					The denial date is based on the date the Registration Committee panel's decision was issued to the applicant. For applicants that did not respond to requests for further information from staff, the completion date has been calculated based on the date the applicant was referred to a Registration Committee panel. Applicants are given 35 days to respond to the notice of referral. Many request extensions to this deadline to prepare a response or gather additional documentation.
Average Number of Days from Completed Application to Registration	55				*Clarify any factors that may influence this (i.e., payment of fees being delayed by the applicant's own choice, etc.).* CRPO allows 30 days from the date of approval for the applicant to obtain professional liability insurance and pay the registration fee. It is in the applicant's control when they choose to finalize their registration.
Applications Pending Decision: *Requires Further Verification/Assessment*	321				
Applications Pending Decision: *Referred to Registration Committee*	48				
Applications Pending Decision: *Other*	0				*Please specify other reasons:*

APPENDIX:

Applicant Categories:

Note: All applicant categories do not include applications for renewals or reinstatements. Similarly, please only provide data for applicants to practising classes (e.g., do not include data for student or non-practising classes).

Ontario-Educated Applicants:
Applicants that graduated from an Ontario postsecondary education program.

Labour Mobility Applicants:
Applicants that hold an out-of-province certificate in accordance with section 22.18 of the Health Professions Procedural Code (HPPC), which is Schedule 2 of the *Regulated Health Professions Act, 1991.* Chapter Seven of the Canadian Free Trade Agreement (CFTA) enables certificate-to-certificate registration for labour mobility applicants.

Canadian-Educated (not Labour Mobility) Applicants:
Applicants that graduated from a postsecondary education program in another Canadian jurisdiction but are not registered with a regulatory authority in another Canadian jurisdiction (section 22.18 of the HPPC would not apply to these applicants).

Internationally Educated Applicants:
Applicants that graduated from a postsecondary education program in an international jurisdiction and/or registrants that are/were previously registered with a regulatory authority in an international jurisdiction.

Total Applicants:
The total number of applicants in all of the above categories.

Data Points:

Completed Applications:
The total number of complete applications submitted to the College, which contain all of the required materials and information necessary for the College to make a decision to approve or deny an application, or to refer the application to the Registration Committee. **Note**: In this definition, the payment of fees is **not** considered a necessary component of a complete application.

Applications Approved:
The total number of applications approved for registration by the College, after the College receives all necessary documentation to make a decision.

Applications Denied:
The total number of applications denied for registration by the College, after the College receives all necessary documentation to make a decision.

Registrations Issued:
The total number of registrations issued by the College to applicants who were approved, and completed all necessary components required for registration (i.e., payment of registration fees, etc.).

Average Days from Completed Application to Approval:
The mean number of **calendar days** (including weekends) from completed application (see definition “completed applications” above) to the decision to approve an application (see definition “applications approved” above). Please provide the mean (not median or mode) number of days.

Average Number of Days from Completed Application to Denial:
The mean number of **calendar days** (including weekends) from completed application (see definition “completed applications” above) to the decision to deny an application (see definition “applications denied” above).. Please provide the mean (not median or mode) number of days.

Average Number of Days from Completed Application to Registration:
The mean number of **calendar days** (including weekends) from completed application (see definition “completed applications” above) to the full registration of the applicant (see definition “registrations issued” above).. Please provide the mean (not median or mode) number of days.

Applications Denied:
The total number of applications denied to applicants by the Registration Committee.

Applications Pending Decision: *Requires Further Verification/Assessment:*
The total number of applications that have not resulted in registration or denial. In these cases, there is a need 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, as per O. Reg. 508/22 section 2(4).

Applications Pending Decision: *Referred to Registration Committee:*
The total number of applications that have not resulted in registration or registration denial. In these cases, the Registrar refers the application to the Registration Committee and the application is pending.

Applications Pending Decision: *Other*
The total number of applications that have not resulted in registration or denial, have not been referred to the Registration Committee, and do not require further verification/assessment. In these cases, the application may have outstanding terms, conditions, limitations, or other reason that the College must specify.