



Transitional Council members and observers at a recent Council meeting. We welcome stakeholder attendance and often have a full gallery.

Formal consultations

Next step in the regulation-making process

Drafting regulations is a formal statutory process. Not only must government approve the regulations but stakeholders must be consulted and a minimum 60-day period provided for comment.

Very soon, we'll be distributing the final draft Professional Misconduct, Quality Assurance and Registration Regulations along with supporting materials, and inviting written submissions from all interested parties, including members of the general public. The draft regulations and information on how to submit written comments will be posted on our website.

We will be asking everyone to send their submissions electronically, if at all possible, and to use a special form (one for each regulation), to ease the process of compiling, synthesizing and analyzing the feedback.

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Major milestone achieved

Regulations ready for formal consultation

June 22nd was a red letter day in the life of the transitional Council, due to its approval of three draft regulations, now ready to move forward to formal consultation, starting in late July.

Approval of the draft Professional Misconduct, Quality Assurance and Registration Regulations marked the culmination of an intense period of work for our committees, as they considered stakeholder feedback on the draft regulations, received this spring, and also submitted in writing.

Several key concerns were identified by stakeholders, and addressed through revisions to the Professional Misconduct & Registration Regulations (the Quality Assurance was not included in the consultation process). The following is a summary of key changes to the draft regulations:

Registration Regulation

► **Education & training requirement:** The words: ...successfully completed a program of education and training "approved by the Council of the College" have been removed

and details of program requirements have been added.

► **Program in aboriginal healing:** Added as an option for meeting the education & training requirement for both categories of members [see "Aboriginal healing", p. 4]; programs must prepare students with appropriate competencies.

► **"Self-awareness" requirement for all applicants:** The wording has been changed to "safe and effective use of self in the psychotherapeutic relationship" and identified as a key competency.

► **Grandparenting:** This alternate route to registration is open to established *Ontario* practitioners only (clarification).

► **Currency requirement:** The currency requirement for grandparenting (750 practice hours *in Ontario* within the three years prior to application) may include a range of professional activities, i.e. not limited to direct client contact hours; the same applies to the currency requirement for regular applicants, though, in this case, practice hours are only one option for establishing currency, and such hours need not have been completed in Ontario (clarification).

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First published on our website July 12, 2011.

President's Message



It's been a busy few months, with many twists and turns on the way to producing our three draft regulations set to be released for formal stakeholder consultation later this month.

While stakeholder feedback has been invaluable in our deliberations to refine the draft regulations, I would also like to acknowledge the advice and guidance that staff of the Ministry of Health and Long-Term Care has provided to the transitional Council and its committees along the way.

The ministry has a vested interest in our success – it means a regulated health profession and protected public, which are surely at the heart of its mandate. Most recently, the ministry advised us that we should be ready for proclamation in early 2013, and should start processing applications for registration ('pre-registering') next summer. That's not very far away and we have much to do if we're going to meet those timeframes.

Last month, senior policy analyst, Stephen Cheng, with the ministry's Health Professions Regulatory Policy and Programs Branch, spoke to the transitional Council. He explained that our fledgling organization has been deemed by government to be a "short-term body", with a firm 'sunset' date (March 31, 2013), after which we must be up and running and no longer dependent on government funding. At that time, the short-term body will cease to exist.

Mr. Cheng urged Council to work collaboratively with its sister transitional Councils (TCs) to try to achieve economies of scale, and where possible, to work in partnership to complete common tasks and projects. To this end, staffs of the five TCs are strategizing to see how this might be accomplished.

Up to now, most of our work has focused on developing regulations. Very soon, we'll need to shift that focus and begin developing registration systems and processes, and the full infrastructure of a functioning college, including IT and finance systems, human resources policies, quality assurance and patient relations programs... and more.

We also have several major projects to complete: competency profiles for our two categories of members, prior learning assessment tools, a framework for recognizing education & training programs and development of a jurisprudence & professional practice exam, to name a few.

The next few months will be hectic, and we'll be asking for stakeholder input on several fronts. Please check our website for updates, and we'll do our best to keep you in the loop. Our big tasks are made easier with the interest and support of our stakeholders!

Julius Nathoo
President

Formal consultations (cont'd)

What happens next?

The appropriate committee will review and consider all submissions related to its regulation (or regulations); as a result, they may be amended. Any substantive changes would require another 60-day round of consultations, though minor amendments can be made and approved by Council.

Once approved, the draft regulations are submitted to the Ministry of Health and Long-Term Care for review, including redrafting by government lawyers. The final step is approval by the Lieutenant Governor-in-Council. The entire process can take a year or longer.

The expectation is that these foundational regulations will be approved by spring 2013, thereby enabling full proclamation of the *Psychotherapy Act, 2007* and creation of the College.

We want to hear from you

Providing opportunities to hear from stakeholders is important to the transitional Council. For example, we conducted consultation meetings in four different cities in March and April on earlier drafts of the Professional Misconduct and Registration Regulations. The meetings were well attended, and stimulated much discussion. Feedback, including comment submitted in writing, was reviewed by committees and Council, and significant revisions were made to both regulations in response to stakeholder concerns. ◀

Who are our stakeholders?

- ▶ Members of the public
- ▶ Clients of psychotherapists & mental health therapists
- ▶ Practitioners
- ▶ Mental health workers
- ▶ Internationally-trained practitioners
- ▶ Health regulatory colleges
- ▶ Students
- ▶ Educators & curriculum developers
- ▶ Professional associations
- ▶ Ministry of Health & Long-Term Care
- ▶ Office of the Fairness Commissioner
- ▶ Ministry of Training, Colleges & Universities
- ▶ Ministry of Citizenship & Immigration

Mandatory Components of QA Program

- ▶ Professional development that promotes continuous quality improvement, addresses changes in the practice environment and technology, and enhances understanding of practice standards;
- ▶ Self, peer and practice assessments; and
- ▶ A mechanism for the College to monitor members' participation

Self, peer and practice assessments

Key components of QA program

Quality assurance means different things to different people. In the business world, QA initiatives are often motivated by concerns about the quality of products or services.

For regulated health professions, quality assurance programs are proactive and designed to promote ongoing professional development and practice excellence. The ultimate goal is public protection.

Last month, Council approved a draft Quality Assurance Regulation to go forward for stakeholder consultation. It will be the first opportunity for stakeholders to comment on this draft regulation.

Under the *Regulated Health Professions Act, 1991*, every health regulatory college must develop a QA regulation. But the biggest task isn't drafting the regulation, it's developing and implementing the QA program, which must include the components noted in the sidebar.

The purpose of the program is not to find fault or punish substandard practice. In fact, the QA program must be firewalled from the complaints and discipline process of the

College. Information about a member's practice obtained through the program is not admissible as evidence in disciplinary proceedings. And only in rare and exceptional circumstances, would a concern about a member's competence or conduct be shared with other departments or committees of the College – and then, only if the concerns are extremely serious. In addition, quality assurance information is not admissible in civil proceedings. These protections are designed to encourage member participation in the QA program.

The program begins with the assumption that members are competent. Identification of learning needs and development of a professional development plan are typically part of the self-assessment done by all members, and likely the first QA activity undertaken by new members.

Basic components of a QA program must be in place when the College begins operations, expected in early 2013. Thereafter, the program will be enhanced and tailored as members' professional development needs are better understood. ◀

Task group appointed

Look for updates on the work of the Competencies Task Group

From the beginning, there's been much discussion by the transitional Council and its committees about the need to develop competency profiles for our two categories of membership.

The need became more pressing when the Ministry of Health and Long-Term Care (MOHLTC) urged us to develop a competency-based registration model, rather than one based on specific credentials.

Now, Council is ready to begin work on the profiles and has appointed a joint task group with representation from both the Registration and Professional Practice Committees. Council member Linda Ann Daly will chair the group, working with an outside consulting firm, and using an existing competency profile as the starting point.

Four external participants have also been invited to work with the TG to provide the much-needed RMHT perspective. They work in the community college system and are knowledgeable about one or more programs that prepare students likely to become members of the new college. These external representatives will be known as "subject matter experts" (SMEs); they will not be voting members of the TG.

The competency profiles will underpin development of other tools and resources required by the College, including a framework for reviewing education / training programs, prior learning assessment (PLA) tools and the quality assurance program, among others.

The task group met for two days in June and will meet again in late July. Working with the consultants, it may hold several focus groups, mainly by teleconference, and conduct a survey in late summer & early fall. In addition, regular bulletins on the work of the Task Group will be sent to our stakeholder list. ◀

Competency Profiles Task Group Members

Linda Ann Daly
Chair

Pat DeYoung
Ex-officio

Jack Ferrari
Member

Philip McKenna
Member

Tom O'Connor
Member

Kevin VanDerZwet Stafford
Ex-officio

Major milestone (cont'd)

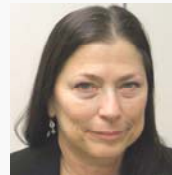
Registration Regulation (cont'd)

- ▶ **Clinical Supervision hours for registered psychotherapists:** are reduced from 150 to 100 hrs, with an additional 50 hours required for independent practice.
- ▶ **Independent practice:** Refers to practising without supervision, either built-in supervision in the workplace or contracted clinical supervision (clarification). Members in both categories must meet additional requirements in order to practice independently.
- ▶ **Student category of membership:** Changed to “Qualifying Member” and will include individuals who have completed their education/training (didactic) program and are working to acquire sufficient clinical experience (supervised practicum, client contact hours and/or clinical supervision hours) for registration. Qualifying members will be considered practitioners, not students, and will be registered and authorized to perform the controlled act of psychotherapy within their skill set and competencies. They may only practise with supervision. There will be no student category of membership.
- ▶ **Clinical supervisor / case supervision:** Definitions of clinical supervisor and case supervision were added to the final section of the regulation.

Professional Misconduct Regulation

- ▶ **Use of specialty titles:** The provision prohibiting the use of specialty titles conferred by external organizations has been modified to allow use of such titles under certain circumstances; namely, that the “term, title or designation” is conferred by a recognized credentialing body, is earned, and meets established standards. In addition, a new provision requires that the member’s regulated title be given prominence.
- ▶ **Failure to use member’s regulated title:** A new provision (#31A) requires members to use their regulated title when representing the profession or acting in a professional capacity.
- ▶ **Block fees:** The prohibition against charging ‘block fees’ for ongoing care has been modified to allow such fees, as long as certain conditions are met.
- ▶ **Informing clients about limitations on services:** This provision remains unchanged; members will be required to inform clients up-front and in a timely manner about known limitations on services, including those funded by a third party.
- ▶ **E-practice:** The requirement to comply with regulations in other jurisdictions has been removed, but members will need to be sure their professional liability insurance covers e-practice. In addition, provision # 40 was expanded to include contravening a law outside Ontario, if the purpose of the law is to protect or promote physical or mental health, or its contravention is relevant to the member’s suitability to practice. ◀

Aboriginal healing recognized



Since last summer, when Banakonda Kennedy-Kish was appointed to the transitional Council, this welcome newcomer has helped Council gain a better understanding of aboriginal healing traditions, and how indigenous healers might be included in the college.

Banakonda spoke eloquently about the need for a “direct path” to registration for aboriginal healers. She stressed that simply permitting aboriginal healers to practise by way of exemption under the *Regulated Health Professions Act* (RHPA), or by virtue of the “substantially equivalent” provision in our own Registration Regulation, was not good enough. She was persuasive. As a result, the Registration Committee, with full support of the Professional Practice Committee, included a specific clause in the Registration Regulation related to aboriginal healing.

The education requirement for both categories of members now includes a clause recognizing: “[programs] in aboriginal healing that lead to the development of the competencies listed in Schedule A” [or Schedule B, depending on the category of membership]. Schedules A and B will comprise the competency profiles now under development.

This new provision will be considered by stakeholders for the first time in the upcoming round of formal consultations. Council will be keenly interested in stakeholder feedback on this important addition to the regulation.

Next Transitional Council Meeting

Tuesday, September 27, 2011
Check our website for time & location.

For more information or to reserve a space, please [contact us](#).

Education requirements stir controversy

One ‘take home’ message from Consultation meetings held this spring was that proposed education requirements, especially for registered psychotherapists, are controversial, and for some participants, confusing.

Developing appropriate education requirements has been challenging, due to the diverse training and education backgrounds of future members, and their many and varied fields of practice.

Flexibility is key

The Ministry of Health and Long-Term Care has been clear from the beginning that education requirements for both categories of members should be flexible, and in particular, that a master’s degree requirement for Registered Psychotherapists would not be supported.

The transitional Council was urged to take a “competency-based approach,” one employing several methods to determine eligibility for registration: education & training background, clinical experience, registration exam, and jurisprudence / professional practice exam, for example. This does not mean there will be *no* formal education / training requirement; rather, it means that education and training requirements will be flexible, and that acceptable programs should prepare students with certain defined competencies.

'Framework' approach

One solution suggested by the ministry earlier this year was to simply include in the Registration Regulation, the requirement that an applicant for either category of membership had successfully completed “an education and training program acceptable to the Council of the College.” Details of acceptable programs would then be developed in a “framework” (policy document) outside the regulation, setting out the criteria and process for reviewing and recognizing programs.

To help future members understand this approach, the Registration Committee prepared the document: *Sample Registration Requirements, Information for Applicants*, which attempted to set out what the education requirements might actually look like, including sample competencies and coursework. For programs preparing psychotherapists, this included the stipulation

that approved programs would require an undergraduate degree for admission. **Note:** a revised version of this document will be made available for the upcoming formal consultation period.

Undergraduate degree

The requirement of an undergraduate degree for psychotherapists has proven controversial, almost as controversial as the ‘no master’s degree’ proposition. Possibly a sign we’ve found the workable middle ground?

Following the consultation meetings in March and April, events in the real world of professional regulation came into play, and the Ministry withdrew its support for an open-ended, ‘acceptable program’ approach, which would have given future Councils great leeway in modifying the criteria for approving education and training programs.

Alternatives explored

Registration Committee Chair, Pat DeYoung, and staff subsequently met with the ministry to explore alternatives – ones that provide flexibility, while including some details about education requirements *within the regulation itself* (number of courses, hours of didactic training, etc.). The final draft regulation includes such details and was approved by Council June 22nd.

Please note that all of the above applies to *full* registration requirements. In addition, there will be a ‘grandparenting’ route for established Ontario practitioners, who will be assessed using a weighted point system, taking into account their clinical experience, education & training, teaching, supervision, professional development activities and, possibly, other parameters.

Formal consultation

The next step will be a round of ‘formal’ consultation, commencing in late July, during which we will solicit written submissions on the Registration Regulation as well as the Professional Misconduct and Quality Assurance Regulations. ◀

First published on our website July 12, 2011.

“The requirement of an undergraduate degree for psychotherapists has proven controversial, almost as controversial as the ‘no master’s degree’ proposition.”



Code of Ethics

A long time coming but results are inspiring

Almost a year in gestation, the draft Code of Ethics has emerged as a one-page document, designed to inspire future members and remind them continually of their duty to practise within ethical boundaries.

The development process was lengthy but the results are worth it. Two Professional Practice Committee (PPC) members, Tom O'Connor, and Chair Kevin VanderZwet Stafford, did the initial research and developed the first draft. Then, a nine-member focus group of external representatives from various professional backgrounds reviewed the draft, and spent a full day discussing, debating and considering values, principles and other building blocks to include in the next iteration.

Next, the two PPC members worked together to produce what was intended to be a final draft. But there was a problem: the document was several pages long and, in many respects, mirrored the Professional Misconduct Regulation under development at the time. This prompted a major re-think and a decision to distill the content to a single page – and to try to make it read 'more like poetry than prose'.

The final draft is written as a pledge by the

member to practice safely, effectively and ethically and to uphold seven defined principles of ethical conduct. The approach is different from that often taken by professional associations, whose codes of ethics typically spell out detailed "do's and don'ts" of professional practice. The Code of Ethics of a regulatory college, on the other hand, doesn't need that level of specificity – detailed professional conduct provisions are included in its Professional Misconduct Regulation.

The Code of Ethics is about inspiring members and reminding them of their duties to clients, the community and to colleagues. When approved by Council, it will be included in official College publications, posted on the Council's website, and will likely be available for members to frame and hang on their office walls, as desired.

Members of last summer's focus group were: Bob Bond, Richard Isaacs, Trish McCracken, Vinnie Mitchell, Linda Page, David Smith, Brenda Spitzer, Susan Wood, and Mary Ellen Young.

As the final step in the process, the draft Code of Ethics will be reviewed by Professional Practice Committee this month and, if approved, presented to Council September 27th. ◀

"... designed to inspire future members, and continually remind them of their duty to practice within ethical boundaries."

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Jurisprudence exam

Not as scary as it sounds

Successful completion of a jurisprudence and professional practice exam will be a registration requirement for all members of the new College. Sounds a bit intimidating but we're hoping it will serve mainly as a learning experience to help members understand their legal obligations as regulated professionals.

The exam is expected to take the form of an adult e-learning module – one where the applicant works his or her way through blocks of information and responds to questions that must be answered correctly before going on to the next section.

Completion of the module will serve as successful completion of the exam. The transitional Council will develop a learning guide and / or a 'handbook' of information on which applicants will be examined. There may also be a voluntary course for applicants who wish to take it.

The content will relate to Ontario law relevant to professional practice, including privacy, confidentiality, duty to report, the *Regulated Health Professions Act, 1991*, the *Psychotherapy Act, 2007* and other statutes. The professional practice section will focus more directly on professional conduct as reflected in the College's Professional Misconduct Regulation (now in development). ◀



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